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The Minded Institute Safeguarding Policy

The Minded Institute is committed to safeguarding and promoting the welfare of any adult who accesses its services. TMI expects all staff, volunteers and graduates of its training courses to share this commitment.

Key Roles and Contacts

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Safe Guarding Officer: Dr. Samantha Bottrill

Introduction

The health, safety and welfare of our clients, students, practitioners, volunteers and faculty is at the heart of what we do. We remain committed to our culture of open and effective communication.

This policy is written in accordance with the guidance outlined by our accrediting bodies and within the framework of the Care Act 2014. All organisations and professionals who come into contact with adults with care and support needs should have an internal policy on safeguarding adults so as to ensure that all people working within the organisation understand what adult abuse and neglect is and how to recognise it, their duty to prevent abuse or neglect, or intervene when this is detected, and how to report concerns.

The Care Act 2014 also outlined a number of fundamental principles that underpin our safeguarding approach:

- a) The importance of promoting wellbeing when providing support or making a decision in relation to a person
- b) Supporting people to achieve outcomes that matter to them in their life by practitioners focusing on the needs and goals of the individual
- c) Beginning with the assumption that the individual is best placed to make judgements about their own wellbeing
- d) Taking into account any particular views, feelings or beliefs which impact on the choices that a person may wish to make about their support.
- e) A preventative approach because wellbeing cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating.
- f) Ensuring the person is able to participate as fully as possible in decisions about them and being given the information and support necessary to consider options and make decision rather than decision being from which the person is excluded.
- g) Considering the person in the context of their family and wider support networks, taking into account the impact of an individual's need on those who support them, and take steps to help others access information or support.
- h) Protecting the person from abuse and neglect and in carrying out any care and support functions professionals consider how to ensure that the person is and remains protected from abuse or neglect.



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- i) Ensuring that any restriction on the person's rights or freedom of action is kept to the minimum necessary. Where action has to be taken which restrict these, the course followed is the least restrictive necessary.

What is adult safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. TMI commits to its role in preventing the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding any action.

We promote an adult's wellbeing in any safeguarding arrangements. People have complex lives and being safe is only one of the things that they want for themselves. Our practitioners are encouraged to establish what being safe means to the individual and how this can be achieved. We do not advocate safety measure that do not take into account of individual wellbeing.

Vulnerability factors

There may be a number of factors which increase a person's vulnerability to abuse, neglect or exploitation. These factors include:

Personal characteristics:

- not having the mental capacity to make decisions about their own safety, including mental illness and other conditions
- communication difficulties
- physical dependency
- low self-esteem
- experience of abuse
- childhood experience of abuse

Social/situational factors:

- being cared for in a care setting, or a setting where dependent on others
- not getting the right amount or right type of care needed
- isolation and social exclusion
- stigma and discrimination
- lack of access to information and support
- being the focus of anti-social behaviour

What is abuse?

Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person. It may result as a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they do not, or cannot consent. Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of the individual. In many cases abuse may be a criminal offence. Intent is not an issue at the point of deciding whether an act or failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.



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Patterns of abuse vary and include serial abusing, long term abuse or opportunistic abuse. Vulnerable adults may be abused by a wide range of people including relatives, family members, partners, neighbours, friends and associates, paid care workers, volunteers, other service users and strangers.

Abuse is something that can be done, or omitted from being done. The following is a range of abusive behaviours covered in multi-agency safeguarding policies:

Type of abuse:	Behaviours include:
Physical	Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Sexual	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.
Psychological	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
Financial or material	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Neglect and acts of omission	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.
Discriminatory	Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.
Domestic abuse	Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.
Organisational abuse	Neglect and poor care practice within a care setting such as a hospital or care home in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.
Modern slavery	Encompassing 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.
Self-Neglect	Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

The Minded Institute Approach



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Dr. Samantha Bottrill, is our organisational lead for safeguarding. All Minded faculty, graduates and students have a responsibility to act on concerns of possible abuse and must inform the Safeguarding manager. The safeguarding manager has the responsibility to decide if a concern needs to be raised with the appropriate body, such as the local authority or the police.

TMI is committed to ensuring that all its therapists, students, staff and volunteers working with vulnerable adults undertake training to gain a basic awareness of the signs of abuse. This policy is shared with our students and faculty and our professional training includes a dedicated session to safeguarding.

In addition TMI will ensure that any allegations made against Minded teachers, students or faculty members will be dealt with seriously. If a criminal offence is believed to have been committed then the police will be informed.

What is a Safeguarding Alert?

An alert is a concern that a vulnerable adult is experiencing or is at risk of abuse, neglect or exploitation by a third party, or where a person at risk may be harmed by others usually in a position of trust, power or authority. Alerts should be made to adult services when:

- The person has needs of care and support and there is concern that they are being or are at risk of being abused, neglected or exploited
- There is concern that adult has caused or is likely to cause harm to others
- The adult has capacity to make decisions about their own safety and wants this to happen
- The adult has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral
- A crime has been or may have been committed against an adult who lacks the mental capacity to report a crime and a 'best interests' decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer
- Other people or children are at risk from the person causing the harm
- The concern is about organisational or systematic abuse
- The person causing the harm also has care and support needs.

Alerts should also be made in situations where there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, such as:

- Other people or children could be at risk from the person causing harm
- It is necessary to prevent crime
- Where there is a high risk to the health and safety of the adult
- The person lacks capacity to consent
- The adult would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others
- If the adult is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the alerter must make a decision in their best interest in accordance with the provision set out in the Mental Capacity Act 2005.



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Not all alerts will necessarily result in a safeguarding process, for example, where there is no abuse, where the person requires signposting to another service, or a review of care is required.

Raising a Safeguarding Concern

Anyone can raise a safeguarding concern but we recommend you alert the Safeguarding Officer who would most likely contact the local authority. The Recommended process is as follows:

- You are informed or become aware of possible abuse or neglect
- Gather information including the action the adult would like and what changes they want to achieve from the support they could receive
- Take action to ensure the immediate safety and welfare of the adult at risk. Consider if urgent medical attention or police presence is required and dial 999 if necessary
- Report any non-urgent crimes to 101
- Decide if a safeguarding alert is needed. Do this immediately if the concern is urgent and serious; do within the same working day for other concerns
- Document the incident and any related actions or decisions
- Ensure key people are informed
- Provide support for the person identifying the safeguarding concern

Points for Consideration when raising an alert

The mental capacity of the adult and their ability to give their informed consent to a referral being made and action being taken under these procedures is significant, but not the only factor in deciding when to take action. It is important to assess if the person at risk has the capacity to make informed decisions about:

- A safeguarding alert
- Their own safety or that of others, including an understanding of longer term harm as well as immediate effects
- Their ability to take action to protect themselves from future harm

If an adult has capacity and does not consent to a referral and there is no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse of neglect continues and they subsequently want support to promote their safety. The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. The adult will need to be informed that an alert will still need to be raised and as a minimum a record must be made of the concerns, as well as the adult's decision with reasons. A record should also be made of what information the person at risk was given.

Making a record

It is vital a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court. An accurate record should be made at the time, including:

- Date and time of incident
- Exactly what the person at risk said, using their own words (their account) about the abuse



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and how it occurred or exactly what has been reported to you

- Appearance and behaviour of the person at risk
- Any injuries observed
- Name and details of any witnesses
- Any witness to the incident should write down exactly what they saw
- The record should be factual, but if it does contain opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence
- Information from another person should be clearly attributed to them
- Name and signature of the person making the record

When raising an alert the following information should be provided where possible:

Referrer:

- Name, address and telephone number
- Relationship to vulnerable adult
- Name of person raising alert if different
- Anonymous referrals will be accepted and acted on but contact details are encouraged

Vulnerable adult:

- Name, address and telephone number
- Date of birth or age
- Details of any other members of the household, including children
- Information about primary care needs of the adult e.g. disability or illness
- Ethnic origin, religion and cultural needs
- Gender
- Communication needs of adult if any sensory or other impairments (e.g. dementia) or interpreter requirements
- Whether the adult knows about the referral
- Whether the adult has consented to the referral
- If consent was not given, grounds upon which the decision was made to refer
- What is known of the adult's mental capacity and their views about the abuse, neglect or exploitation and what they want done about it (if known)
- Details of how to gain access to the person and who can be contacted if there are difficulties
- Details of any immediate plan in place to protect the adult from further harm

Information about the abuse, neglect or exploitation

- How and when did the concern come to light?
- When did the alleged abuse occur?
- Where did the alleged abuse take place?
- What are the details of the alleged abuse?
- What impact is this having on the adult?
- What is the adult saying about the abuse?
- Are there details of any witnesses?
- Is there potential risk to anyone visiting the adult to find out what is happening?
- Is a child under 18 years at risk?

Details of the person causing harm (if known)

- Name, age and gender

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- What is their relationship to the adult?
- Are they the adult's main carer?
- Are they living with the adult?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a personal budget?
- Which organisation do they work or volunteer for?
- Are there other people at risk from the person causing the harm?

Any immediate or subsequent actions that have been taken, for example:

- Were emergency services contacted? If so, which?
- If reported to the police what is the crime number?
- Have children's services been informed if a child under 18 is at risk?