

Adult Safeguarding Policy

Name of Local Mind	Hammersmith, Fulham, Ealing & Hounslow Mind
Policy	Adult Safeguarding Policy
Version	V3
Date when last reviewed	09/23
Date when next review due	09/26
Author	Arti Modhwadia/Keeley Tickner/Rachel O Shea/ Yvonne Jones
Date reviewed by Safeguarding, Clinical and Risk Subcommittee	12 th September 2023
Date approved by Board	21 st September 2023
This policy is for	All Staff, contractors, trustees, and volunteers

Version	Change Type	Description of Change(s)	Date
V3	content	New: Follow Ups/ Escalations process. Password Specific service process	09/23

Summary

This policy aims to provide guidance on what constitutes a safeguarding concern and how to report and record it both internally and externally. This policy is only applicable to adults.

Please also read the self-harm/suicide prevention policy, the safeguarding children and young people's policy, the whistleblowing policy and the serious incident policy.

Purpose and Scope

HFEH Mind is committed to and has a legal obligation under The Care Act and its supporting statutory guidance to safeguard and promote the welfare of adults. Therefore, safeguarding and promoting the welfare of adults is a governance priority of HFEH Mind and, as part of fulfilling their trustee duties, the Board must and will take reasonable steps to protect adults from abuse and/or neglect in receipt of services from HFEH Mind or otherwise comes into contact with the Charity, its staff or its volunteers.

This policy will be reviewed every three years by the appointed Safeguarding Adult Leads.

HFEH Mind commitment to safeguarding.

1. HFEH Mind believes that all adults have a right to develop and thrive free from abuse or neglect and therefore operates as an alerting agency, with no investigative role.

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2. The Local Authorities will operate their own formal safeguarding procedures. HFEH Mind recognises that everyone who works with children has a responsibility for keeping them safe and no one person or organisation alone can have a full picture of a person's needs and circumstances. Therefore, HFEH Mind will play a key role in identifying concerns, and sharing information in a timely manner, in partnership with the lead agency; the Local Authority.
3. HFEH Mind will co-operate and assist in the drawing up, development and monitoring of local multi-agency policies by joining any relevant Safeguarding Adult Boards and regularly attend safeguarding meetings led by the respective Local Authority.
4. HFEH Mind has a strict policy and associated guidelines with respect to confidentiality in line with GDPR regulations. However, there may be times, as stipulated by GDPR regulations, when it is in the best interests of the adult at risk that information should be shared with other agencies in order to prevent abuse. When information is shared in this way, it will only be given on a 'need to know' basis. For these reasons, HFEH Mind will not give anyone absolute confidentiality in such cases.
5. All confidential emails will comply with GPPR regulations.
6. Staff and volunteers will be provided with appropriate training on safeguarding for both children and adults. This will be done through access to the iHASCO safeguarding modules online and the provision of yearly internal face-to-face training on safeguarding for both children and adults.
7. Staff must partake in ALL internal training around safeguarding.
8. It is imperative that all managers sign up staff to Local Authority training and internal training on safeguarding for both children and adults. The internal, yearly training, for both children and adults, should be completed within six months of joining the organisation.
9. Managers must also attend the safeguarding for manager's training provided internally and read the safeguarding for manager's policy.

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10. Staff will be provided with regular supervision to support them with identifying and reporting concerns.

11. All staff and volunteers are made aware of this policy and read it during their induction week.

12. It is important that once read, staff members tick this off on BreatheHR.

13. Regular case supervision and team meetings ensure that awareness of this policy is maintained and allow early detection of situations that might need to be dealt with under the policy.

14. All service users are made aware of this policy.

15. That the policy is made available at the service user's request to see it.

16. This policy is reviewed on a three-yearly basis by the safeguarding lead.

17. Safeguarding Procedures, responding to SG concern immediate risk vs non immediate risk, concerns from public, recording SG concerns, mental capacity, referrals, working with LA

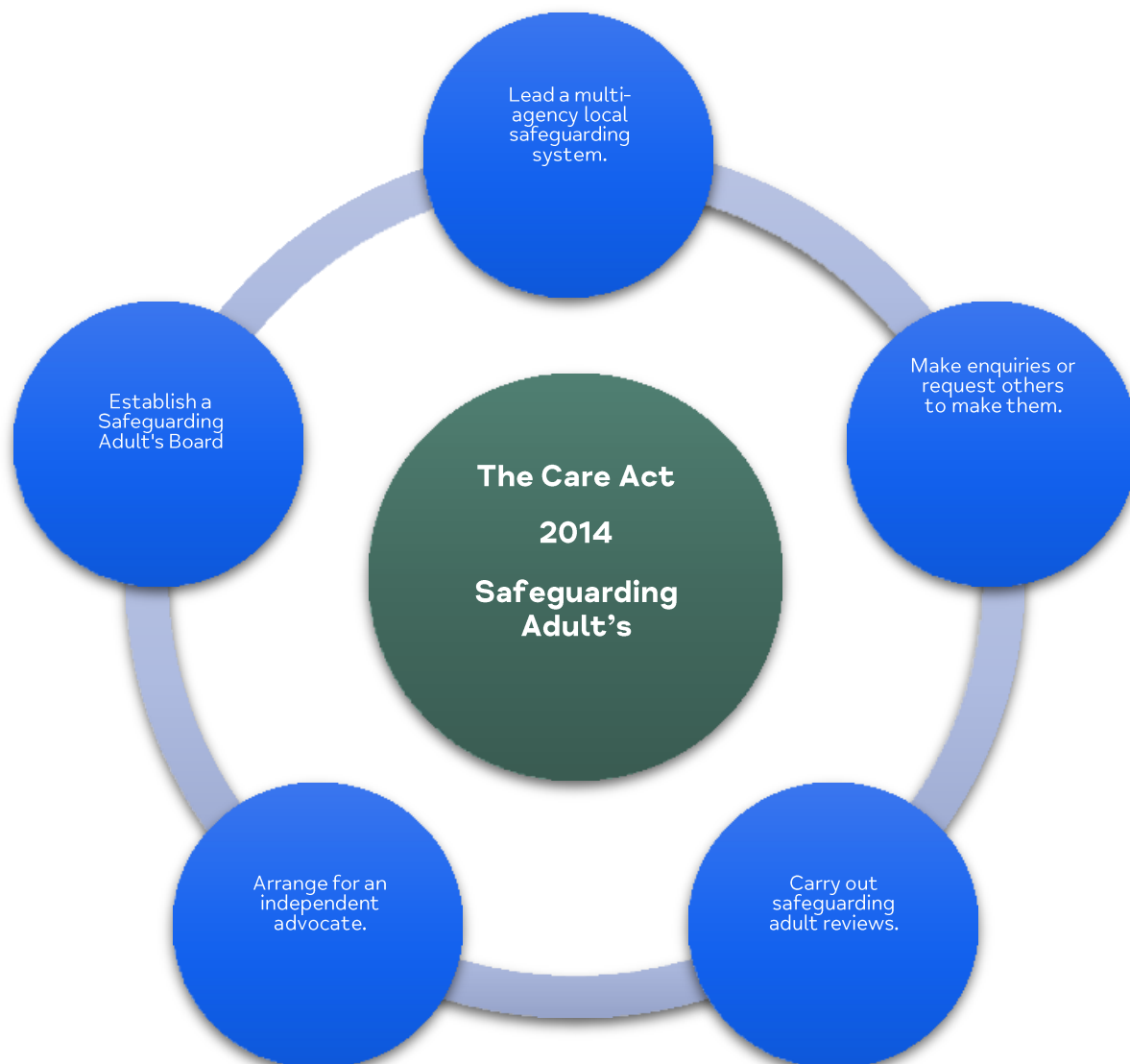
Policy Elements

- What is Safeguarding Adults
- Responsibilities and governance
- Safeguarding Thresholds
- Categories of Abuse
- Disclosures and Reporting
- Social media
- Following Up
- Escalating Concerns
- Whistleblowing and role of LADO
- Breaches of the safeguarding policy
- Support from managers
- Other policies

What is Safeguarding Adults

1. The aim of adult safeguarding is to protect an adult's right to 'live in safety, free from abuse and neglect'¹.
2. The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect by adhering to the principles of well-being and prevention².

3. The following diagram sets out the Local Authority role and responsibilities in relation to safeguarding as per the Care Act 2014:



4. If an allegation of abuse or neglect is disclosed, the staff member or volunteer should report this to the local authority. This is called raising a safeguarding concern.
5. The concern must be raised to the local authority where the abuse took place.
6. The local authority is the lead agency but may ask another agency to investigate/conduct an enquiry. This is known as a Section 42 enquiry.
7. If serious harm or a death has resulted due to abuse and neglect, a safeguarding adult review will take place. If you have worked with the service user, as an agency you will be asked to part-take in this process to see if any lessons can be learned. Findings of this process will be published.

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8. Anyone with care and support needs, substantial difficulty (unable to understand, retain, weigh up or communicate in relation to the safeguarding process) and with no appropriate friends or family to facilitate their full involvement- will qualify for an independent advocate. This will be a paid, independent person who will ensure the victim's voice is heard and safeguarding is made personal.
9. The local authority will also establish a SAB (safeguarding adult's board). This is made up of the NHS, police, local authority and other agencies. The aim here is to share, develop and implement safeguarding policy.

Responsibilities and Governance

Organisational responsibilities

Legal obligations dictate that organisations must ensure they are:

- Meeting their responsibilities to safeguard adults and children
- Ensure that service specifications from all providers who commission services, include clear standards for safeguarding adults and children
- Ensure that safeguarding guidance is available and accessible to staff
- The CEO, SMT and the Board must ensure that procedures are in place for safeguarding adults, children, young people and families.

Manager Responsibilities

HFEH Mind requires all managers to:

- Demonstrate leadership, be informed, and take responsibility for the actions of their staff providing services to children, young people and adults

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- To be the first port of call to discuss safeguarding, recognise safeguarding and identify when/if it needs to be raised to the local authority or other statutory services
- Directing staff to raise concerns to the appropriate place
- Ensure safeguarding leads have oversight of incident reports
- Direct staff to obtain protective measures and outcomes of safeguarding
- Sign off safeguarding concerns- ensuring all correct processes have been followed and relevant signposting has been done
- Discuss safeguarding in supervision
- Ensure a safe environment for service users and staff- and minimise any risk
- Ensure staff are familiar with local processes
- Ensure staff have signed up for safeguarding training and completed their e-learning
- Ensure all staff maintain an accurate and comprehensive electronic record
- Ensure any breaches of policy concerning safeguarding, risk and serious incidents- are escalated to the safeguarding lead(s) and HR.

HR Responsibilities

- Ensure staff have DBS checks and that these are regularly reviewed and stored on staff files
- Ensure a safer recruitment policy is in place
- Ensure a full employment history is obtained and gaps are accounted for when recruiting
- Ensure staff are aware of the internal training they must complete both on iHasco and internally and encourage staff to be booked on within the first 3 months
- Investigate safeguarding policy breaches at the direction of the safeguarding lead once the threshold has been applied
- Ensure the board has appropriate safeguarding training for their role as trustees

Safeguarding Lead Responsibilities

- Ensure compliance with safeguarding legislation, processes and best practice
- Monitor and report on compliance with safer recruitment and training
- Deliver internal training on HFEH Mind processes
- Ensure managers are trained internally on safeguarding processes and provide advice on incident forms where managers may have missed something
- Monitor and evaluate the effectiveness of the policy
- Share any concerns around safeguarding practice to the CEO
- Ensure they are up to date with training, legislation, policies, processes and changes to best practice
- Ensure a log is kept of open safeguarding concerns that is accessible to staff

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- Apply the threshold to safeguarding policy breaches informing HR of the outcome (Lessons learned, Investigation, etc)
- Acting as a final sign off operationally- prior to CEO signature

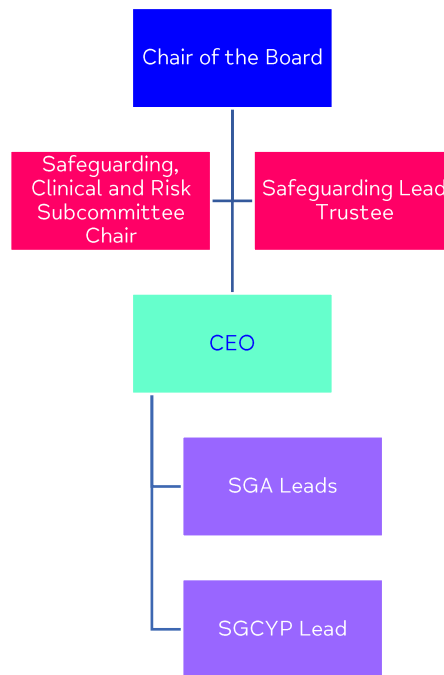
CEO Responsibilities

- Ensure final sign off on incident reports
- Ensure SG leads exist for both adults and children
- Ensure the board is alerted to any imminent risk as soon as possible, triggering the escalation protocol. Such risks include reputational damage, litigation, death or serious harm
- Risks that must be highlighted to the clinical risk subcommittee include: serious incident reviews, serious adult reviews, serious case reviews, domestic homicide reviews, paedophile rings or slave rings
- Ensure the board receives a quarterly report on safeguarding
- Ensure they are trained and up to date with safeguarding policies and guidance

Board Responsibilities

- Ensure ratification all safeguarding policies
- Ensure there is a named safeguarding lead for adults and young people
- Ensure oversight of safeguarding and incidents relating to risk
- Ensure they are trained in safeguarding responsibilities as board members

Governance Structure



Safeguarding Thresholds

The Local Authority has a statutory responsibility under the Care Act 2014 to make enquiries, or cause others to do so (such as the police or hospital Trust) if it believes an adult.

1. Has needs for **care and support** (whether or not the Local Authority is meeting any of those needs) and;
2. Is **experiencing**, or **at risk of experiencing**, **abuse** or **neglect**; and
3. 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.

It is important to note that anyone can be a perpetrator of abuse. This includes social workers, the police, professionals, volunteers or even a colleague (see whistleblowing policy for colleagues).

Abuse can also take place anywhere. It is important you note exactly where the abuse took place, the appropriate local authority can be informed.

Care and Support Needs may include but not limited to:

1. an older person
2. a person with a learning difficulty
3. a person with a sensory impairment
4. a person with a physical disability
5. a person with mental health needs
6. a person with dementia
7. a person with a long-term health condition

8. a person with acquired brain injury.
9. someone who misuses substances or alcohol.

Categories of Abuse

Abuse can take many forms and may also be criminal offences. The following categories of abuse have been identified within the Care Act 2014:

1. **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
2. **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. Perpetrated by a family member.
3. **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendos, sexual photography, subjection to pornography or witnessing sexual acts, and acts where the adult has been pressured into consenting.
4. **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 of services or supportive networks.
5. **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.
6. **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
7. **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
8. **Organisational abuse** – 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.

9. **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.
10. **Self-neglect** – this can include neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Other issues for safeguarding:

- **Radicalisation-** Vulnerabilities can make some people more susceptible to supporting or promoting extreme ideologies. Radicalisation can take place via the internet, social networks, print media, meetings etc. If you have concerns about anyone displaying an extreme view which might put them or others at risk, you must consult with your line manager and raise a concern to the Local Authority and to Prevent. The prevent guidance gives information about agencies working together to prevent those at risk of radicalisation from being drawn into terrorism.
- **Coercive and Controlling Behaviour-** Coercive and controlling behaviour was criminalised by the Serious Crime Act 2015. Behaviour like this includes threats being made or manipulation of a person to do something they do not wish to do or would not normally do.
It can often be seen in close relationships and can include (but is not limited to sexual abuse, physical abuse, psychological abuse and/or domestic violence).
- **Forced Marriage-** is when someone is coerced into marrying another person. This might be as a result of threats or other emotional, physical and psychological pressure that they are subjected to. This can include being made to feel that they are bringing shame on their family by not entering into the marriage. It is not the same as an arranged marriage. If you are concerned that someone might be being, or have been, forced into marrying another person against their will, you should speak to your line manager immediately. Also check this website for further information <https://www.gov.uk/guidance/forced-marriage>
- **Abuse through Social Media-** Social media include blogs, media sharing (photo and video sharing), online gaming, discussion forums, instant messaging and social networks such as Twitter or Facebook. Though social media is very positive for a lot of people it can also be a method where some people are abused.
 1. This can include, but not be limited to:
 2. Cyber bullying
 3. Grooming for sexual abuse
 4. Sharing indecent images, or manipulating people to share explicit images of themselves.
 5. Radicalising people's beliefs.

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6. If you are concerned that someone might be being abused using social media, you must speak to your line manager and raise this as a safeguarding concern.
- **Female Genital Mutilation (FGM)**- a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. You should raise this with your line manager and raise as a safeguarding concern⁶.
- **Breast Ironing**- When girls start showing signs of puberty, mothers begin “ironing” their breasts, using heated tools like stones, spatulas, and pestles to pound or massage their chests, in an attempt to prevent them from developing

Indicators of abuse can be found in Appendix 1.

Disclosures and Reporting

- HFEH Mind staff /volunteers may be told directly or indirectly about abuse or suspected abuse when interacting with service users.
- Disclosures of abuse and neglect can be made in person, via phone or email so always stay alert.
- Prior to any visits with service users, all staff should ensure they have a mobile phone with numbers of their manager and the local mental health teams.
- Once a concern has been raised, it is key that staff follow the below guidelines when interacting with service users:

Do	Do not
<ul style="list-style-type: none"> • Stay calm. • Speak in private (unless there are safety concerns). • Listen carefully and make sure the person concerned about knows they are being taken seriously regardless of the nature of the concern. • Show sympathy and concern. • Explain what you are going to do next. Remind the person concerned about that confidentiality can be broken if we fear there is a risk to the person concerned about or others. • Offer the person concerned about the option to raise the concern themselves by making a phone call with you present for support, to help them feel in control • Explain you will keep the person concerned about informed. • Make sure emergency services are called if required. • Document carefully what the person concerned about has told you. • Seek support from your line manager. • Maintain boundaries. • Find out what the person wants. Are there protective measures immediately they want putting in place. 	<ul style="list-style-type: none"> • Investigate. It is not your role to investigate the concern. Gain the essential information required (use the safeguarding form as guidance see on Breathe HR) Do not press for details. • Appear shocked or concerned. • Form opinions or make judgements, ensure you stick to the facts. • Give false reassurances. • Confront the abuser. • Accuse the person concerned about of telling lies or blaming it on their mental health. • Destroy any evidence. • Take positive risks. It is not your role to decide what risks a person concerned about can or should take. It is not your role to risk assess a situation and decide whether or not a disclosure needs to be made.

What if the person making the disclosure does not want you to report?

- Try and ascertain why the person concerned about does not wish for the concern to be raised. Providing them with information about the process may reassure them. Offering for them to raise the concern themselves may help them feel more in control.
- If the person concerned about still does not wish to raise the concern, discuss this with your line manager and consider asking the local authority for advice without divulging the victim's details to see if the concern should be raised. Managers see safeguarding for manager's policy on this for further guidance.
- If the concern should be raised, it is key that the safeguarding concern sent to the Local Authority or Trust details that the person concerned about has not consented to the safeguarding concern being raised. The Local Authority or Trust is then able to make safeguarding personal (person-centred) for the person concerned about in the way in which the concern is dealt with.
- Detail why the person concerned about does not want the concern to be raised.
- Detail if other people may be at risk, for instance children or other adults with care and support needs. If there is a child at risk, a separate safeguarding form should be sent to the child protection team in the local authority.

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- Detail if the person concerned about is under pressure not to raise the concern.
- Detail if the alleged perpetrator also has care and support needs.
- It is imperative to note that if the risk is deemed too high, a concern can be raised without consent. This will be a call for the service manager to make. Such instances may include: risk to child, a crime being committed or another emergency. The need to safeguard in such instances will trump the need for consent.

Reporting a Disclosure

- If abuse or neglect has been disclosed, you have a legal duty and obligation to report the concern.
- If a professional or a service user has stated that they have already raised the concern, you must still raise a concern yourself. You have an obligation to raise your own concerns, so it is imperative we do not take this information lightly.
- You must phone your line manager unless there is an emergency taking place and you need to call emergency services (999, police, ambulance or fire service).
- Your line manager will provide you with support and further guidance if necessary.
- You will then need to raise the concern both internally and externally.
- If you do not have contact details for a service user (for instance they have sent in an email or called in but not disclosed personal details), send what you have as the local authority/mental health team may be able to identify the person through their phone number or email address.

External Reporting

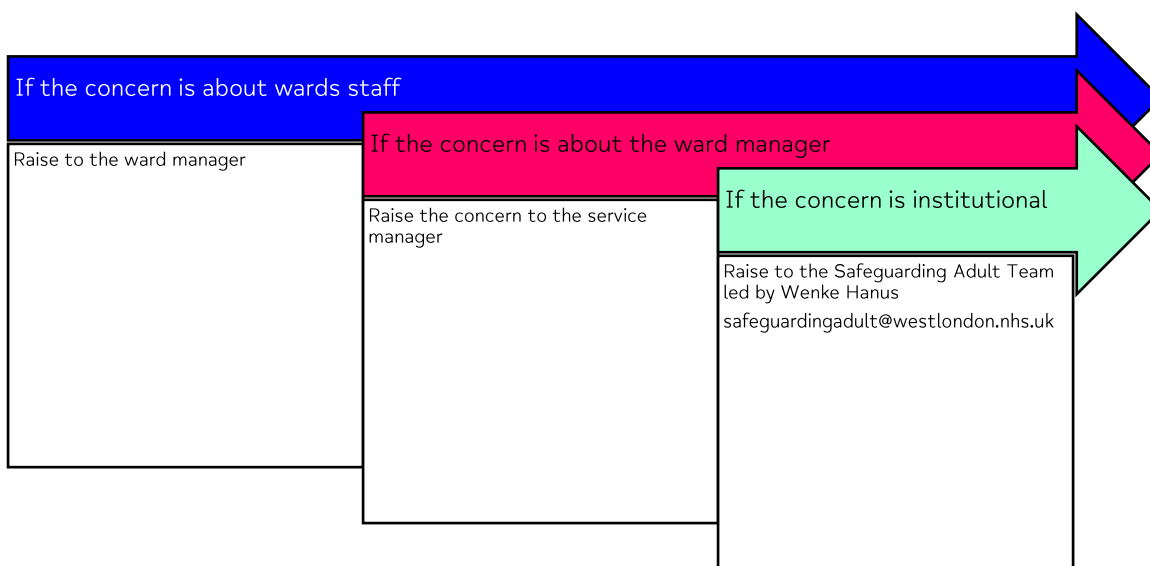
1. Once you and your manager have decided that the safeguarding concern meets the threshold, you must report the concern within 24 hours to the local authority and mental health single point of access (SPA). The SPA may be delegated the authority to conduct the enquiry if the client has mental health issues.
2. The concern must be reported to the local authority in which the abuse or neglect took place.
3. If a child or young person is also implicated as a victim of abuse, you must report this to the children's safeguarding team. Read the Safeguarding Children and Young People's policy to remind yourself of the process.
4. If the adult in question is within a school or college, you may need to disclose the information to the designated safeguarding lead within the college or school too.

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5. Each local authority has their own safeguarding concern form. You must ensure you fill this form and send it back to the address on the form.
6. If you cannot find a form, then use the HFEH Mind form on BreatheHR.
7. You must send all forms by Egress. If the recipient does not have Egress, you will need to password protect the document and send the password in a subsequent email. All safeguarding concerns need to be password protected. Each year HFEH Mind will use a set password for all safeguarding concerns raised. For 2023-2024: hfZq3VFwP867
8. All safeguarding concerns need to be saved onto the Media section on Views.
9. See Appendix 5 for details on where to send the form.
10. Once you have submitted the report, you will need to check within 24 hours that it has been received.

Raising Concerns when working on mental health wards

1. Some of our service contracts require us to be present on wards in mental health hospitals, such as the advocacy contracts.
2. It is good practice to obtain a protection plan from the wards prior to raising any kind of concern.
3. If the concern relates to ward staff in Ealing, the following diagram needs to be followed to determine the right person to raise the concern to. All allegations pertaining to staff, need to be reported to the safeguarding lead for the trust and raised to the local authority/delegated SAM.



Raising Concerns when working in Safe Space or Helpline (crisis alternative in the community)

If you work in Safe Space (our crisis alternative), please ensure you copy in the Crisis and Assessment Team (CATT) in your email, in addition to SPA and the local authority.

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Raising Concerns when working in Safe Space ED (crisis alternative based in Emergency Department)

If you work in Safe Space ED, please inform the psych liaison nurse on site.

You will still need to raise the safeguarding concern yourself via the above protocols.

However, you will still need to complete a Views incident form and get regular updates on the safeguarding through the nurse.

Internal Reporting

1. All incidents must be reported to your line manager, unless it is a whistleblowing concern. In such instances you must inform the Head of HR and Safeguarding Lead.
2. For staff delivering training, this policy will still apply. Please call your direct line manager who will guide you on whether something constitutes an incident. You may need to report this externally to the local authority or mental health team for example but also to the organisation you are working with (HR department).
3. All incidents must be recorded on Views (see appendix 4 for steps on how to do this).
4. The Views form MUST be sent to your direct line manager and your head of service for sign off.
5. All managers must record all incidents on their own service's incident spreadsheet (this is separate to the risk register)
6. All incident forms on Views need final sign off from the CEO.

Social Media

We may get disclosures around abuse and neglect through social media.

It is important we respond in a way that treats people with dignity and respect but also does not compromise their privacy.

We still have a duty to report an allegation regardless of if it's through social media or not. Please refer to the HFEH Mind Social Media Policy for further information.

What happened	How we should respond
Someone has tagged us in a public post detailing abuse and neglect (they are the victim)	Respond on the post with: "We're sorry to hear of your experience, please report any issues to the police and your local safeguarding team. We have

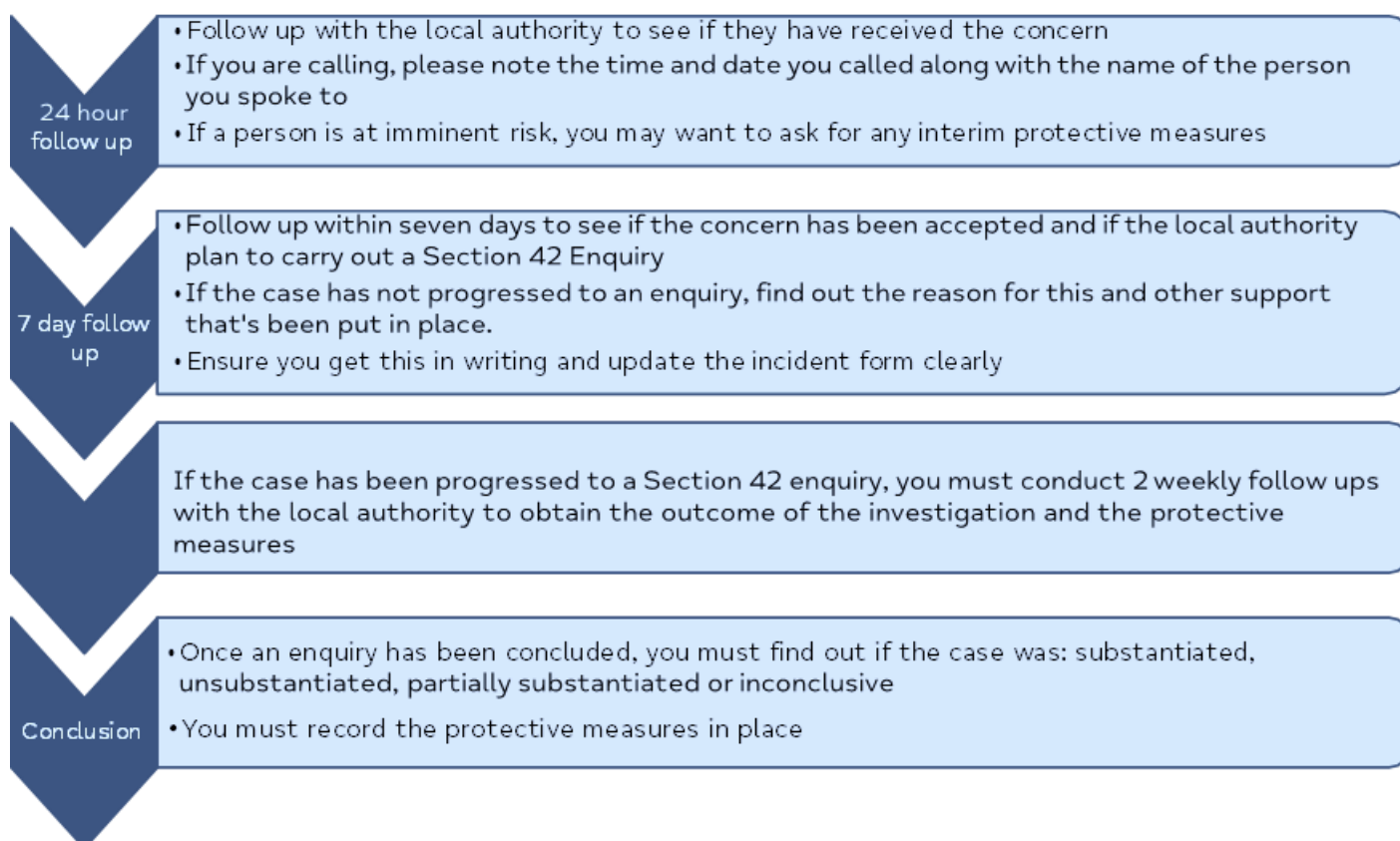
	<p>private messaged you with more information”.</p> <p>Private message the person with more signposting information to the local safeguarding team and police. Ask them for more details like: name, location, date of birth. Signpost them to our duty line.</p> <p>Once we receive more information, follow the safeguarding process above. Screenshot the allegation and send to direct line manager and two heads of service. Copy in the duty email too.</p>
<p>You have been tagged in a post by another social media user detailing abuse and neglect.</p>	<p>As above- but message the user with the original post.</p>
<p>Complaint</p>	<p>Inform the head of service about the complaint.</p> <p>Phrase: Thank you for your feedback, we’re sorry to hear you had a bad experience. We are an organisation that strives for continuous improvement, and we take all feedback seriously. Please email us with further details of your complaint so we can</p> <p>respond in detail enquiries@hfehmind.org.uk</p>
<p>Friend or family member is seeking support, or a social media user is seeking support</p>	<p>Respond on the post with:</p> <p>“Thank you for reaching out to us and seeking support, please see your private message for some signposting options”.</p> <p>Speak to relevant managers about some signposting information both locally and nationally.</p>

Following Up

- Once you have confirmed that the local authority has received your concern, you have fulfilled your alerting role.
- However, within HFEH Mind, to ensure a service user is safe, the policy is to follow through with the safeguarding concern until it is closed. We therefore need to obtain 'protective measures' that the local authority has put in, to reassure us that the service user is safe.
- Every safeguarding concern will need to be followed up every 2 weeks as mandatory. All updates need to be inputted clearly onto the original incident form with timestamps. This does not mean a safeguarding concern needs to be 'closed' however all updates need to be made every 2 weeks. Staff who fail to follow up every 2 weeks, will be in breach of this policy.

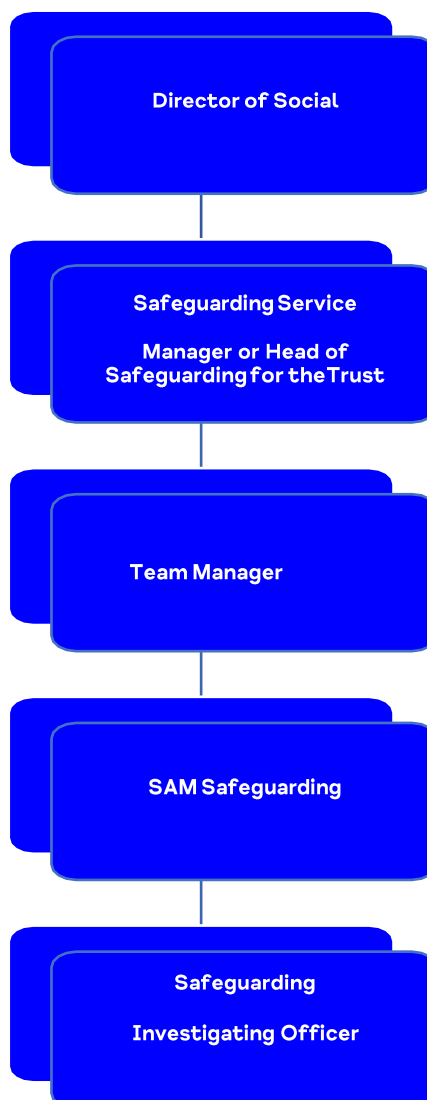
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- An example of a protective measure may be: if a person has been financially abused by their family member who uses their bank card, the protective measure may be to cancel the card.
- Some safeguarding concerns may not meet the threshold so the local authority may close the safeguarding but put in other support. However, if a service user is accessing any HFEH Mind services, they will automatically meet the threshold for us to raise.
- In some cases, an investigation may need to take place. This is called a Section 42 enquiry. This could take long time to conclude, but if the person is facing immediate harm you should ask the local authority what the interim protective measures are.
- When a safeguarding enquiry is closed, there are four potential outcomes:
 - substantiated
 - not substantiated
 - partially substantiated
 - inconclusive
- When a case has been closed, you need to obtain one of the above outcomes.
- See diagram below for the follow up process and frequency:



Escalating Concerns

- If we do not get a response or a satisfactory response to the concern we have raised, we have a duty to escalate the concerns.
- If you are struggling to obtain a response from the safeguarding officer assigned to the case on the progress of the case, the protective measures or the outcome, raise this with your line manager who will look to escalate the concern.
- Should escalation need to go further than the team manager, this needs to be discussed with the Safeguarding Adult's Leads. Please see below 'escalation template' to be used when escalating a concern to Safeguarding Adult's Leads.
- The Safeguarding Adult's Leads will track such cases and report trends/themes to the CEO during quarterly safeguarding meetings.
- The following structures for escalation within the local authority apply, see diagram.



Escalation Template

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This template is to be used when you are needing to escalate a safeguarding concern to your manager, that you either haven't received an update on or if you'd like to challenge the decision/outcome.

All staff are required to follow up outcomes within **two weeks of disclosure and every two weeks until outcome has been received.**

Before escalating to your manager, you must attempt three contacts with the relevant team investigating the safeguarding (local authority, MINT etc) **all updates must be updated on the original incident form.**

Example internal escalation:

Date safeguarding was raised	11 th March 2023	
Dates of attempted follow ups and outcome	<ol style="list-style-type: none">1. I called LA who informed me that SG was passed onto her MINT team (North) (1st attempt)2. 22/03/2023: Confirmation from North MINT that client is not open to them so email sent with LA cc'd for update (2nd attempt)3. 24/03/2023: I sent email to LA authority to clarify the SG with Southall MINT CC'd (3rd attempt)4. 27/03/2023: Southall MINT confirmed not open to them and I sent a 4th follow up email to LA to obtain protective measures/outcome5. 05/03/2023: Call with client who stated MINT were in touch so requested info from Southall MINT again on support plan who confirmed not open to them	

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	Local authority have never responded to any of the contacts I have made asking for clarification and update/protective measures on the safeguarding	
Key contacts	Local authority concern sent to Southall MINT team	

Whistleblowing and role of LADO

1. Where the alleged perpetrator is a HFEH Mind employee, ring 999 if there is a crime being committed or if a person is at immediate risk and in need of police or medical attention.
2. Where appropriate preserve any evidence. You may not be required to do this for most cases but on occasion it is key that: answerphone messages are saved, the persons' clothes are not washed, advise the person concerned about not to wash or

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clean their teeth until the police has arrived if a sexual offence has been committed and record exact information that you have been told or seen (such as injuries; include size, shape and location).

3. Contact the Adult's Safeguarding Leads, and Director of Adult Services, Yvonne Jones 07563026681 and inform them of all of the facts. DO NOT CONTACT ANYONE ELSE. Your role ends once you have informed the Safeguarding Leads.

The Safeguarding Leads should follow the steps below:

1. Inform the member of staff disclosing the concern that you will take the necessary action. Remind the member of staff not to discuss this matter or record anything.
2. Contact the Local Authority to raise the concern by filling in a form and sending it via Egress or reporting online through the Local Authority website. Where a Local Authority does not have a form or online mechanism for reporting, use the HFEH Mind form on BreatheHR.
3. If a child is at risk, contact the LADO (local authority designated officer).
4. Inform the CEO and the Head of HR.
5. Contact the Local Authority to see if they have received the concern if you do not receive an automated response.
6. Do not record actions on Views.
7. Send a restricted incident form to the chief executive officer as long as the concern does not relate to them. If the concern does relate to them, go to the trustees.
8. An investigation into staff conduct should take place in line with both safeguarding duties and the organisation's disciplinary procedures.
9. Refer to the safeguarding for manager's policy and the whistleblowing policy for further guidance on this.

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- Suicidal ideations and self-harm should be reported as a serious incident, not as a safeguarding where adults are concerned.
- Crisis Alternative services to follow internal escalation processes.
- You should use a serious incident form (on Breathe HR) not a safeguarding form
- Please consult the suicide and self-harm prevention policy
- If a suicidal ideation has been disclosed alongside a safeguarding, you must do two separate forms on Views (one for suicide prevention and one for safeguarding)

Safeguarding and Advocacy

Under the Care Act 2014, a person is eligible for advocacy to support with a safeguarding concern if:

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- the person concerned about has substantial difficulty (unable to understand, retain, weigh up or communicate with regards to safeguarding). This will cover those who lack capacity in relation to the safeguarding.
- The person has no appropriate friends or family to facilitate their full involvement.
- If the person concerned about meets the above requirements, the Local Authority will instruct an advocate from the borough which funds that person.
- If you are an advocate currently supporting your service user, the Local Authority may decide to instruct you to support with safeguarding to help provide continuity for the service user.
- You should keep the service user involved and ensure they are aware of any communication the Local Authority makes with you. You must not attend any meetings with or without the service user unless the service user gives consent. If the service user lacks capacity, you should enquire as to whether they have an independent advocate under the Care Act or an IMCA (independent mental capacity advocate)

Breaches of safeguarding/serious incident policy

If a staff member breaches a policy, this must be reported by a manager. Failure to do this may result in an investigation and potentially disciplinary proceedings.

Breaches can occur in many ways:

- A safeguarding was not recognised
- A safeguarding was not chased up regularly (every two weeks)
- A safeguarding was not reported in the necessary time frame (24 hours)

Managers must complete an incident form using client Views code 10002. Managers must not write the name of staff in the incident form. This form should then be sent to the SG lead.

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The SG leads must inform HR of the breach and apply the following threshold to decipher if an investigation is necessary:

1. How severe is the breach? (think about impact on service user, increased risk to service user and/or others, potential self-harm/suicide as a result of the breach, reputational risk)
2. Persistency of breach (has this happened more than once by the same staff member? Is this happening across a certain team more than others etc)
3. Length of service (how long has the person been in post)
4. Compliance with training and policies (have the policies been read? Have they attended the safeguarding training and/or completed their iHASCO module?)

The investigation process will be led by HR and a disciplinary hearing with potential disciplinary action may be the result of the investigation. Severe breaches of policies that lead to or could have led to the harm of service users, staff or the general public can be considered gross misconduct, potentially leading to dismissal as per the disciplinary policy.

Support from your Manager

- After all incidents, there must be a debrief between the staff involved and manager onsite. Staff and volunteers may also wish to take advantage of the free counselling helpline available to all staff and volunteers at Mind to get support with their own responses to the incident. Check appendix 3 for contact details of the service.
- Not all staff and volunteers at HFEH Mind have clinical qualifications. For those that are in clinical roles, clinical supervision will be arranged. For staff who are non-clinical, monthly reflective practice will be arranged. This is mandatory for all staff.
- All staff are required to have monthly line management supervision; safeguarding is mandatory to discuss during every supervision.
- All Managers must ensure that this policy is talked through with all staff and volunteers within your teams to ensure everyone is clear what to do.

Safeguarding Checklist

<p>Be the first port of call for staff, be available to answer queries (ensure phone is on) and ensure you familiarise yourself with the policies and have conducted your training</p>	
<p>Ascertain:</p> <ul style="list-style-type: none"> - If there is abuse/neglect - How imminent the risk of harm is - Check if other children or young people are involved - Check if other adults are at risk - Check if the local authority already involved with the young person and or family - Ascertain where the abuse took place 	
<p>Advise:</p> <ul style="list-style-type: none"> - Staff to raise the concern to the local authority where the child resides - Ensure DSL and DMHL are both made aware - Recording on IAPTUS - Ensure parents are made aware if appropriate - Ensure liaison with SpeakCAMHS if staff are based in the Circle - Staff to create new risk assessment on IAPTUS and amend the final risk rating score - Check in with staff around their wellbeing 	

<p>Check:</p> <ul style="list-style-type: none"> - If radicalisation exists, we must report to PREVENT and Police - If danger is imminent that emergency services have been called and a referral made within 24hours - If parents or young person have provided consent - Signposting information has been made available 	
<p>Report:</p> <ul style="list-style-type: none"> - Check that the staff member has completed the Views form, IAPTUS clinical contacts are up to date and that you have received the link and check their wellbeing - Ensure the correct type of incident has been ticked on the views form - Check that the disclosure was reported on the same day - Ensure SG lead is copied in - Check the Media section for a copy of the safeguarding form - Write comments in the manager Section 	
<p>Follow up:</p> <ul style="list-style-type: none"> - Ensure staff are following up for protective measures and outcome from all who have received the report - Ensure SG lead is informed when all steps have been taken - Check in on staff wellbeing 	

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Other Policies

Staff must ensure they read other policies in conjunction with this one, these include:

- Safeguarding Children and Young People
- Serious Incident Policy
- Service specific procedures – please discuss with your Service Manager
- Suicide and Self Harm Prevention Policy
- Safeguarding for Manager's Policy
- Feedback, Compliments and Complaints Policy
- Whistleblowing Policy
- Wellbeing Policy
- Code of Conduct Policy

Appendix 1- Views Process

1. Log into views
2. Click 'contacts' in the top left corner
3. Click 'service users'
4. In the search bar, type the service user's name to see if they are known to us
5. If they are click on the name (skip straight to step 8)
6. If they are not, click the + symbol on the right hand side
7. Fill in all mandatory fields
8. In the left side of the page, scroll down to 'questionnaires' and click it
9. Click +
10. On the scroll down list, click 'HF HFEH Mind Incident Report Form'
11. Fill all necessary details
12. Under 'type of incident' please click the type of incident it is.
13. Click save
14. Send the incident link to your line manager, Adult Safeguarding Leads and on-call manager where appropriate
15. Ensure any external forms sent are saved into the 'Media' section
16. Ensure all emails and telephone correspondence are recorded as 'Session Attendance'
17. For incidents not related to services users for instance: near miss, damage to property etc you must record under Views code 10002

For a step by step process please follow this handy guide -

https://hammersmithandfulhammind.sharepoint.com/:w:/r/sites/AdultServicesSharepoint/_layouts/15/Doc.aspx?sourcedoc=%7BC2F6D318-7B1E-4C0D-99E6-A21A4F63AD33%7D&file=Step-by-step%20safeguarding%20process.docx&action=default&mobileredirect=true&DefaultItemOpen=1

Appendix 2- Egress

1. All HFEH Mind staff should have an egress account. This helps us send emails securely without the need to password protect
2. Egress will only work if the recipient also has an egress account. Most local authorities/trusts/organisations will have an egress account
3. If the recipient does not have an egress account, password protect the referral form and send the password in a subsequent email
4. Go to www.egress.com
5. In the right corner, click sign up
6. Enter your details and use your HFHFEH Mind email address
7. Verify your email address
8. Go back to the website homepage and click 'my account'
9. In the left menu, click 'New Secure Email'
10. Create the email attaching all relevant information, ensure you have the right email address
11. If the recipient does not have access to Egress or cannot receive an Egress email, you must password protect the word document you are working on.
12. To do this, click file then info. Click the top option 'protect document' and click 'encrypt document'. Put in a password. Send the document and inform the recipient that the document is password protected. Send the password in a separate email.
13. **Currently Ealing do not use Egress.**

Appendix 3 - What Details to Include in an Incident Form

- Follow the form in appendix 3 for essential information required by the local authority (such as name, address, date of birth etc)
- When filling in information about the incident or the information disclosed to you, look at the below table.

Do	Do not
<p>Stick to facts</p>	<p>Add unnecessary details.</p> <p>For instance; I went to the hospital and I was talking to the patient about how their day went. It was around midday. The patient spoke to me about their day and we discussed what she had done over the weekend. We then spoke about the day centre. The day centre is where the patient attends for activities.</p>
<p>Report exactly what the person has told you, use quotation marks if you need to.</p>	<p>Put in your opinion.</p> <p>For instance: the person concerned was <u>clearly</u> distressed about the issue and it was <u>obviously affecting her</u>. The hospital <u>was so uncaring</u> when she tried to talk to them about it.</p>
<p>Highlight any visible marks or bruises</p>	<p>Make judgements.</p> <p>For instance: I am convinced her husband did it, it was so obvious especially when I was talking to her. He was staring us both down and I am sure from the interaction my person concerned about is telling the truth. The hospital is definitely covering up what is happening.</p>
<p>Make it clear and concise: who, what, when and where.</p> <p>Use full names of everyone involved and provide full contact details where possible. This includes:</p> <ul style="list-style-type: none"> • The victim • The perpetrator • GP 	<p>Do not ramble or add in details which are insignificant</p>

- Mental health practitioner
- Social worker
- Safeguarding officer

Tell us what happened- the facts, the frequency, the location, the injuries, and the type of abuse if applicable.

**What actions were taken- did the person call the police at the time or report the incident to anyone else?
What actions did you take?**

1. **Call the police**
2. **Call emergency services**
3. **Inform the GP**
4. **Inform the mental health team**
5. **Inform social services**

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Use bullet points and short sentences

Write long paragraphs containing irrelevant detail or a script.

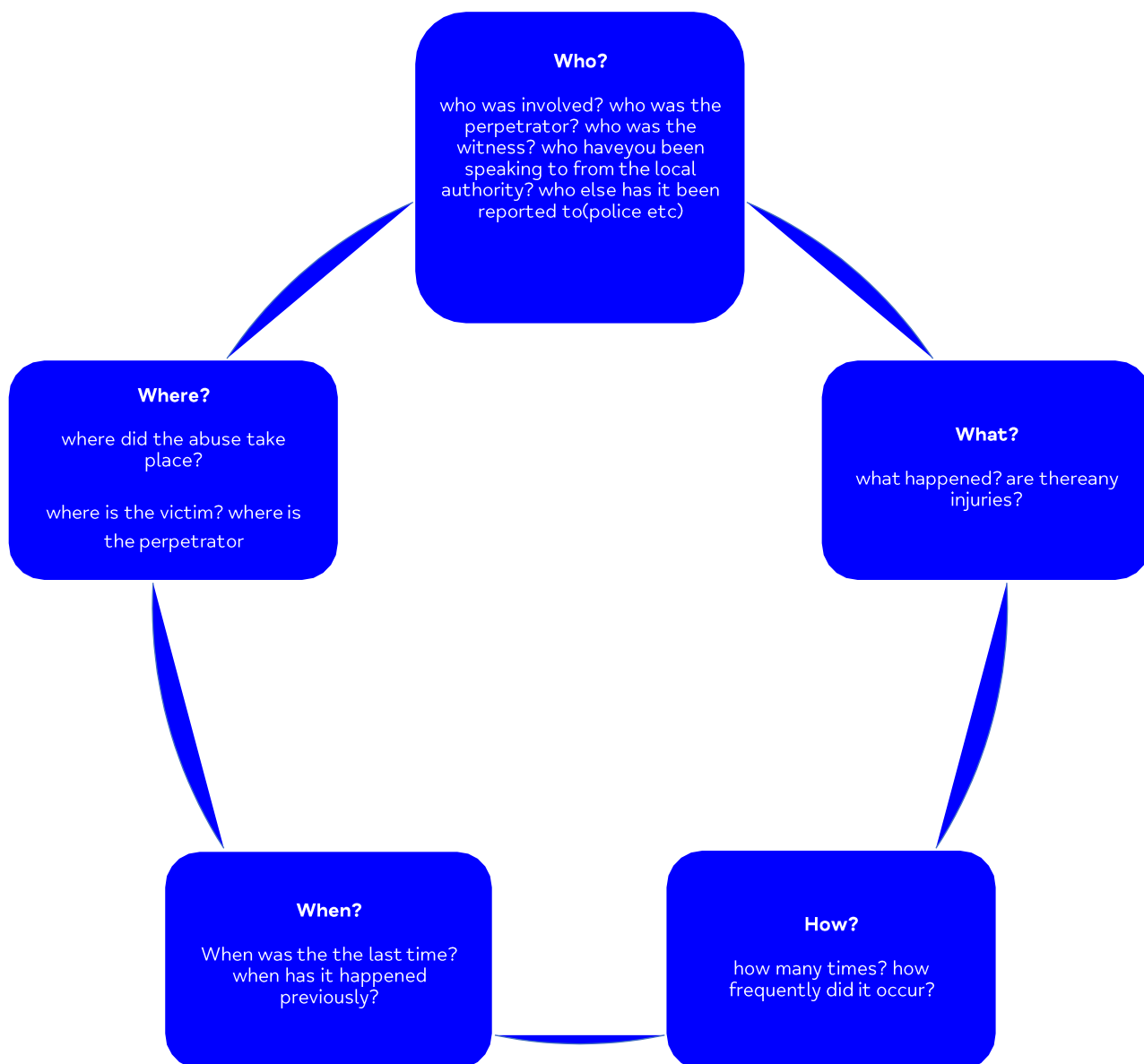
For instance:

I said “so what happened”

She said “I went to take money out of my account and there was nothing in the account”

I asked “why, where did the money go?”

Ask the following questions when describing the incident:



Appendix 4- Contacts

(Adults in yellow, children and young people in pink)

Free Counselling for HFEH Mind Staff Members

<https://healthassuredeap.co.uk/home/>

Username: Mind

Password: National

Phone: 0800 030

5182

Local Authority and Mental Health Contact Details:

<u>Emergency Numbers</u>		
In all emergencies	999	
<u>Safeguarding Teams</u>		
Ealing	Referral for clients under the care of the following services should be sent to: LBStatutoryduties@westlondon.nhs.uk	0208 825 8000 0208 825 8000 (out of hours)

Emergencies call 999		
Safeguarding Teams		
Ealing	<p>a. Mental Health Integrated Network Teams (MINT)</p> <p>b. Specialist Older Adult Mental Health Services (SOAMHS)</p> <p>c. Early Intervention (EIS)</p> <p>d. Crisis Assessment & Treatment Team (CATT)</p> <p>e. Rough Sleeping and Mental Health Team Project (RAMPH)</p> <p>f. Single point of Access (SPA) for Ealing clients</p> <p>g. Eating Disorders</p> <p>h. Acute inpatient services when safeguarding concern arose in Ealing</p> <p>i. Community Reablement Team</p> <p>j. Psychiatric Liaison should follow same process unless individual not open to any services in Ealing or open to a team under point B., in which case that process is to be enacted.</p> <p>Referrals with clients under the care of the following teams or under the care of no team should be sent to sscallcentre@ealing.gov.uk (Ealing Safeguarding Team 020 8825 9401)</p> <p>a. Cognitive Impairment and Dementia (CIDS)</p> <p>b. Limes, Jubilee & Meridian Wards</p> <p>c. Integrated Services Lines/Ealing Community Partners</p> <p>d. Improving Access to Psychological Therapies (IAPT)</p> <p>e. Perinatal</p>	<p>Email: ECIRS@ealing.gov.uk</p>
Hammersmith and Fulham	<p>0208 753 4198 option 3</p> <p>0208 748 8588 (out of hours)</p>	<p>0208 753 6600</p> <p>0208 748 8588 (out of hours)</p>

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	Email: H&fadvice.care@lbhf.gov.uk	Email: familyservices@lbhf.gov.uk
Hounslow	0208 583 3100 0208 583 2222 (out of hours) Email: safeguardingadults@hounslow.gov.uk	0208 583 6600 option 2 0208 583 2222 (out of hours) Email: childrensocialcare@hounslow.gov.uk
Kensington and Chelsea	0207 361 3013 0207 373 2227 (out of hours) Email: socialservices@rbkc.gov.uk	0207 641 4000 0207 641 6000 (out of hours) Email: pvashee@westminster.gov.uk angela.clayton@rbkc.gov.uk pvashee@westminster.gov.uk
Harrow	0208 420 9453 0208 424 0999 (out of hours) Email for community service users: safeguardingadults@harrow.gov.uk Email for mental health service users: cnw-tr.mentalhealthsafeguardingharrow@nhs.net elaine.singaram@nhs.net mbegum@nhs.net	0208 901 2690 0208 424 0999 (out of hours) Email: duty&assess@harrow.gov.uk
	Email: adultsocialcare@westminster.gov.uk	Email: AccesstoChildrensServices@westminster.gov.uk

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Hounslow	<p>0208 583 3100 0208 583 2222 (out of hours)</p> <p>Email: safeguardingadults@hounslow.gov.uk</p>	<p>0208 583 6600 option 2 0208 583 2222 (out of hours)</p> <p>Email: childrensocialcare@hounslow.gov.uk</p>
Kensington andChelsea	<p>0207 361 3013 0207 373 2227 (out of hours)</p> <p>Email: socialservices@rbkc.gov.uk</p>	<p>0207 641 4000 0207 641 6000 (out of hours)</p> <p>Email: pvashee@westminster.gov.uk angela.clayton@rbkc.gov.uk pvashee@westminster.gov.uk</p>
Westminster	<p>0207 641 2176 0207 641 2388 (out of hours)</p> <p>Email: adultsocialcare@westminster.gov.uk</p>	<p>0207 641 4000 0207 641 6000 (out of hours)</p> <p>Email: AccessstoChildrensServices@westminster.gov.uk</p>
Harrow	<p>0208 420 9453 0208 424 0999 (out of hours)</p> <p>Email for community service users: safeguardingadults@harrow.gov.uk</p> <p>Email for mental health service users: cnw-tr.mentalhealthsafeguardingharrow@nhs.net elaine.singaram@nhs.net mbegum@nhs.net</p>	<p>0208 901 2690 0208 424 0999 (out of hours)</p> <p>Email: duty&assess@harrow.gov.uk</p>

Safeguarding on Wards Contact Details:

<p>Ealing St Bernard's Hospital</p>	<p>For patients detained on Jubilee Ward or the Limes, please contact the relevant ward managers if staff are perpetrators of the abuse.</p> <p>Limes:</p> <p>Jubilee:</p> <p>If the ward manager is implicated, please contact the service manager.</p> <p>Limes and Jubilee:</p> <p>If it is widespread, institutional abuse where the whole service is implicated, email safeguardingadult@westlondon.nhs.uk</p>
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Mental Health Teams:

Single Point of Access West	0300 1234 244 (24-hour help)
London WLMHT(H+F, Hounslow and Ealing)	Email: wlm-tr.wlmhtSPA@nhs.net
Single Point of Access Central and North West London CNWL	0800 0234 650 Email: cnw-tr.spa@nhs.net
CAMHS Ealing	0208 354 8160
CAMHS Hammersmith and Fulham	0208 483 1979
CAMHS Hounslow	0208 483 1798 or 0208 483 2050 or 0208 630 3237
CAMHS Kensington and Chelsea	0203 317 3599
CAMHS Westminster	0203 317 5999

CATT Teams:

Emails	EalingCATT@westlondon.nhs.uk Hounslow- CATT@westlondon.nhs.uk Duty.H&FCatt@westlondon.nhs.uk
Numbers	0207 386 1176 0207 386 1276 0207 386 1146

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