

One Million Mentors

Safeguarding Adults Policy

This policy has been created to ensure the safeguarding of all those involved with the One Million Mentors Programme.

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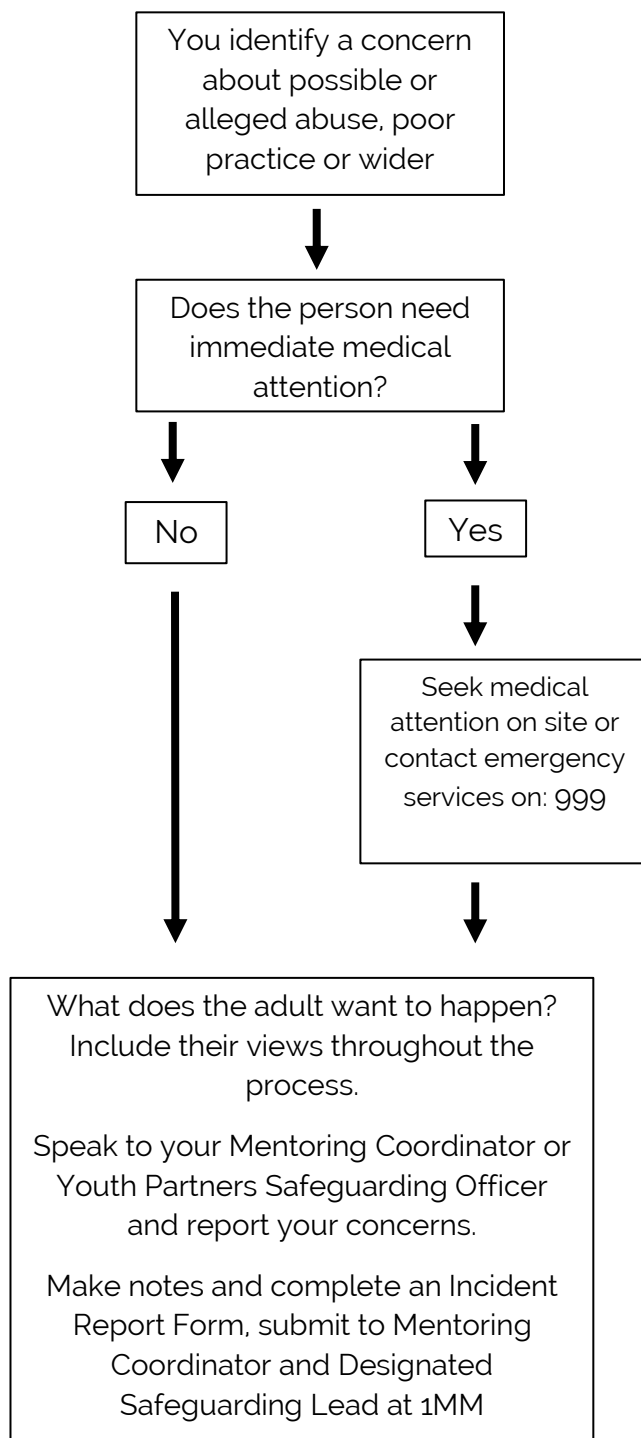
Created: 27th February 2020
Last Amended: 23rd September 2020
Date to be Reviewed: 1st March 2021

Safeguarding is everyone's responsibility.

If you have concerns about an adult's safety and or wellbeing you must act on these.

It is not your responsibility to decide whether or not an adult has been abused. It is however your responsibility to act on any concerns.

A full Safeguarding Adults Flow chart can be found on page 12



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1. Introduction

One Million Mentors is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults involved, in accordance with legislation.

One Million Mentors safeguarding adult's policy and procedures apply to all individuals involved in the 1MM programme

One Million Mentors will encourage and support partner organisations, including Schools, Colleges, Universities, Community Groups and Employer Organisations to adopt and demonstrate their commitment to the principles and practice of equality as set out in this Safeguarding Adult's policy and procedures.

2. Principles

The guidance given in the policy and procedures is based on the following principles:

All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.

One Million Mentors will seek to ensure that our organisation is inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.

The rights, dignity and worth of all adults will always be respected.

We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, in particular those adults with care and support needs.

Safeguarding adults is everyone's responsibility. We all have a shared responsibility to ensure the safety and well-being of all adults and will act appropriately and report concerns whether these concerns arise within One Million Mentors programmes.

All allegations will be taken seriously and responded to quickly in line with One Million Mentors Safeguarding Adults Policy and Procedures.

One Million Mentors recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with local safeguarding procedures.

The Principles of Adult Safeguarding

There are four separate pieces of legislation for the UK with separate principles around how adults should be safeguarded. Each piece of legislation recognises that it is the circumstances that adults find themselves in that makes them more vulnerable to abuse, expects adults to be central to the decision-making process and makes the adult's welfare and wellbeing the primary consideration in any decision making.

Making Safeguarding Personal

'Making safeguarding personal' means that adult safeguarding should be person led and outcome focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control, as well as improving quality of life, well-being and safety.

Wherever possible safeguarding concerns should be discussed with the adult to get their view of what they would like to happen, and they should be involved in the safeguarding process, giving their consent to share information outside of the organisation where necessary. See Appendix 2 for more information.

Wellbeing Principle

The concept of 'wellbeing' is threaded throughout English and Welsh legislation and is related to the personal dignity, support and inclusion of all.

The Wellbeing Principles can be found at Appendix 8 at the rear of this document.

Capacity and decision making

Capacity refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity.

People should be given information in formats that they understand to be able to make decisions.

See Appendix 3 for more information.

3. Legislation

The practices and procedures within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures They take the following into consideration (see appendix 5 for more information):

- England - The Care Act 2014

- Wales - Social Services and Well Being Act 2014
- Scotland - Adult Support and Protection Act 2007
- Northern Ireland - Adult Safeguarding Prevention and Protection in Partnership 2015
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- England and Wales - Mental Capacity Act 2005
- Scotland - Adults with Incapacity Act 2000
- Mental Capacity (Northern Ireland) 2016
- Sexual Offences Act 1956 & 2003
- The Human Rights Act 1998
- The Data Protection Act 1998
- The General Data Protection Regulation 2016

4. Adult at risk of abuse or neglect definition

Safeguarding legislation has moved away from the term 'vulnerable adult', instead using the term 'adult at risk'. This term illustrates that it is the circumstances that people with care and support needs are in that causes them to be at risk of abuse or neglect.

England (Care Act 2014)	Wales (Social Services and Well Being Act 2014)
<p>An "adult at risk" is an individual aged 18 years and over who:</p> <p>(a) has needs for care and support (whether or not the local authority is meeting any of those needs)</p> <p>(b) is experiencing, or at risk of, abuse or neglect</p> <p>(c) 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.</p>	<p>An "adult at risk" is an individual aged 18 years and over who:</p> <p>(a) is experiencing or is at risk of abuse or neglect,</p> <p>(b) has needs for care and support (whether or not the authority is meeting any of those needs) and</p> <p>(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.</p>

Scotland (Adult Support and Protection Act 2007)	NI (Adult Safeguarding Prevention and Protection in Partnership 2015)
<p>An "Adult at risk" is an individual aged 16 years and over who:</p> <p>(a) is unable to safeguard their own well-being, property, rights or other interests,</p> <p>(b) is at risk of harm, and</p> <p>(c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, is more vulnerable to being harmed than adults who are not so affected.</p>	<p>An Adult at Risk of Harm is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics and/or life circumstances.</p> <p>Personal characteristics may include, but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.</p> <p>An 'adult in need of protection' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:</p> <p>This is repeat of above</p> <p>A. personal characteristics AND/OR</p> <p>B. life circumstances AND</p> <p>C) who is unable to protect their own well-being, property, assets, rights or other interests; AND</p> <p>D) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.</p> <p>In order to meet the definition of an 'adult in need of protection' either (A) or (B) must be present, in addition to both elements (C), and (D).</p>

5. Types of Abuse and Neglect

Abuse is a violation of an individual's human and civil rights by another person or persons. For definitions see Appendix 9.

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. Each Home Country defines categories of adult abuse and harm as follows;

Categories of Abuse / Harm

England (Care Act 2014)	Wales (Social Services and Well Being Act 2014)
Physical	Physical
Sexual	Sexual

Emotional/Psychological/Mental Neglect and acts of Omission Financial or material abuse Discriminatory Organisational / Institutional Self-neglect Domestic Abuse (including coercive control) Modern slavery	Psychological Neglect Financial
Scotland (Adult Support and Protection Act 2007)	NI (Adult Safeguarding Prevention and Protection in Partnership 2015)
Physical Psychological Financial Sexual Neglect	Physical Sexual violence Psychological / emotional Financial Institutional Neglect Exploitation Domestic violence Human trafficking Hate crime

There are additional definitions which, whilst not included in legislation, are also relevant these are;

- Cyber Bullying
- Forced Marriage
- Mate Crime
- Radicalisation

For definitions see Appendix 9

6. Signs and indicators of abuse and neglect

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the organisation who a participant comes into contact with or other participants, workers or volunteers may suspect that an adult is being abused or

neglected outside of the organisation's setting. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions. You may notice that a mentee has been missing from mentoring sessions and is not responding to reminders from teachers / others.
- Someone losing or gaining weight / an unkempt appearance. This could be a person whose appearance becomes unkempt, does not wear suitable clothing and there is a deterioration in hygiene.
- A change in the behaviour or confidence of a person. For example, a mentee may be looking quiet and withdrawn when their brother comes to collect them from sessions in contrast to their personal assistant whom they greet with a smile.
- They may self-harm.
- They may have a fear of a particular group of people or individual.
- They may tell you / another person they are being abused – i.e. a disclosure.
- Harassment of a participant because they are or are perceived to have protected characteristics.
- A person who sends unwanted sexually explicit text messages to an adult with learning disabilities they are training alongside.
- A participant threatening another participant with physical harm and persistently blaming them for poor performance.

7. What to do if you have a concern or someone raises concerns with you

It is not your responsibility to decide whether an adult has been abused. It is however everyone's responsibility to respond to and report concerns.

If you are concerned someone is in immediate danger, contact the police on 999 straight away. Where you suspect that a crime is being committed, you must involve the police.

If you have concerns and or you are told about possible or alleged abuse, poor practice or wider welfare issues you must report this to the One Million Mentors Designated Safeguarding Lead, or, if the Designated Safeguarding Lead is implicated then report to the One Million Mentors CEO.

When raising your concern with the Designated Safeguarding Lead, remember to 'make safeguarding personal'. It is good practice to seek the adult's views on what they would like to happen next and to inform the adult of what actions you intend to take.

It is important when considering your concern that you also ensure that you keep the person informed about any decisions and action taken about them and always consider their needs and wishes.

8. How to respond to a concern.

Make a note of your concerns.

Make a note of what the person has said using his or her own words as soon as practicable. Complete an Incident Form and submit to the Designated Safeguarding Officer.

Remember to make safeguarding personal. Discuss your safeguarding concerns with the adult, obtain their view of what they would like to happen, but inform them it's your duty to pass on your concerns to your lead safeguarding or welfare officer.

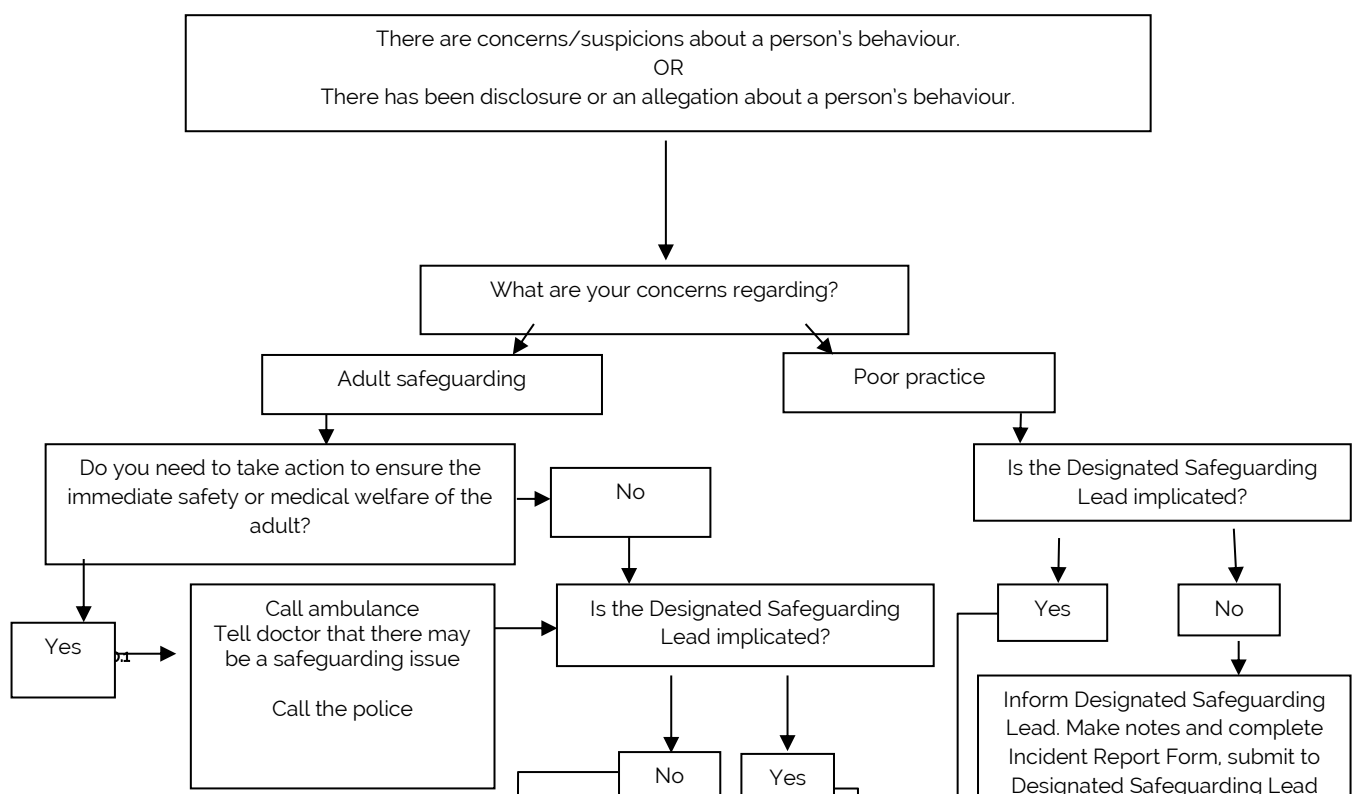
Describe the circumstances in which the disclosure came about.

Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.

Be mindful of the need to be confidential at all times, this information must only be shared with your Designated Safeguarding Officer and others on a need to know basis.

If the matter is urgent and relates to the immediate safety of an adult at risk, then contact the emergency services immediately.

9. Safeguarding Adults Flowchart



Inform **Designated Safeguarding Lead**.

Make notes and complete Incident Report Form, submit to DSL

10.Virtual Mentoring

Due to the COVID-19 pandemic and social distancing measures, 1MM is no longer able to offer face to face mentoring for the foreseeable future. We have therefore pivoted our offer to provide virtual mentoring. 1MM has developed new policies/ procedures and a suite of resources and guidance to support safe and secure mentoring taking place online.

These virtual mentoring documents are available on the website and via the online platform. If a Mentor or Mentee has a concern, this will be actioned as per the guidance in this policy.

10.1 – Mentors and Adults at Risk

Communicating online instead of in person can mean that communication can become more informal and professional boundaries between a mentor and mentee can become blurred. Mentors must always remember that they have a professional relationship with their mentee and adhere to the guidance provided by 1MM.

Section 13 outlines the suite of resources available to Mentors to support a range of safeguarding scenarios. These can be found on our website and the on line platform.

10.2 – Mentees and Adults at Risk

Communicating online instead of in person can mean that communication can become more informal and professional boundaries between a mentor and mentee can become blurred. Mentees should always remember that they have a professional relationship with their mentor and always following the guidance provided by 1MM.

Section 13 outlines the suite of resources available to Mentees to support a range of safeguarding scenarios. These can be found on our website and the on line platform.

11. Roles and responsibilities of those within One Million Mentors

Designated safeguarding Lead Officer

Lead on the implementation and development of policies and procedures. Support the team with relevant support, guidance and training.

Chief Executive Officer

Overall accountable officer for Safeguarding

Delivery Team

All delivery team members have the responsibility to ensure policies and processes are brought to life as well as their direct reports.

1MM Advisory Board

Provide advice and scrutiny around policies and procedures.

12. Good practice, poor practice and abuse

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual involved in One Million Mentors to make judgements regarding whether or not abuse is taking place, however, all One Million Mentors personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

One Million Mentors Good practice expects that staff members:

1. Adopt and endorse the One Million Mentors Codes of Conduct.
2. Have completed a course in basic awareness in working with and safeguarding Adults.

Everyone should:

Aim to make the experience of One Million Mentors fun and enjoyable.

Promote fairness and equality.

Not tolerate the use of prohibited or illegal substances.

Treat all adults equally and preserve their dignity; this includes giving all members of a group similar attention, time and respect.

13. Relevant Policies

This policy should be read in conjunction with the following policies

- Whistle Blowing
- Social media
- Complaints
- Disciplinary
- Equality, diversity and inclusion
- Safeguarding Policy

Relevant Virtual Mentoring Policies

- Code of Conduct
- Virtual Mentoring Guidance for Mentees
- Virtual Mentoring Guidance for Mentors
- Guide to Virtual Mentoring
- Mentoring Agreement
- Safeguarding Flow Chart

Appendix 1

Safeguarding Adults Incident form

To be completed as fully as possible if you have concerns regarding an adult. It is important to inform the adult about your concerns and that you have a duty to pass the information onto the safeguarding officer. The Designated Safeguarding Lead Officer will then look at the information and start to plan a course of action, in conjunction with yourself, the adult involved and if necessary social care or other relevant organisations.

Section 1 – details of adult at risk	
Name of adult	
Address	
Date of Birth	
Age (if date of birth unknown)	
GP practice (if known)	
Contact number	
Section 2 – your details	
Name	
Contact phone number(s)	
Email address	

Line manager		
Your Role in organisation		
Section 3 – details of Concern		
Detail what you have seen/been told/other that makes you believe the adult at risk is being abused or is at risk of abuse (include dates/times/evidence from records/photos etc.)		
Section 4 - Abuse type if know (leave blank if uncertain)		
Physical	Psychological	Financial
Sexual	Discriminatory	Organisational/ institutional
Neglect	Hate incident/crime	Mate Crime
Internet abuse	Modern slavery	Female genital Mutilation (FGM)
Forced Marriage	Domestic abuse	Radicalisation
Self-Neglect		
Section 5 - Have you discussed your concerns with the adult? What are their views, what outcomes have they stated they want (if any)?		

Section 5 – Reasons for not discussing with the adult	
Adult lacks capacity	
Adult unable to communicate their views	
Discussion would increase the risk	
State why the risks would increase	
Section 5B - Have you discussed your concerns with anyone else? E.g. carer/ partner/ spouse/ family member. What are their views?	
Section 6 – What action have you taken /agreed with the adult to reduce the risks?	
Information passed to DSL Officer, confirm details:	Referral to Social Care Confirm details:

Contact with the police Confirm details:	Referral to other agency – please confirm details:
Other – please state what	
No action agreed – state why	
Section 7 – Risk to others	
Are any other adults at risk Yes/No – delete as appropriate	
If yes state why and what actions have been taken to address these?	
Are any children at risk Yes/No Delete as appropriate	
If yes state why and what actions have been taken to address these?	
Signed:	
Date:	

OFFICE USE ONLY
Section 8 – sharing the concerns (To be completed by Designated Safeguarding Lead Officer)
Details of your contact with the adult at risk. Have they consented to information being shared outside of (insert name of your organisation)?

Details of contact with the Social Care Team where the adult at risk lives – advice can be still sought without giving personal details if you do not have consent for a referral

Details of any other agencies contacted

Details of the outcome of this concern

Appendix 2

Making Safeguarding Personal

There has been a cultural shift towards Making Safeguarding Personal within the safeguarding process. This is a move from prioritising outcomes demanded by bureaucratic systems. The safeguarding process used to involve gathering a detailed account of what happened and determining who did what to whom. Now the outcomes are defined by the person at the centre of the safeguarding process.

The safeguarding process places a stronger emphasis on achieving satisfactory outcomes that take into account the individual choices and requirements of everyone involved.

“What good is it making someone safer if it merely makes them miserable?” – Lord Justice Mundy, “What Price Dignity?” (2010)

What this means in practice is that adults should be more involved in the safeguarding process. Their views, wishes, feelings and beliefs must be taken into account when decisions are made.

We all have different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.

However, there are key issues that should be considered when abuse or neglect are suspected, and there should be clear guidelines regarding this.

Appendix 3

Capacity – Guidance on Making Decisions

England and Wales share the Mental Capacity Act of 2005. Scotland has the Adults With Incapacity (Scotland) Act 2000 and Ireland the Mental Capacity (Northern Ireland) Act 2016.

The Acts all apply to people over the age of 16 years.

The issue of capacity or decision making is a key one in safeguarding adults across all legislature. It is useful for organisations to have an overview of the concept of capacity.

We make many decisions every day, often without realising. We make so many decisions that it's easy to take this ability for granted. But some people are only able to make some decisions, and a small number of people cannot make any decisions. Being unable to make a decision is called "lacking capacity".

To make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

The various legislation sets out the principles for working with adults who lack capacity to make decisions. A person's ability to do this may be affected by things like learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Good practice states that every individual has the right to make their own decisions and legislation provides the framework for this to happen.

The legislation is designed to ensure that people have the support they need to make as many decisions as possible. The legislation also protects people who need family, friends or paid support staff to make decisions for them because they lack capacity to make specific decisions.

Any intervention in the affairs of an adult should:

- benefit the adult
- take account of the adult's wishes, so far as these can be ascertained
- take account of the views of relevant others, as far as it is reasonable and practical to do so
- restrict the adult's freedom as little as possible while still achieving the desired benefit

Our ability to make decisions can change over the course of a day.

Here are some examples that demonstrate how the timing of a question can affect the response:

A person with epilepsy may not be able to make a decision following a seizure.

Someone who is anxious may not be able to make a decision at that point.

A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

In each of these examples, it may appear as though the person cannot make a decision. But later in the day, presented with the same decision, they may be able to at least be involved or to make an informed and measured decision.

Legislation recognises that capacity is decision-specific, so no one will be labelled as entirely lacking capacity. The legislation also recognises that decisions can be about big life-changing events, such as where to live, but equally about small events, such as what to wear on a cold day.

To help you to understand better, consider the following five points:

Assume that people are able to make decisions, unless it is shown that they are not. If you have concerns about a person's level of understanding, you should check this with them, and if applicable, with the people supporting them.

Give people as much support as they need to make decisions. You may be involved in this – you might need to think about the way you communicate or provide information and you may be asked your opinion.

People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, consider how risks might be minimised.

If someone is not able to make a decision, then the person helping them must only make decisions in their "best interests". This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.

Find the least restrictive way of doing what needs to be done.

Remember:

You should not discriminate or make assumptions about someone's ability to make decisions, and you should not pre-empt a best interest's decision merely on the basis of a person's age, appearance, condition or behaviour.

As an organisation, when it comes to decision-making, you could be involved in a minor way, or asked to provide more detail. The way you provide information might influence a person's ultimate decision. A person may be receiving support that is not inline with the principles of the legislation, so you must be prepared to address this.

*The Mental Capacity Act in England and Wales is currently under review and the legislation and process is likely to change. It is recommended that a review of policy/procedures to take this into account is carried out in 2020.

Appendix 4

Consent and Information Sharing

Although we want to make safeguarding personal there are some circumstances when we need to take action without an adult's consent.

Sometimes an adult at risk may not want you to act on your concerns or their disclosure.

This may be because they are scared or fearful of the repercussions from you taking action.

It may also be because they are not aware abuse is taking place or have the mental capacity to make an informed decision and understand to remain in their current situation is unsafe.

Sharing information with the right people, is central to good practice in safeguarding adults.

You should not keep safeguarding concerns about adults at risk to yourself. Explain to the adult that you must pass the concern on to your Safeguarding Lead, as you have a duty of care.

You should reassure the adult that they will be fully included on what happens.

It is appropriate to report concerns without an adult's consent when:

- You have reason to believe the adult's health and or wellbeing will be adversely affected by ongoing harm.
- Other people are, or may be, at risk from the person causing harm, including children.
- It is necessary to prevent a crime, or a serious crime has been committed.
- Sharing the information could prevent a crime and help to stop abuse
- The adult may be under duress or being coerced
- The alleged abuser has care and support needs and may also be at risk.

Workers and volunteers within sports and physical activity organisations should always share safeguarding concerns in line with their organisation's policy, usually with their safeguarding lead or welfare officer in the first instance, except in emergency situations. If it does not increase the risk to the individual, the worker or volunteer should explain to them that it is their duty to share their concern with their safeguarding lead or welfare officer.

The safeguarding lead or welfare officer will then consider the situation and plan the actions that need to be taken, in conjunction with the adult at risk and in line with the organisation's policy and procedures and local safeguarding adults board policy and procedures.

To make an adult safeguarding referral you need to call the local safeguarding adults' team. This may be part of a MASH (Multi-Agency Safeguarding Hub). A conversation can be had with the safeguarding adult's team without disclosing the identity of the person in the first instance. If it is thought that a referral needs to be made to the safeguarding adult's team, consent should be sought where possible from the adult at risk.

Individuals may not give their consent to the sharing of safeguarding information with the safeguarding adult's team for a number of reasons. Reassurance, appropriate support and revisiting the issues at another time may help to change their view on whether it is best to share information.

If they still do not consent, then their wishes should usually be respected. However, there are circumstances where information can be shared without consent such as when the adult does not have the capacity to consent, it is in the public interest because it may affect other people, or a serious crime has been committed. This should always be discussed with your safeguarding lead and the local authority safeguarding adults' team. This is repeat of above

If someone does not want you to share information outside of the organisation or you do not have consent to share the information, ask yourself the following questions:

Is the adult placing themselves at further risk of harm?

Is someone else likely to get hurt? Repetitive again.

Has a criminal offence occurred? This includes: theft or burglary of items, physical abuse, sexual abuse, forced to give extra money for lessons (financial abuse) or harassment.

Is there suspicion that a crime has occurred?

If the answer to any of the questions above is 'yes' - then you can share without consent and need to share the information.

When sharing information there are seven Golden Rules that should always be followed.

Seek advice if in any doubt

Be transparent - The Data Protection Act (DPA) is not a barrier to sharing information but to ensure that personal information is shared appropriately; except in circumstances where by doing so places the person at significant risk of harm.

Consider the public interest - Base all decisions to share information on the safety and well-being of that person or others who may be affected by their actions.

Share with consent where appropriate - Where possible, respond to the wishes of those who do not consent to share confidential information. You may still share information without consent, if this is in the public interest.

Keep a record - Record your decision and reasons to share or not share information.

Accurate, necessary, proportionate, relevant and secure - Ensure all information shared is accurate, up-to-date, necessary and share with only those who need to have it.

Remember the purpose of the Data Protection Act (DPA) is to ensure personal information is shared appropriately, except in circumstances where by doing so may place the person or others at significant harm. Repeated from above

Appendix 5

Legislation and Government Initiatives are documented here, links provided for ease of access.

England - Care Act 2014 – statutory guidance

<http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted>

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Wales - Social Services and Well Being Act 2014

http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

Reforms and integrates social services law making provisions for improving well-being outcomes for people who need care and support. Requiring coordination and partnership by public authorities to improve well being. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Scotland - Adult Support and Protection Act 2007

<https://www.legislation.gov.uk/asp/2007/10/contents>

Introduced new measures to identify and protect individuals by defining adults at risk. Placing a duty on Local Authorities to identify and prevent harm whilst requiring partnership working. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Northern Ireland - Adult Safeguarding Prevention and Protection in Partnership 2015

<https://www.eani.org.uk/sites/default/files/2018-11/Adult%20Safeguarding%20-%20Prevention%20and%20Protection%20in%20Partnership.%20DHSSPS%202015.pdf>

Implemented to improve safeguarding arrangements for adults who are at risk of harm from abuse, exploitation or neglect. The framework is to provide support and effective protective interventions, placing significant emphasis on prevention and early intervention. It also seeks to ensure that access to justice is available to adults that have been harmed. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Protection of Freedoms Act 2012

<http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>

Brought about a wide range of measures, regarding numerous areas of law. Notably changes to the vetting and barring system to create the Disclosure and Barring Service.

Domestic Violence, Crime and Victims (Amendment) Act 2012

<http://www.legislation.gov.uk/ukpga/2012/4/contents/enacted>

Creates an offence of causing or allowing the death or serious harm of a child or adult at risk for those within the household.

Equality Act 2010

<https://www.legislation.gov.uk/ukpga/2010/15/contents>

The Act legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations.

England & Wales - Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/introduction>

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention. www.dca.gov.uk

Scotland - Adults with Incapacity Act 2000

<http://www.legislation.gov.uk/asp/2000/4/contents>

Provides ways to help safeguard the welfare and finances of people who lack capacity.

Northern Ireland - Mental Capacity 2016

<http://www.legislation.gov.uk/nia/2016/18/contents/enacted>

Combines mental health and capacity within one piece of legislation. Considers the individuals capacity to independently make decisions about their health, welfare or finances, and the safeguards that must be put in place if they lack the capacity to do so.

Sexual Offences Act 1956

<https://www.legislation.gov.uk/ukpga/Eliz2/4-5/69/contents>

This Act consolidated the law relating to sexual offences committed between 1957 and 2004. It was mostly repealed by the Sexual Offences Act of 2003 below, but sections 33 to 37 still survive.

Sexual Offences Act 2003

<http://www.legislation.gov.uk/ukpga/2003/42/contents>

The Sexual Offences Act introduced a number of new offences concerning adults at risk and children. www.opsi.gov.uk

Human Rights Act 1998

<https://www.legislation.gov.uk/ukpga/1998/42/contents>

Designed to incorporate into UK law the rights contained in the European Convention on Human Rights. The Act makes a remedy for breach of a Convention right available in UK courts, without the need to go to the European Court. In particular, the Act makes it unlawful for any public body to act in a way which is incompatible with the Convention, unless the wording of any other primary legislation provides no other choice.

Data Protection Act 2018 (including General Data Protection Regulations)

2018 Act - <http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

GDPR - <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679&from=EN>

the original 1998 DPA was superseded in May 2018. The new Act supplements the General Data Protection Regulation (GDPR), which came into effect later the same month. The Act is designed to protect personal data stored on computers or on paper, regulating collection, storage, and use. The Act provides individuals with the legal rights to control information about themselves.

Safeguarding Vulnerable Groups Act 2006

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance. www.opsi.gov.uk

Deprivation of Liberty Safeguards

<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

Disclosure & Barring Service 2013

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). www.gov.uk/dbs-update-service

Making Safeguarding Personal Guide 2014

<http://www.local.gov.uk/documents/10180/5852661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>

This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.

Appendix 6

Useful contacts: Local Authority Safeguarding Lead

[Cardiff City Region](#)

[Greater Manchester Region](#)

[West Midlands Region](#)

[London Region](#)

Appendix 7

Principles of Safeguarding Adults for each home nation.

England (Care Act 2014)	Wales (Social Services and Well Being Act 2014)
<p>The Act's principles are:</p> <ul style="list-style-type: none"> ● Empowerment - People being supported and encouraged to make their own decisions and informed consent. 	<p>The Act's principles are:</p> <ul style="list-style-type: none"> ● Pay attention to what people want. ● Remember people's dignity. ● Think about each person. Think about their culture, beliefs and language.

<ul style="list-style-type: none"> ● Prevention – It is better to 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. 	<ul style="list-style-type: none"> ● Support people to be part of decisions about their life. ● Expect adults to know what is best for themselves. ● Support adults to be as independent as possible. ●
<p>Scotland (Adult Support and Protection Act 2007)</p>	<p>NI (Adult Safeguarding Prevention and Protection in Partnership 2015)</p>
<p>The Act's principles are:</p> <p>The overarching principle underlying Part 1 of the Act is that any intervention in an individual's affairs should provide benefit to the individual, and should be the least restrictive option of those that are available which will meet the purpose of the intervention.</p> <p>This is supported by a set of guiding principles which, together with the overarching principle, must be taken account of when performing functions under Part 1 of the Act. These are:</p> <ul style="list-style-type: none"> ● The wishes and feelings of the adult at risk (past and present); ● The views of other significant individuals, such as the adult's nearest relative; their primary carer, guardian, or attorney; or any other person with an interest in the adult's well-being or property; ● The importance of the adult taking an active part in the performance of the function under the Act; ● Providing the adult with the relevant information and support to enable them to participate as fully as possible; ● The importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation; and ● The adult's abilities, background and characteristics (including their age, sex, sexual orientation, religious persuasion, 	<p>The Act's principles are:</p> <ul style="list-style-type: none"> ● A Rights-Based Approach – To promote and respect an adult's right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination. ● An Empowering Approach – To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk. ● A Person-Centred Approach – To promote and facilitate full participation of adults in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in his or her safety and well-being. ● A Consent-Driven Approach – To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the

<p>racial origin, ethnic group and cultural and linguistic heritage).</p>	<p>life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.</p> <ul style="list-style-type: none"> ● A Collaborative Approach – To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.
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Appendix 8

Home Nations Wellbeing Principles

<p>England</p> <p>Personal dignity (including treatment of the individual with respect)</p> <p>Physical and mental health and emotional wellbeing</p> <p>Protection from abuse and neglect</p> <p>Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)</p> <p>Participation in work, education, training or recreation</p> <p>Social and economic wellbeing</p> <p>Domestic, family and personal domains</p> <p>Suitability of the individual's living accommodation</p> <p>The individual's contribution to society.</p>	<p>Wales</p> <p>Physical and mental health and emotional well-being</p> <p>Protection from abuse and neglect</p> <p>Education, training and recreation</p> <p>Domestic, family and personal relationships</p> <p>Contribution made to society</p> <p>Securing rights and entitlements</p> <p>Social and economic well-being</p> <p>Suitability of living accommodation</p> <p>Control over day to day life</p> <p>Participation in work</p>
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Appendix 9

Categories of abuse/harm

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

Modern Slavery / Human Trafficking – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Domestic Abuse and coercive control – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. It can occur between any family members.

Discriminatory – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

Organisational / Institutional – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own 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.

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

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

Financial or Material – 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.

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

Emotional or Psychological – this includes threats of harm or abandonment,

deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Exploitation – is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

Hate crime – is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

There are additional definitions which, whilst not included in legislation, interface with adult safeguarding:

Cyber Bullying – cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced Marriage – forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. The forced

marriage of adults with learning disabilities occurs when the adult does not have the capacity to consent to the marriage.

Mate Crime – a 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual. Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

Radicalisation – the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship or through social media.