SAFEGUARDING POLICY AND PROCEDURE MAY 2023-2024

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Charity Registration No. 1185639

Communication Accessible – please contact us if you require this policy in a different format.

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2. BACKGROUND

MindFood is a small mental health charity, helping people who are struggling with stress, depression, anxiety and isolation. We teach food-growing to reconnect people with nature, and share evidence-based self care tips and techniques to improve wellbeing. Historically our service has centred around helping people with common mental health needs - very few of our participants were considered vulnerable in the professional sense, and concerns were rare. Clients generally self-referred or were referred by GPs or Social Prescribers.

Since the pandemic, and with the worsening of the cost of living and NHS crises, we have seen a shift in referrals and an increase in our client base's vulnerability levels. We are working more closely with MINT (our Mental Health Integration Network Team), whose aim is to reintegrate people with more complex mental health needs back into the community, and with BEfriend, a local befriending charity who support clients who have become severely isolated - mainly as a result of chronic illness, or more complex mental health disorders.

Due to this shift, a strong and comprehensive Safeguarding policy is more essential than ever to our vision that mental health support should be accessible to all. Person-centred care is a value that MindFood live by, and as the needs of our clients have become more demanding over time, our aim for Safeguarding excellence has never been more important.

To ensure that we strive for continuous improvement, in April of this year we commissioned our first external Safeguarding policy review, with Safeguarding experts OBH. This will take place annually to ensure best practice.

3. POLICY OVERVIEW

Safeguarding[1] is at the heart of what we do and fundamental to our existence as a charity. We are all ambassadors for MindFood and for safeguarding. Some of us are employed, some volunteer. Whatever your role, we are all part of MindFood, and we want you to know what to do if you have concerns about a staff member, or a person who attends our courses. This includes their children or family members.

The purpose of this policy is to set out MindFood's approach to safeguarding staff and the adults who attend MindFood's courses.

It applies to everyone working and volunteering for MindFood or acting for or on our behalf and provides the framework to help us safeguard adults at risk with commitment and confidence. It describes some directorate safeguarding responsibilities, so you know who to ask for decisions or advice when you need it.

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[1] Definition: Safeguarding is the action we take to promote the wellbeing of participants from harm. Protection focusses on the activity that is undertaken to protect individual participants identified as suffering or likely to suffer significant harm.

Policy Statement

WE ARE COMMITTED TO KEEPING ALL STAFF AND PARTICIPANTS SAFE

WE WILL ACT ON INFORMATION REGARDING AN INDIVIDUAL'S SAFETY, OR THE SAFETY OF THEIR FAMILY

Approach to Safeguarding

MindFood has adopted the National Service Framework for Mental Health as a driver for developing our guiding values and principles that help shape decisions on course delivery. This enables us to promote a culture of openness and trust and ensures that safeguarding is at the heart of everything we do.

Our course delivery framework is based on principles informed by the Centre of Global Mental Health and the United Nations' goals, relevant legislation, and guidance and by MindFood's values, behaviours and understanding of best practice. Our approach to safeguarding adults at risk is based on the following:

1. Where concerns are identified, the key principles of working with adults at risk embedded in the Care Act 2014, will always inform our approach to interventions.
2. We must communicate very clearly what we have done and will be doing to safeguard the adult at risk, unless to do so would in any way increase risk to them or a child.
3. Capacity will be assumed unless there is reason to believe that the person cannot understand.
4. In some limited circumstances, it will not be appropriate to engage with carers or family members to protect the adult at risk.
5. Concerns or allegations that MindFood staff or volunteers have abused or neglected adults will be taken very seriously and managed sensitively and fairly in accordance with these policies, relevant legislation, and local procedures.

Organisation principles

Safeguarding our staff and participants comes first and is embedded in organisational leadership, governance, and culture – this means the best interests of our participants and staff are paramount in all considerations about their welfare and protection, including when to maintain confidentiality and when to share information about them.

Our work is necessarily collaborative: individuals are listened to, informed about their rights, participate in decisions affecting them are taken seriously and have a right to participate in decisions about their lives. Their views, wishes, feelings and experiences are evident in our work with them.

Equality is upheld, and diverse needs respected in policy and practice. Every individual has a right to protection from harm and abuse, regardless of age, ability, gender, racial heritage, religious beliefs, sexual orientation, identity, or additional vulnerabilities, including protected characteristics.

People working for us are suitable and supported to promote the safeguarding of our participants in their work. All those who work for or on behalf of MindFood, staff and volunteers, are required to abide by the organisations Safeguarding policies including the Code of Conduct and Appropriate Professional Boundaries policies.

Staff and volunteers are equipped with the knowledge, skills, and awareness to safeguard participants through ongoing learning and training. Additional safeguarding training is undertaken commensurate to people's roles.

Participant safety is continually monitored and risk assessed via our Progress Diary, which is used to record each session we deliver. Any concerns are highlighted in a dedicated column for immediate review and action. These also feed into our Risk Assessment Policy.

Our Safeguarding Policy was introduced in April 2016 and is continually reviewed. It is annually updated and signed off by our Trustee Board. (Before 2016, we adopted Mind in Ealing & Hounslow's policy, as a project partner).

The 'building blocks' of our safeguarding work:

MindFood safeguarding comprises the following seven key areas of activity as our building blocks

Culture and Values	Safe recruitment	Effective Policies Procedures and Guidance
Competent and confident workforce	Actively managing safeguarding risk	Supervision and one-to-one meetings

Culture and Values - Safeguarding is at the heart of the culture and values of MindFood. Our culture supports, enables, and mandates our approach to safeguarding. Our values embody our charity and reflect what we stand for. Value-based behavioural framework sets out what we do for participants and the expectations of staff and volunteers.

Lead: Programme Director on behalf of the Trustee Board

Safe recruitment - We apply a fair and consistent approach to recruitment to draw our workforce from the widest pool and select the best people on merit. As an organisation committed to safeguarding staff and participants, we have robust policies and procedure to ensure that we appoint staff and volunteers that are appropriately qualified and have the skills and knowledge to deliver a quality service. It minimise the risk of engaging anyone who, as a staff member or volunteer, who may pose a risk to our participants or staff.

Lead director: Programme Director

Effective Policies Procedures and Guidance - We have safeguarding policies, procedures and guidance that set out MindFood's expectations of staff and volunteers. These are reviewed and updated every year. Policies reflect new learning and are consistent with best safeguarding practice and legislation in England.

Lead Director: Programme Director on behalf of the Trustee Board

Competent and confident workforce - We provide mandatory safeguarding induction and refresher training and role -specific training. This includes the training and development of our workforce within professional regulatory requirements. We ensure that our frontline and specialist staff and volunteers have the skills they require, and we support everyone in MindFood to trust their judgement and act of safeguarding concerns. They are not alone in their decision-making.

Lead director: Programme Director for safeguarding training and for regulatory requirements. Fundraising Director for fundraising regulatory requirements.

Actively managing safeguarding risk - Managing risk is central to how we safeguard our MindFood participants through our courses and befriending. Working within a multi-agency approach we escalate any concerns as necessary to be satisfied that any individual at risk has been protected. We oversee risk management through quality assurance processes, and the active management of safeguarding as a strategic risk is owned by the Board of Directors and the Trustee Board.

MindFood has a Managing Safeguarding Allegations Against Staff and Volunteers procedure for investigating allegations against staff and volunteers and to report significant incidents to the Charity Commission and relevant local authority/trust.

Supervision and one-to-one meetings - There is an expectation that all supervision and one-to-one meetings include safeguarding, proportionate to the role undertaken by staff and volunteers.

Lead Director: Programme Director is the owner of the strategic safeguarding risk.

4. POLICY DELIVERY

We will deliver this policy by:

1. Providing effective leadership and management for staff and volunteers through induction, supervision/one-to-one learning and mentoring, support, and training.

2. Ensuring effective and robust safeguarding and protection practices by having clear policies, procedures, practice standards and guidance in place.
3. Enabling staff to exercise professional judgements based upon seeking to act in the best interests of, and outcomes for, the adult or their child at risk.
4. Safe recruitment and employment practices to ensure that robust recruitment, selection, induction and supervision processes are in place for all those who work for and with MindFood.

5.   PRINCIPLES OF ADULT SAFEGUARDING

Care and Support Statutory Guidance (Re-issued 2018)

Empowerment	Adults are supported and encouraged to make their own decisions and informed consent.	I am consulted about the outcomes I want from the safeguarding process, and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination. Taking action before harm occurs.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and least intrusive response appropriate for the level of risk presented.	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local solutions through services working together within their communities.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation

Communities	Have a part to play in preventing, detecting, and reporting neglect and abuse.	I am informed about where to raise my concerns and that they will be taken seriously and acted upon if necessary.
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem

Anyone who is employed or volunteers for or, on behalf of MindFood, regardless of the type or amount of contact they have with adults who are at risk of abuse or vulnerable adults, has a role to play in safeguarding and protecting them. They must:

1. Know how to recognise potential abuse of adults at risk/vulnerable adults.
2. Know what to do when safeguarding concerns arise.
3. Understand what MindFood expects of them in terms of their own behaviour and actions.

An adult at risk of abuse can be anyone over the age of eighteen, including participants, staff, or volunteers (see the 'terminology' section below). Whilst personal characteristics may make an individual more vulnerable it is the situation around an individual which may increase risk or place them at potential risk of harm. It is therefore vital to be open to the possibility that any adult may be at risk and that this can be temporary or on-going depending on the support and protective factors around them.

6.   HOW TO COMPLY

Capacity and Consent

Most participants are not typically vulnerable so it is extra important to be alert to changes in needs and circumstances that can negatively affect cognitive capacity, and increase an individual's vulnerability e.g. if someone is experiencing a psychotic episode, they may have a reduced ability to make informed decisions in the moment. This may be transient (e.g. due to fear, shock, injury, illness) or long term (e.g. due to learning differences, disability, mental health issues). Whilst this is a complex issue, it should not get in the way of staff and volunteers genuinely seeking to ensure that all individuals are respectfully consulted in relation to participation in activities and/or sharing of information about them. A person aged 16 or older is presumed in law to have capacity to consent, unless there is evidence to the contrary. Capacity to consent is not simply based on age however, particularly where learning and communication difficulties and disabilities are identified. You should also consider a person's capacity to understand the consequences of giving or withholding their consent.

They should not be treated as unable to make a decision until all practicable steps to help them have been taken.

When assessing a person's understanding you should seek to explain the issues using their preferred mode of communication and language. This should be done in a way that is suitable for them, considering all you know about them from your contact with them, particularly their age, language and likely understanding. It is important to try and ensure that they really understand the issues and are not just agreeing to what is proposed. If you are unsure whether they have the capacity to consent, then you should seek advice from your manager.

The person's friends, carer, another professional working with them, or an advocate, where available, may be able to provide relevant information or advice where consulting these people does not increase potential risks.

The following criteria should be considered when assessing whether a person has sufficient understanding at any time to consent, or to refuse consent, to sharing of information about them or participating in specific activities:

- Can the person understand the question being asked of them?
- Are they taking an active part in the discussion?
- Can they rephrase the question in their own words?
- How would they explain it to someone else?
- Do they have a reasonable understanding of what the risks or benefits of giving their consent or saying no?
- What do they say they think would happen if they agree the action being suggested?
- Can they appreciate and consider the alternatives, weighing up one aspect against another and express a clear and consistent personal view?

Encourage them to say out loud, or write down, their view of the pros and cons. You could recheck these views later or at a later contact with them.

Other projects and locations

If the member of staff/volunteer and line manager/supervisor are based in other directorates and they are concerned about an adult or are unsure if a safeguarding referral needs to be made, they should contact The Programme Director to discuss whether a referral is required. If a decision is made that a referral is required, the member of staff should complete the Safeguarding Incident Report Form. The Director will then take responsibility for referring the information to the relevant agencies as per MindFood procedures. All information about the referral will be stored on the database. In an emergency, i.e. if the staff member or volunteer feels that someone is in imminent danger and needs either police or medical attention, they must contact the relevant emergency services. They must then notify their relevant manager/supervisor and contact the Programme Director as above.

Staff and volunteers outside of their working or volunteering role.

When staff, volunteers or fundraisers are outside of their working or volunteering role for MindFood, they may identify safeguarding concerns in their own family or networks, community, neighbourhood or through activities in which they participate. MindFood provides support and expects all its staff and volunteers to act appropriately on any safeguarding concerns they encounter about an adult at risk. Staff and volunteers should share any safeguarding concerns with the local authority adult social care service (or equivalent), or the police in the case of an emergency. It should never be an option to do nothing where you have concerns about an individual who may be at risk of harm – always speak up.

7.   LEGAL FRAMEWORK

Adults at risk of abuse may have additional support needs, meaning that they are more likely to experience abuse, and less able to protect themselves from it. This can have devastating effects on their physical, mental, emotional, social and spiritual wellbeing, as well as on their children or children connected to them. Many have multiple factors which have impacted upon their confidence, self-worth and resilience and compounded other personal characteristics increasing vulnerability.

STATUTORY GUIDANCE MEANS MINDFOOD MUST PROTECT ADULTS AT RISK.

We adhere to the framework of relevant legislation and statutory guidance in England where we operate.

The Care Act 2014 is the primary legislation for the support and protection of adults. Representing the most significant reform of care in more than 60 years, putting individuals and their carers with control of how their needs should be met and introduces the right to an assessment for anyone in need of support. The act's "wellbeing principle" spells out a local authority's duty to ensure wellbeing is at the centre of all it does with greater emphasis on outcomes and helping people to connect with their local community. It seeks to ensure that people's eligibility for services will be the same across England.

Care and Support Statutory Guidance (revised October 2018), guidance on safeguarding vulnerable adults. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Sexual Offences Act 2003 introduced several new offences concerning adults at risk. Making new provision about sexual offences, their prevention, and the protection of children from harm.

Mental Capacity Act 2005 general principles are that everybody has capacity unless it is proved otherwise, and 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 should be the least restrictive intervention.

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 lack the

capacity to consent to the arrangements made or their care or treatment, and who may be deprived of their liberty in their best interests to protect them from harm.

Safeguarding Vulnerable Groups Act 2006 Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work. 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.

- The Data Protection Act 2018 regulates the processing and storage of information relating to individuals.
- Disclosure & Barring Service 2013 provides guidance for employers on how to request criminal records checks on potential employees from the Disclosure and Barring Service (DBS).
- Making Safeguarding Personal Guide 2014 intended to support councils and their partners to develop outcome-focused, person-centred safeguarding practice.
- The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence to force someone to marry, including taking someone overseas (whether or not the forced marriage takes place) or marrying someone who lacks the mental capacity to consent to the marriage (whether pressured to or not).
- The Human Rights Act (1998) gives everyone the right to live free from abuse, violence, and degrading treatment, right to life, freedom from torture or inhuman or degrading treatment, right to liberty and security of person and freedom from discrimination, including age or disability.
- For more information about key legislation and government initiatives of adults at risk click here.

8.   TERMINOLOGY

For the purposes of this policy and procedures, the following terms are used:

Adult at risk: An adult at risk is 'any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and support' (Care Act 2014 [England]).

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:

- Personal characteristics AND/OR
- Life circumstances AND
- Who is unable to protect their own well-being, property, assets, rights or other interests; AND
- Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

Vulnerable adults: -see Vulnerability policy for fundraisers.

Safeguarding: This describes the activity that is undertaken to protect adults at risk from abuse, harm, ill-treatment, and neglect.

Abuse: This is the ill-treatment or abuse of an adult at risk. A person may abuse or neglect an adult at risk by inflicting harm or by knowingly failing to act to prevent harm. Adults can be abused in a family, at a community fundraising event, in any type of institution/organisation, by those known to them or others, for example by those responsible for organising, participating or providing support or care.

Prevention: This is how we seek to reduce the abuse of adults at risk occurring in the first place. This includes training, guidance and support for employees and volunteers, as well as for those receiving services.

Wellbeing: Can be defined as:

- Personal dignity including treating individuals with respect AND/OR
- Physical and mental health and emotional wellbeing AND/OR
- Protection from abuse and neglect AND/OR
- Control by the individual over day-to-day life AND/OR
- Participation in work, education, training or recreation AND/OR
- Social and economic wellbeing AND/OR
- Domestic, family, and personal relationships AND/OR
- Suitability of living accommodation or the individual's contribution to society

Please see Appendix - Categories of Abuse for more information.

9.   SUPPORTING POLICY DOCUMENTS
- Vulnerability policy for fundraisers.
- Managing Safeguarding Allegations Against Staff and Volunteers
- Code of Conduct
- Appropriate Professional Boundaries policy.
- Procedures
- MindFood builds a safeguarding culture where staff, volunteers and participants know how they are expected to behave and feel comfortable about sharing concerns.

10.   STAFF SAFEGUARDING INDUCTION
Staff are introduced to the local procedures as part of their induction process and should familiarise themselves with the contents of the procedures and where they are to be found.

Staff are trained to recognise common indicators but should be cautioned that no sign or symptom is uniquely indicative of abuse and that no variety of abuse leads inevitably to specific signs and
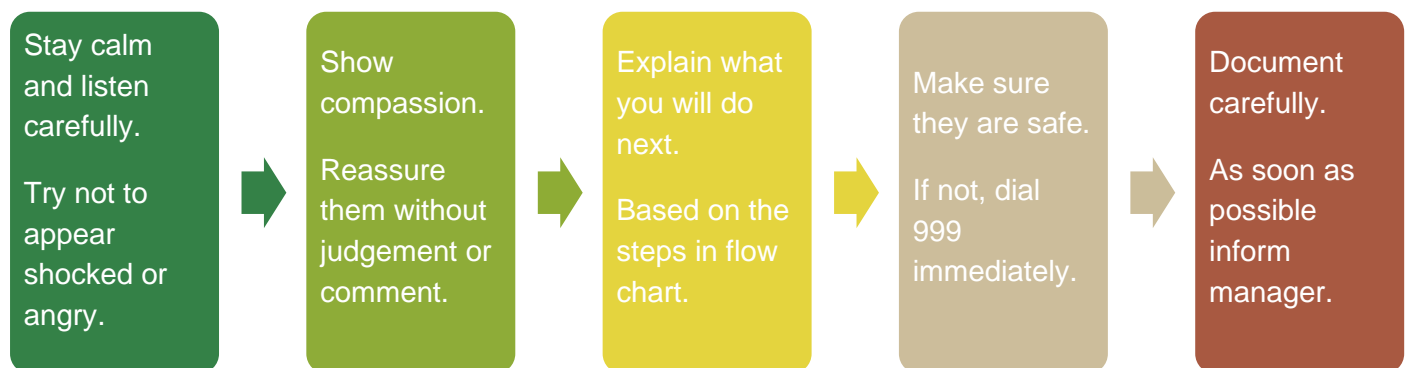
symptoms. If you have any concern whatsoever about the behaviour, physical state, or wellbeing of any participant, report it to your manager.

Sometimes low-level concerns can accumulate in significance over time, for example if there is a pattern or persistence to them. It may be difficult to pinpoint what does not feel quite right about a situation. We encourage staff to raise this, even if they feel more comfortable discussing the situation or scenario in the most general terms. (A list of possible indicators of abuse is attached to this document as an Appendix but should be used with caution.)

If a member of staff suspects that abuse has taken place or is likely to take place, they must follow the flow chart laid out below. Suspicions of abuse may arise in many ways and evidence may accumulate over time. Staff must follow the actions in the flow chart below as soon as suspicion arises, even if the evidence appears incomplete or inconclusive.

11.   SAFEGUARDING PROCEDURES

Sometimes staff may hear about alleged abuse directly from a vulnerable adult. This is termed a "disclosure". It may not be possible to consult a manager in these circumstances. The following advice is issued to members of staff in such situations:

Stay calm and listen carefully. Try not to appear shocked or angry.	Show compassion. Reassure them without judgement or comment.	Explain what you will do next. Based on the steps in flow chart.	Make sure they are safe. If not, dial 999 immediately.	Document carefully. As soon as possible inform manager.

It's important to avoid confronting the person you think is responsible for the abuse. If the alleged abuser is a colleague, only tell your line manager (or an alternative appropriate manager).

If a staff member suspects that their line manager is a perpetrator of abuse, they should contact a more senior manager as a matter of urgency.

Ealing Local Authority (LA) operates a formal procedure on the Protection of Vulnerable Adults from Abuse. The protection of adults is best handled as an inter-agency matter, we respect the lead role of the LA. Staff are expected to familiarise themselves with local safeguarding procedures and comply with them. Details are available on the safeguarding page of Ealing Council's website.

We have a strict policy and associated guidelines with respect to Confidentiality. This should not be confused with secrecy. It is recognised that there may be times when it is in the best interests

of a vulnerable adult that information should be shared with other agencies to prevent abuse. Occasionally informed consent cannot be obtained and/or other vulnerable adults may be at risk. This information should be shared on a 'need to know' basis. For these reasons, we cannot not give users, carers or other agencies any assurance of absolute confidentiality in such cases.

Risk-taking produces positive as well as harmful outcomes and that vulnerable adults need to take acceptable risks to live lives that are as independent as possible. The right to take risks and to have protection from harm, including harm arising from abuse, often must be balanced against each other. Such judgements require skilled and sensitive staff, and the availability of inter-agency support.

Staff who work with vulnerable adults will be provided with appropriate training on adult abuse and protection.

Staff will be encouraged to report suspected abuse regardless of the identity or status of the victim or suspected perpetrator.

Staff who deal with suspected abuse will be provided with appropriate support.

Any concerns for a service user's wellbeing should be noted in the session progress diary highlighted 'CONCERN' and brought to the manager's attention.

If several 'CONCERNS' are noted a relatively short period of time (say 3 in a month) an incident report and reporting file should be set up for regular review.

12.   RAISING A CONCERN

Be aware that all suspicions of abuse should be treated as a priority. Reports must be made to a manager immediately.

For 1-2-1 phone conversations (both Referrals and Befriending) record in red any safeguarding concerns in Referrals spreadsheet, or Befriending Progress Diary. Also alert manager so that these can be followed up immediately.

Important information to document
- Record the person's name, and the names of any other persons present when they are spoken to, questions asked, answers provided verbatim (word for word) as possible.
- Record the time, date and where they made the comment. Notes recorded this way are more likely to be allowed as evidence in court.
- Taking notes whilst talking to the adult at risk or immediately afterwards, is a matter of judgement. However, this should be weighed against the need to record accurately.

IF YOU THINK SOMEONE IS IN IMMEDIATE DANGER CALL 999

- Make note of the adult's physical appearance, any visible injuries and missing or damaged items of clothing. The location of the incident and any damage visible.

Concerns in the workplace

We encourage people to challenge practices in the workplace. The law protects people with Public Interest Disclosure Act (PIDA) 1998 and the Employment Rights Act (ERA) 1996 if a disclosure does not breach the Official Secrets Act 1989 and reasonably believes one or more of the following:

- That a criminal offence has been committed, is being committed or is likely to be committed.
- That a person is, has, or is likely to fail to comply with any legal obligation to which he or she is subject.
- That a miscarriage of justice has occurred, is occurring or is likely to occur.
- That the health or safety of any individual has been, is being or is likely to be endangered.
- That the environment has been, is being or is likely to be damaged.
- That information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed. (ERA1996).

If a child is involved

If you have any concerns about a participants child's safety or wellbeing, you can:

- Use Ealing Council's Yellow Book and NHS England Safeguarding Pocket Guide (available in the shared drive) to ensure information is shared with the relevant authorities to protect them from harm.
- Contact the NSPCC or Childline for guidance and specialist advice, they can also take necessary action.

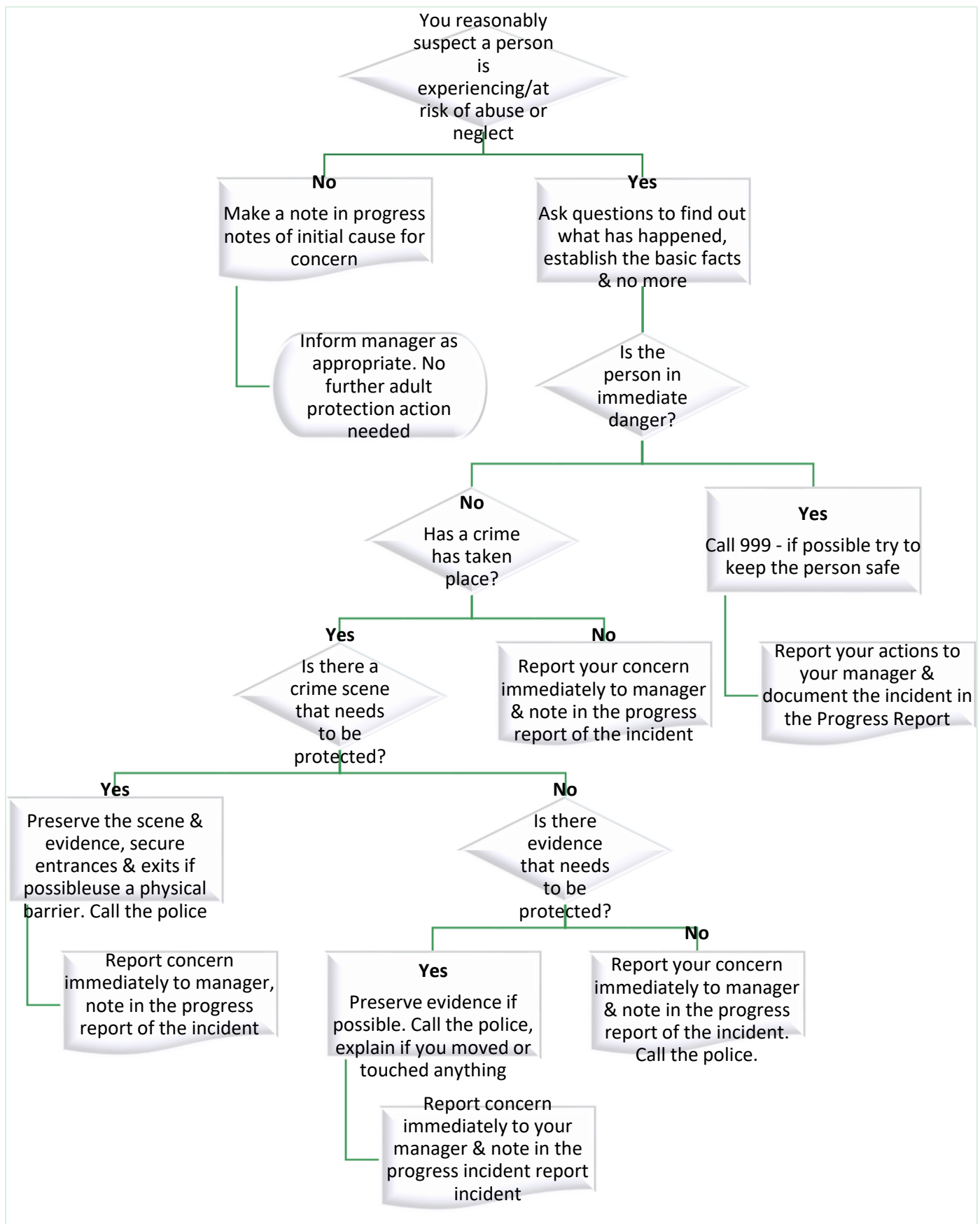|	
Telephone:	0808 800 5000 (NSPCC 10am-4pm Mon -Fri) 0800 1111 (Childline 24 hours a day, 7 days a week)
Email:	help@NSPCC.org.uk
Submit an online form	Click here

- See Appendix - Child legislation and guidance.

13. STAGE 1 ACTIONS

Actions	Establish the adult is safe.	Enquiry lead
	Establish need for advocacy.	

	Identify any relevant history.	
	Establish consent and capacity to make relevant decisions by understanding the management of risk, what a safeguarding enquiry is, how they might protect themselves.	
	Is the adult aware of the safeguarding concern and do they perceive it as a concern and want action / support?	
	Is there suspicion that a crime may have been committed and a report to the police needed?	
	The adult at risk's desired outcome is established.	
	Provide feedback to the person making the referral.	
	Record all actions and conversations	

	Who is best placed to speak with the adult at risk?	
	Are there any reasons to delay speaking with the adult at risk?	
	Relevant history has been considered?	
Decisions	What the safeguarding enquiry might consist of?	Safeguarding Lead
	Whether to proceed without consent?	
	What follow-up action may be needed?	

Flowchart

You reasonably suspect a person is experiencing/at risk of abuse or neglect

No

Make a note in progress notes of initial cause for concern

Inform manager as appropriate. No further adult protection action needed

Yes

Ask questions to find out what has happened, establish the basic facts & no more

Is the person in immediate danger?

No

Has a crime has taken place?

Yes

Call 999 - if possible try to keep the person safe

Report your actions to your manager & document the incident in the Progress Report

Yes

Is there a crime scene that needs to be protected?

No

Report your concern immediately to manager & note in the progress report of the incident

Yes

Preserve the scene & evidence, secure entrances & exits if possibleuse a physical barrier. Call the police

Report concern immediately to manager, note in the progress report of the incident

No

Is there evidence that needs to be protected?

Yes

Preserve evidence if possible. Call the police, explain if you moved or touched anything

Report concern immediately to your manager & note in the progress incident report incident

No

Report your concern immediately to manager & note in the progress report of the incident. Call the police.

14.   STAGE 2 SAFEGUARDING ENQUIRY

There are several different types of enquiries. It is important to ensure that where there is more than one enquiry, information is dovetailed to avoid delays, duplications and making people repeat their story.

Other processes, including police investigations, can continue alongside the safeguarding adult enquiry. Where there are HR processes to consider, it is important to ensure an open and transparent approach with staff and that they are provided with the appropriate support, including trade union representation.

The decision to inform the local Social Services Department under the inter-agency procedures will be taken by the Director or Manager to whom the suspicion of abuse has been reported.

Decisions about further action will then be taken by the responsible Social Worker in consultation with her/his manager.

- If a vulnerable adult is linked to a CMHT they should be contacted.
- If known to social services call the safeguarding team on 0208 825 9401
- If not known to social services call the safeguarding contact centre on 0208 825 8000 (option 1)
- Or the emergency duty team on 0208 825 5000 / 6000

MindFood will not be responsible for any investigation.

We will co-operate by:

- Providing accurate and detailed written and verbal reports
- Supporting the client during any further investigations or interviews, if requested to do so by the investigator
- Attending meetings or case conferences as requested
- Assisting in the implementation of any protection plan arising from the inter-agency response to the allegation

15.   SAFE RECRUITMENT

MindFood is only as good as the people who work and volunteer with us. We are committed to creating a setting in which everyone feels welcome and safe.

Respect for equality and diversity is embedded within MindFood's culture. We are a Disability Confident Employer, and champion diversity, equality and inclusion. MindFood is an antiracist organisation and welcomes feedback to help us continually improve.

We have a moral and social obligation to demonstrate best practice when it comes to working with adults at risk. Our staff and volunteers have a responsibility to treat one another with dignity, respect, sensitivity, and fairness. Any discriminatory, offensive, and violent behaviour is

unacceptable, and we will work together to ensure that any complaint or concern will be acted upon.

Details of our Complaints and Grievances procedures can be found in the relevant Policy documents.

Legally, anyone undertaking a role that involves contact with, or responsibility for, children or other vulnerable adults should be taken through a safer recruitment process. Some individuals may not be suitable to work with adults at risk due to gaps in their understanding, skills, or knowledge. There may also be some concerns about their previous conduct.

Good Recruitment Practice

We implement the following measures to form the basis of safe recruitment and best practice when recruiting individuals to work with adults at risk:

- Detailed application forms
- Self-disclosure
- Robust interviews that cover safeguarding, equality, and diversity knowledge and skills
- Reference checks
- A thorough induction process
- Verification of qualifications and experience
- Risk assessments
- Disclosure and Barring Service (DBS) where relevant

Once the person is in the role, there is a probationary period and review, as well as regular safeguarding training that includes safeguarding adults at risk.

16.   SAFE REGISTRATION

We have a safe registration policy to protect the safety of our staff, volunteers and participants. The registration form and policy ensure that we risk assess individuals who would like to join our group, ideally before participants arrive on site. Booking is essential, so most information is captured at that stage. Participants read safety guidelines prior to attending a session and are aware of our zero tolerance approach to discrimination.

The registration form details Health and Safety questions, questions around convictions and abusive behaviour, and conditions such as psychosis, which if not properly managed can endanger others, or most likely the individual themselves.

More detail on this can be found in the Referral Process folder in the MindFood shared drive.

Appendix: Categories of Adult Abuse

Reference: Care and Support Statutory Guidance (2018)

Abuse can be defined as the mistreatment of an individual or group by another individual or group, often resulting in a violation of human and civil rights. The abuse can vary from treating someone in a disrespectful way which significantly affects the person's quality of life, to causing actual physical suffering.

What constitutes abuse and neglect?

This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. Don't limit your view of what constitutes abuse or neglect, as it can take many forms and the circumstances of the individual case should always be considered. Exploitation and abuse of power are common themes in the following list of the types of abuse and neglect.

Please use with caution – this list is not exhaustive nor are each indicators mentioned absolute. Always talk first to your manager about your concerns unless the risk is immediate or imminent.

What types of harm can adults experience?

The Statutory Guidance to the Care Act 2014 identifies 10 categories of 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. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

Physical - This includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions. Indicators include:

- Multiple bruising
- A history of unexplained fall and/or minor injuries
- Fractures not consistent with falls or explanations of the injury
- Unexplained loss of hair, in clumps
- Cuts that are not likely to be explained by self-injury
- Finger marks
- Burns not consistent with possible explanations
- Excessive consumption of alcohol which is unusual

Sexual - This includes 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. Indicators include:

- Stained or bloody clothing
- Unexplained difficulties in walking
- Reluctance of a vulnerable adult to be alone with an individual known to them
- Unexplained behaviour change
- Inappropriate sexualised behaviour or language (more likely to be seen in children or people with learning difficulties)

Financial or material – This includes 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. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility. Indicators include:

- Situations where the vulnerable adult is without money soon after receiving their personal income, especially where they usually require assistance to spend money
- Unexplained shortage of money despite a seemingly adequate income
- Unexplained withdrawals from savings accounts
- Unexplained disappearance of financial documents
- Disproportionate purchases for others whose relationship to the vulnerable person does not match
- Change in living conditions, lack of heating, clothing or food,
- Inability to pay bills
- Unexplained loss/misplacement of financial documents
- The recent addition of authorised signers on a client or donor's signature card
- Sudden or unexpected changes in a will or other financial documents

Neglect/Acts of omission - This includes ignoring medical or physical care needs, failing 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. Indicators include:

- Persistent hunger
- Loss of weight
- Poor hygiene
- Inappropriate dress
- Lack of supervision for long periods, or during activities that involve risk
- Denial of religious or cultural needs
- Constant fatigue or listlessness
- Failure to attend to physical problems and medical needs

Emotional or psychological - This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse,

isolation or unreasonable and unjustified withdrawal from services or supportive networks. Indicators include:

- Strain within a relationship
- Indications that the alleged abuser acts differently towards the vulnerable adult when others are present
- An air of silence in the home when the alleged abuser is present
- A general lack of consideration for the vulnerable adult's needs
- Refusal to allow the vulnerable adult an opinion of their own
- Denial of privacy in relation to their care, feelings or other aspects of their life
- A denial of access to the vulnerable adult, especially when they need assistance
- Denial of freedom of movement
- Alterations in psychological state, e.g. withdrawal or fear

Domestic violence - The cross-government definition of domestic violence and abuse is "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality." A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention, and prevention. Indicators: psychological, physical, sexual, financial, emotional abuse, honour-based violence

Modern slavery: slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse: harassment, slurs or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation, religion.

Organisational abuse: This includes 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. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice due to the structure, policies, processes, and practices within an organisation.

- Patterns of abuse vary and include:
- Forced marriage: Describes a marriage in which one or both of the parties are married without their consent or against their will. The police must always be contacted in such cases as urgent action may need to be taken.

- Female genital mutilation (FGM): Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The Female Genital Mutilation Act (2003) makes it illegal to practise FGM in the UK or to take women or girls abroad, even if it is lawful in another country. Further information is available via this link.
- Serial abuse, in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse, long-term abuse, in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse, opportunistic abuse, such as theft occurring because money or jewellery has been left lying around.

Any of these forms of abuse can be either deliberate or be the result of ignorance, or lack of training, knowledge or understanding. Abuse is understood from the perspective of the victim not the alleged perpetrator. This links to an understanding that what is abusive to one, might not be considered by the other and the complications that arise from that, as an observer of that dynamic.

Note: This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed.

17. APPENDIX – CHILD LEGISLATION AND GUIDANCE

The Children Act 1989 provides the legislative framework for child protection in England. Key principles established by the Act include:

the paramount nature of the child's welfare

the expectations and requirements around duties of care to children.

This is strengthened by the Children Act 2004, which encourages partnerships between agencies and creates more accountability, by:

placing a duty on local authorities to appoint children's services members who are ultimately accountable for the delivery of services

placing a duty on local authorities and their partners to co-operate in safeguarding and promoting the wellbeing of children and young people.

Both of these acts are amended by the Children and Social Work Act 2017, which received Royal Assent on 27 April 2017. Key provisions include:

the Child Safeguarding Practice Review Panel was established to review and report on serious child protection cases that are complex or of national importance (Sections 12 to 15).

the previous model of Local Safeguarding Children's Boards (LSCBs) has been replaced by local safeguarding partners who will publish reports on local safeguarding practice reviews (Section 17).

child death review partners are required to review each death of a child normally resident in their area and identify matters that are relevant to public health and safety and children locally (Section 24).

local authorities must appoint personal advisers for care leavers up to the age of 25 (Section 3).

Social Work England is created as a regulatory body for the social work profession in England (Section 36).

relationships education will be provided to primary school children and relationships and sex education will be provided (instead of sex education) in secondary schools (Section 34).

Policy and guidance Working together to safeguard children (PDF) (Department for Education, 2018)
The Department for Education (DfE) published an updated version of the key statutory guidance for anyone working with children in England in July 2018. It sets out how organisations and individuals should work together and how practitioners should conduct the assessment of children. This latest guidance updates the previous version published in 2015. The main changes are:

three safeguarding partners: chief officers of police, integrated care boards (ICBs, previously clinical commissioning groups or 'CCGs') and local authorities replace local safeguarding children

boards (LSCBs), working together with relevant agencies to protect the welfare of children in their area (Chapter 3)

child death review partners are required to make provisions to review child deaths, replacing the previous requirement on LSCBs (Chapter 5, Section 6)

responsibility for overseeing lessons learned from serious child safeguarding incidents lies with the Child Safeguarding Practice Review Panel at a national level, and with the safeguarding partners at a local level (Chapter 4, Section 5)

early years providers are required to have policies and procedures to safeguard children in place (Chapter 2, Section 14). This relates to children from birth up to 1st September following the date on which they turn 5-years-old.

Other amendments include:

integrated care boards should employ or contract the expertise of designated health professionals for safeguarding children

children's homes must follow the Guide to the Children's Homes Regulations, including the quality standards (Department for Education, 2015)

multi-Agency Public Protection Arrangements (MAPPA), including governing bodies of maintained schools, police, prison and probation services, should work closely with other relevant agencies to manage the risks posed by violent and sexual offenders within the community.

[What to do if you're worried a child is being abused: advice for practitioners (PDF)](#) (Department of Education, 2015)
This describes the indicators of abuse and neglect and the actions to take if you think a child is being abused or neglected. It's relevant for anyone who comes into contact with children and families while working and applies to the statutory, voluntary and independent sectors.

[Mandatory reporting of female genital mutilation (FGM) (PDF)](#) (Home Office, 2016)
This guidance gives health and social care professionals, teachers and the police information on their responsibilities under the female genital mutilation mandatory reporting duty, which came into force 31 October 2015.

18. APPENDIX – SAFEGUARDING INCIDENT REPORT FORM

This form is to be used by members of staff or volunteers to record disclosures or suspicions of abuse. The completed form should be sent to the manager dealing with the allegations.

Your name:	Your position:
MindFood site:	Tel no:
The participant's details:	
Name:	Date of birth:
Address:	Tel no:
Other relevant details e.g. physical/mental diagnosis, family circumstances:	
Details of the allegations/suspicions	
Are you recording: ☐ Disclosure directly made to you by the participant? ☐ Disclosure/suspicions from a third party? ☐Your suspicions or concerns?	
Date and time of disclosure:	Date and time of incident:
Details of the allegation/suspicions: State exactly what you were told/observed and what was said. Use the participant's words as much as possible.	
Action taken so far:	
Signed:	Date: