

Adult Safeguarding Policy & Procedure

Contents:

Safeguarding Policy	Pages 1
Document Control	Page 12
Appendix I – Regulated Activity	Page 13
Appendix II – Safeguarding Procedures	Page 14
Appendix III – Reporting Forms	Page 18

Purpose

This policy represents the commitment that Dorset Mind makes to safeguarding those individuals that do or may need protection from harm and to actively promote the welfare of adults at risk – not just to protect, but to safeguard.

Background

Effective safeguarding means protecting an adult's wellbeing and right to live in safety, free from abuse and neglect.

It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. At the same time there is a responsibility to ensure that the adult's wellbeing is promoted and to have regard for their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances. The focus of any safeguarding activity must be based on person centred and outcome focused approaches.

The aims of adult safeguarding interventions are, based on sound person centred risk assessment, to:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.

- Address what has caused the abuse or neglect.
- Assist the person to achieve their desired outcomes.

Scope

This policy applies to all staff, trustees, volunteers, sessional workers, freelance workers, and anyone else working/volunteering on behalf of Dorset Mind.

It sets out our working practices and the approach we will take if any cases of abuse are suspected, alleged, observed or reported. This policy indirectly also protects you as an employee/volunteer from such claims.

Responsibilities

Dorset Mind has a Designated Safeguarding Lead (DSL) and will ensure a minimum of 3 Deputy Designated Safeguarding Leads (DDSL) as well as a Trustee DSL.

Safeguarding is reported to the Board of Trustees in alignment with reporting structures, where trends and serious incidents are highlighted.

All staff, volunteers and trustees must complete the Dorset Mind mandatory training.

All staff, volunteers and trustees have a duty to report any concerns or suspicions that an adult with care and support needs is being, or is at risk of being harmed, abused, or neglected, in a timely way.

The priority of all staff and volunteers must be to ensure the safety and protection of the adult at risk. All staff and volunteers should be aware of the multi-agency and local safeguarding policy and procedures, Dorset Mind's Safeguarding Adults Policy, Dorset Mind's Safeguarding Adults Procedure and have a responsibility to be aware of issues of abuse, neglect, or exploitation.

We develop and then implement procedures for identifying and reporting cases, or suspected cases, of harm and make our Safeguarding Policy and Safeguarding Procedures available.

Safeguarding Principles

Dorset Mind follow the six Person-Centred principles (Ref: Care Act Statutory Guidance). The principles will inform the ways in which professionals and other staff work with adults:

Principle 1 – Empowerment – Presumption of person led decisions and consent.

Principle 2 – Protection – Support and representation for those in greatest need.

Principle 3 – Prevention – Prevention of harm and abuse is a primary objective.

Principle 4 – Proportionality – Proportionality and least intrusive response appropriate to the risk presented.

Principle 5 – Partnerships – Local solutions through services working with communities.

Principle 6 – Accountability – Accountability and transparency in delivering safeguarding.

Safeguarding Values

- All participants have the right to a friendly, secure, caring, and safe environment whilst with Dorset Mind.
- The needs of the person are paramount and should underpin all safeguarding work, working to the Dorset Mind policy and procedures.
- Responsibility for safeguarding adults at risk must be shared as they can only be protected effectively when all the relevant agencies and individuals accept responsibility and co-operate with one another.
- Dorset Mind has a responsibility to promote non-abusive relationships and create anti-abusive environments.
- Dorset Mind has a responsibility to inform organisations we work with about adults at risk, and their parents and/or carers as appropriate, of its duty to follow up any safeguarding concerns and report suspected cases of harm when disclosed or observed.
- Duty of Candour places a requirement on providers of health and adult social care to be open with people and their families when there are failings or things go wrong. Dorset Mind establishes the duty throughout our organisation, ensuring that honesty and transparency are the norm.

Identifying Safeguarding Concerns

Safeguarding (Adult) is defined as protecting the health, wellbeing, and human rights of adults at risk, enabling them to live safely, free from abuse and neglect.

An Adult at Risk

An Adult at Risk is a person aged 18 years and over who...

- Is or may be in need of care and support. Perhaps because of mental ill health, a learning disability, age, physical disability, or other illness.
- Is experiencing or are at risk from abuse and neglect.
- Is unable to protect themselves from that experience or risk.

The lead organisation in adult safeguarding is the local council and Dorset, and Bournemouth, Christchurch & Poole local councils will make enquiries, or require others to do so on their behalf, if they reasonably suspect an adult meets the following criteria:

- Has needs for care and support (whether or not the local authority is meeting any of those needs).
- Is experiencing, or at risk of, abuse or neglect.
- 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.
- Organisations have the same duty of care to adults who purchase their own care independently.

Types of abuse

- **Physical abuse:** Including hitting, slapping, punching, burning, misuse of medication, inappropriate restraint.
- **Sexual abuse:** Including rape, indecent assault, inappropriate touching, exposure to pornographic material.
- **Psychological or emotional abuse:** Including belittling, name calling, threats of harm, intimidation, isolation.

- **Financial or material abuse:** Including stealing, selling assets, fraud, misuse or misappropriation of property, possessions or benefits, internet scamming.
- **Neglect and acts of omission:** Including withholding the necessities of life such as medication, food, or warmth, ignoring medical or physical care needs.
- **Discriminatory abuse:** Including racist, sexist, that based on a person's disability and other forms of harassment, slurs, or similar treatment.
- **Institutional or organisational:** Including regimented routines and cultures, unsafe practices, lack of person-centred care or treatment.
- **Domestic Abuse:** Any incident of threatening behaviour, violence or abuse between adults who are or have been intimate partners or family members, regardless of gender or sexuality. (This can include Psychological, Physical, Sexual, Financial, Emotional abuse and so-called 'honour-based' violence).
- **Controlling behaviour:** An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten a victim. The acts can be designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means for independence, resistance and escape and regulating everyday behaviours.
- **Coercive Behaviour:** A pattern of controlling behaviours that create an unequal power dynamic in the relationship. These behaviours give the perpetrator power over their partner, making it difficult for them to leave.
- **Forced marriage:** A forced marriage is where one or both people do not (or in cases of people with learning disabilities) cannot consent to the marriage and pressure or abuse is used.
- **Exploitation by radicalisation:** Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces.
- **Sexual exploitation:** A form of sexual abuse that involves someone taking advantage of an adult, sexually, for their own benefit through threats, bribes, and violence.
- **Modern slavery:** Including slavery, human trafficking, forced labour, sexual exploitation, domestic servitude.
- **Human Trafficking:** The unlawful act of transporting or coercing people to benefit from their work or service, typically in the form of forced labour or sexual exploitation.
- **Internet or Cyber Bullying:** Any type of abuse that happens on the internet, it can happen across any device that is connected to the web, and it can happen anywhere.
- **Self-neglect:** Any failure or refusal to take care of a person's own basic needs. (This can include neglecting to care for their own personal hygiene, health or surroundings and can include a wide range of behaviours including hoarding).
- **Cuckooing:** Some cases a property is 'taken over' by a gang/dealer, normally belonging to a vulnerable person to exploit them.
- **Organisational abuse:** Services provided focus on the needs of the organisation above the needs of the individuals it is serving (e.g., strict bedtimes, no choice in mealtimes etc).
- **Self-Harm:** The act of an individual intentionally damaging or injuring their own body, which could involve self-injury, self-neglect, risk taking behaviour or be trauma/abuse related.
- **County Lines:** Where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs.

Significant harm refers to:

- Ill treatment (including sexual abuse and forms of ill treatment which are not physical).
- The impairment of, or an avoidable deterioration in, physical or mental health.
- The impairment of physical, intellectual, emotional, social, or behavioural development.

It is important to acknowledge that abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts. People who behave abusively come from all backgrounds and levels of society. They may be doctors, nurses, social workers, advocates, staff members, volunteers, or others in a position of trust. They may also be relatives, friends, neighbours, or people who use the same services as the person experiencing abuse. In short anyone may be an abuser.

Disclosures

The importance of these definitions is that, in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm.

Seriousness of harm, or the extent of the abuse, is not always clear at the point of the alert or referral. Therefore, all reporting must be factual and without opinion.

We will always take it seriously when someone tells us about abuse, or a situation which they think could lead to abuse. Everyone is different and will need different support or advice depending on their situation. We will always make sure that an adult at risk of abuse receives the help and support they need to act on their own behalf, to make choices and retain control over their life.

Many abusive behaviours constitute a criminal offence. All suspected abuse must be investigated. Many situations may involve more than one type of abuse. Consider the definition of each category in turn, together with their indicators. Be aware that the lists given above are only an indication that abuse is happening and disclosure from an individual may also be offered. The presence of one or more of these signs does not confirm abuse. However, the presence of one or a number of these indicators may suggest the potential for abuse and a safeguarding alert must be made.

All adults must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to do so. Consideration must always be given as to whether any other adults with care and support needs are at risk of abuse harm or neglect and appropriate action must be taken regardless of the individual's capacity. Where an adult is found to lack capacity to decide; then any action taken, or any decision made for, or on their behalf, must be made in their best interests. All staff need to understand and always work within the requirements of the Mental Capacity Act 2005.

All disclosures are reported and recorded utilising the Safeguarding Adults Procedure – **Appendix II**

Confidentiality and Consent

Staff will have access to information to carry out work and, therefore, are under a duty to respect the confidentiality of all personal data held by Dorset Mind.

Staff will have explained or made privacy information available to the individual to explain the purpose of recording the personal data, how that information will be used and whether it will be shared with any third parties when they collect the information or in the instance of Safeguarding.

Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share it must be explicit and freely given.

If staff need to break confidentiality and inform someone such as a medical professional, safeguarding adults' team, or the person's emergency contact about concerns without their consent, this should be done with the support of a DDSL, the DSL or a manager.

Should a decision be made to break confidentiality, it must be recorded via reporting processes and to continue to discuss this decision after it has been taken and to look out for the wellbeing of the staff or volunteer involved.

Examples of when confidentiality may be breached.

- There is immediate danger. If a person has clearly told you that they plan to take their life within the next 24 hours or has already acted which puts their life in danger but does not want to seek support themselves and does not give their consent for you to do so – call 999.
- The person is physically present at your club or group and is experiencing a crisis. You should act immediately to get them support. This may involve contacting their emergency contact* or a mental health professional.
- The person is planning to take action that will put others at risk (for example, stepping in front of a train). We suggest calling 999.
- The person is under 18. In these situations, the young person's welfare should come first, and we suggest contacting their emergency contact* and seeking support from 999. *Do not contact their emergency contact if the disclosure is linked to that person. Only contact their emergency contact if it is safe to do so.
- There is a safeguarding concern that may have a wider impact. For example, if someone alleges that they have been abused by a volunteer but asks you not to say anything. You would have to report this as it is in the public interest that it is investigated.
- There is a safeguarding issue that concerns a child. Follow your safeguarding policy for children and young people.
- If you think that the person is an adult at risk and they do not want you to make a safeguarding referral, still follow your safeguarding adults' process and discuss with your safeguarding lead or anonymously with your Safeguarding Adults Board.

Monitoring of Concerns

Once a Safeguarding concern has been raised and reported, the safeguarding instance will remain open for the period that the person engages with Dorset Mind, or the concern has been de-escalated or closed.

Whilst the instance remains open, they are reviewed within the following platforms.

- In staff 1:1s with their line manager.
- In team reflective practice.
- Bi-monthly managers safeguarding meetings.
- Bi-monthly DSL meetings.

Storage and Effectively Sharing Concerns

All personal data must be processed lawfully, fairly and in a transparent manner in relation to the data subject. Dorset Mind will collect, process, and share personal data fairly and lawfully and for specified purposes. The GDPR (General Data Protection Regulation) restricts our actions regarding personal data to specified lawful purposes. These restrictions are not intended to prevent processing but ensure that we process personal data fairly and without adversely affecting the data subject.

All practitioners should be confident of the processing conditions which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal.

Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 (GDPR) includes 'safeguarding of children and individuals at risk' as one of conditions that allows practitioners to share information with others without consent:

- Information can be shared legally without consent, if a practitioner is unable to/cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk;
- Relevant personal information can also be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional, or mental harm, or if it is protecting their physical, mental, or emotional well-being.
- Practitioners looking to share information without consent should consider which processing condition in the Data Protection Act 2018 is most appropriate in the circumstances of the case. This may be the safeguarding processing condition or another relevant provision.

Personal data must be adequate, relevant, and limited to what is necessary in relation to the purposes for which it is processed.

You may only process personal data when performing your job duties requires it. You cannot process personal data for any reason unrelated to your job duties.

You may only collect personal data that you require for your job duties: do not collect excessive data. Ensure any personal data collected is adequate and relevant for the intended purposes.

You must ensure that when personal data is no longer needed for specified purposes, it is deleted or anonymised in accordance with Dorset Mind's data retention guidelines.

Safer Practice

We recognise that we must ensure that we have the right staff in place and that we train you – this will be covered within your induction and if you have not had that training then you must let your line manager know via email so that it can be arranged.

Annually we will hold refreshers as we see training being one of the cornerstones of ensuring the risks of abuse are minimised.

In addition:

- We adopt rigorous **Safer Recruitment** procedures including DBS (Disclosure and Barring Service) checks for all staff or volunteers working directly with potential adult at risk.

- Dorset Mind risk assesses all roles at Dorset Mind and any roles that qualify will need a DBS check – separate roles may require a different level of DBS Check.
- Dorset Mind will also seek at least two references for every paid or unpaid post.
- No Dorset Mind member of staff, volunteer or trustee should be alone with an adult at risk without alerting others to the reason, as per the Lone Working policy.
- The culture of Dorset Mind is that allegations of abuse from staff, volunteers, or trustees, in whatever form will be investigated thoroughly and if substantiated and carried out by a member of staff, will result in disciplinary action and reporting to DBS.
- If any allegation is made against a member of Dorset Mind staff/volunteer/trustee concerning alleged harm of an adult at risk the procedure to be followed will be in line with the Dorset and Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards.
- Dorset Mind has a “Whistleblowing Policy” which encourages all staff, Trustees, and volunteers to report wrongdoing or suspected wrongdoing. Staff, Trustees, and volunteers will be protected by this policy unless it is clear reports have been vexatious.
- If Dorset Mind is delivering a service specifically to adults at risk through another organisation, or in partnership, then it will ask for proof that the organisation has an appropriate policy and procedures in place.
- Participant Risk Assessments and Risk Management and Role Risk Assessments are completed.
- Members of staff, volunteers and trustees must not use inappropriate language or behaviour.
- All allegations of abuse against a worker/volunteer/trustee, however minor, are reported to the Safeguarding Lead.
- Carers or next of kin consent (where appropriate) and contact details to be recorded for all adults at risk using Dorset Mind services if unaccompanied.
- Safeguarding also means reducing the risk of injury. Therefore, we will carry out appropriate risk assessments before undertaking events/activities that will be attended by adults at risk. This will include balancing the danger of injury against the benefits for participants.
- When undertaking events/activities we will arrange for appropriate first aid cover and other health and safety measures.
- Assess by role what levels of training are required and train team members accordingly.

Designated Safeguarding Lead

Dorset Mind has a Designated Safeguarding Lead (DSL) and will ensure a minimum of 3 Deputy Designated Safeguarding Leads (DDSL) as well as a Trustee DSL.

The DSLs are responsible for the following:

- Make staff aware of their duty to report any allegations or suspicions of abuse and the procedure for doing so.
- Be available for consultation with staff or volunteers raising safeguarding concerns
- Ensure that safeguarding alerts are raised as appropriate.
- Ensure the alleged victim is made safe and preserve any evidence relating to the abuse.
- Ensure that any member of staff or volunteer who may have caused harm is not in contact with the alleged victim, other participants or others who may be at risk (e.g., ‘whistleblowers’).
- Coordinate safeguarding cases and relevant paperwork.
- Review safeguarding practice within the organisation.

- Ensure all staff receive training in safeguarding adults consistent with their job roles and responsibilities.

Associated Policies and Procedures

- Safeguarding Procedure.
- Confidentiality Policy.
- Data Protection Policy.
- Children and Young Person Safeguarding Policy.
- Digital Safeguarding Policy.
- Lone Working Policy.

Relevant Legislation

The Care Act 2014

The Care Act 2014 places a general duty on local authorities to promote the wellbeing of individuals when carrying out care and support functions. Safeguarding adults comes under the Care Act 2014.

[Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/16/contents)

Sexual Offences Act 2003

In the past there have been difficulties in bringing prosecutions against individuals who committed sexual offences against people with mental disorders. The Sexual Offences Act (SOA) 2003 modernised the law by prohibiting any sexual activity between a care worker and a person with a mental disorder while the relationship of care continues.

[Sexual Offences Act 2003 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2003/42/contents)

Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill

This Safeguarding Vulnerable Groups Act (SVGA) 2006 was passed 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.

[Safeguarding Vulnerable Groups Act 2006 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2006/16/contents)

Ill treatment or wilful neglect

It is an offence under the Criminal Justice and Courts Act 2015 for an individual who has the care of another individual by virtue of being a care worker to ill-treat or wilfully to neglect that individual.

Under S44 of the Mental Capacity Act, ill-treatment and wilful neglect is a criminal offence for anyone, including those with powers of attorney and court appointed deputies, who has care of a person who lacks capacity

[Ill-treatment or wilful neglect offences - Sections 20 to 25 of the Criminal Justice and Courts Act 2015 | The Crown Prosecution Service \(cps.gov.uk\)](https://www.cps.gov.uk/ill-treatment-or-wilful-neglect-offences-sections-20-to-25-of-the-criminal-justice-and-courts-act-2015)

Public Interest Disclosure Act 1998

An important part of providing care is ensuring a working environment that encourages people to challenge practices in their own workplace. The law offers some protection from victimisation to people who blow the whistle under the Public Interest Disclosure Act (PIDA) 1998. The parameters of 'protected disclosure' are set out in the Employment Rights Act (ERA) 1996.

[Public Interest Disclosure Act 1998 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1998/24/contents)

Mental Capacity Act 2005

The Mental Capacity Act 2005 is a law that protects and empowers people over the age of 16 who may lack capacity to make some decisions for themselves. The Act upholds the rights and autonomy of people with capacity and ensures that people who lack capacity are involved and protected in decision-making. The Act also sets out five key principles that guide its implementation:

- A presumption of capacity
- Supporting people to make their own decisions
- Respecting people's wishes and feelings
- Acting in people's best interests
- Choosing the least restrictive option

[Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9/contents)

The equality impact of this policy has been considered and Dorset Mind believes that it complies with its commitment to equality as stated in its Equality Policy.

Policy Ownership

Policy Name	Version	Doc ref
Adult Safeguarding Policy	5	25

Policy Owner	Trustee Safeguarding Lead
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Latest Version Approval Status

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Document Control

Reviewers

Name	Position
Ros Maycock	Trustee Safeguarding Lead
Nicole McCormack	DSL & Services and Integrated Care Strategic Lead
Rachel Rous	Business Support Manager

Change History

Issue	Date	Author	Reason
1.0	Jan 15	Jackie Lillywhite	
2.0	Mar 16	Chris Price	Reviewed and Updated
3.0	Jan 21	NMC & VH	Reviewed and Updated
4.0	Dec 22	Victoria Heeley, Team Leaders.	Reviewed and Updated
4.1	May 23	Karen Butcher	Added relevant Legislation references as requested by MQM (Mind Quality Mark)
5.0	July 23	Nicole McCormack	Reviewed and Updated

Appendix I – Regulated Activity

Regulated activity is set out in Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, as amended (in particular, by the Protection of Freedoms Act 2012). For more information, see 'Changes to disclosure and barring: What you need to know'

www.gov.uk/government/uploads/system/uploads/attachment_data/file/97875/leaflet-england-wales.pdf

Regulated activity still excludes family arrangements, and personal, non-commercial arrangements.

1. Regulated activity relating to adults

The new definition of regulated activity relating to adults no longer labels adults as 'vulnerable'. Instead, the definition identifies the activities which, if any adult requires them, lead to that adult being considered vulnerable at that time.

- i) Providing health care - any health care professional providing health care to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional.
- ii) Providing personal care - anyone who:
 - o Provides physical assistance with eating or drinking, going to the toilet, washing, or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness, or disability;
 - o Prompts and then supervises an adult who, because of their age, illness, or disability, cannot make the decision to eat or drink, go to the toilet, wash, or bathe, get dressed or care for their mouth, skin, hair, or nails without that prompting or supervision; or
 - o Trains, instructs, or offers advice or guidance which relates to eating or drinking, going to the toilet, washing, or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness, or disability.
- iii) Providing social work.
- iv) Assistance with cash, bills and/or shopping.
- v) Assistance in the conduct of a person's own affairs.
- vi) Conveying - a person who transports an adult because of their age, illness, or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care, or social care; or between places where they have received or will be receiving health care, personal care, or social care. This will not include family and friends or taxi drivers.

Appendix II – Safeguarding Adults Procedure

Where a staff member, volunteer or trustee suspects an adult is at risk, has been, or is being, harmed you should follow the process, taking into consideration the Care Act 2014 Safeguarding Principles as outlined in the Dorset Mind Adult Safeguarding Policy:

1. If you believe the adult or others are at serious risk which is immediate and/or life threatening – call the police and /or an ambulance on 999.
2. Once the immediate risk has been managed, follow the steps in point 3 of this procedure.
3. If you have concerns about an adult's welfare, and/or if the adult at risk disclosed information you should:
 - Stay calm, take what they disclose seriously, offer them support and listen to them but refrain from pressing for unnecessary details.
 - Explain that you cannot guarantee confidentiality and that you have a duty to report to a Designated Safeguarding Lead (DSL).
 - Write down what they tell you using their own words as soon as possible. Make sure to state the facts and avoid making assumptions.
 - Keep any evidence safe. If the notes are handwritten, always ensure to transfer notes to DM2 or Safeguarding Log (for Triage service) immediately after and dispose of the handwritten document appropriately.
 - Explore and identify the person's choices in the next steps relating to the safeguarding concern.
 - Do not attempt to discuss this with the person alleged to have caused the harm.
 - Contact your local Safeguarding Adults Board if you need any further support or advice.
4. If the risk is not immediate or life threatening; inform the GP (General Practitioner) who has statutory responsibility for supporting the adult, at risk, the BCP Multi Agency Safeguarding Hub (MASH), statutory worker if they have one, or the referrer to make them aware of your concerns. Notification to carers will be informed unless it is not safe to do so. In this instance discuss with the DSL to support decision making.
5. If you believe an adult who is under the community mental health team is at risk of *significant* harm (see Dorset Mind Adult Safeguarding Policy for definition) due to any other reason which is not immediate or life-threatening; suggest that they contact their local Mental Health Crisis Team or attend their local Community Front Room (CFR) or Retreat and/or the Samaritans and provide them with both numbers (see below for contact information)
6. Contact a Deputy Designated Safeguarding Lead (DDSL) or a Designated Safeguarding Lead (DSL) if you require guidance before or after you have made the call. You can call a specific DDSL or DSL or email debriefteam@dorsetmind.uk and someone will contact you as soon as possible.

CMHT contact details:

All below open from Monday to Friday, 9am to 5pm.

[Community Mental Health - Referrals](#) for Adults

Poole	01202 305062
Turbary Park (North Bournemouth)	01202 521997
Hahnemann House (Bournemouth West)	01202 584440
King's Park (Bournemouth East)	01202 705557
Purbeck	01929 557735
Christchurch and Southbourne	01202 858100
Wimborne	01202 858300
The Milldown Unit (Blandford)	01258 450610
Bridport	01308 426281
Dorchester	01305 214500
Shaftesbury (Blackmore Vale)	01747 856711
Sherborne	01935 816711
Weymouth and Portland	01305 362060

Community Mental Health - Referrals Older People

Poole	01202 305115
King's Park (Bournemouth East)	01202 705609
Purbeck and Wimborne	01202 639560
Christchurch	01202 858158
Ferndown and West Moors	01202 639560
Blandford	01258 394045
Bridport	01308 426281
Dorchester	01305 214500
Shaftesbury	01747 475266
Sherborne	01935 815598
Weymouth and Portland	01305 762505

7. If you believe an adult who is NOT under a Community Mental Health Team is at risk of significant harm for any other reason which is not immediate or life threatening, then take immediate action by contacting the GP (General Practitioner), or one of the following Adult Social Care agencies by using the following contact details:

BCP Safeguarding Adults Board:

Daytime contact number: **01202 123654**

Out of hours: **0300 123 9895**

Dorset Safeguarding Adults Board:

Daytime and out of hours contact number: **01929 557712**

For **Adults in crisis** call Connections 24/7: **0800 6520 190** or 111 and select 'mental health'

Further information at: [Dorset Healthcare Services](#)

8. Record your concerns & actions within two working days utilising the Dorset Mind Safeguarding Concern Reporting Form attached below or where possible directly onto DM2. If you do not have access to DM2, please use the form below and ensure it is added to DM2 as soon as possible once you have access. If using other systems such as SystmOne (i.e. for the Triage service), please add notes and updates as appropriate.
9. Advise your Line Manager and one of the DSLs or DDSLs who are listed below of completed form on DM2 or advise of completed form (i.e. for the Triage Service) via email.
10. Manager, DSL or DDSL managing incident to complete the Safeguarding Lead Reporting Form within two working days of receipt.
11. Manager, DSL or DDSL managing incident must securely file a copy of the report of the incident within the Safeguarding SharePoint Site Service Folder within two working days (where the form is not on DM2).
12. Where an individual contacts via email, social media or other online forum or attending an event and is not a Dorset Mind registered participant all incidents resulting in the contact of external services, such as emergency services 101 or 999 will be recorded through [safeguarding log](#). If an individual contacts via telephone and:
 - i. Expresses immediate risk of harm – stay calm, stay on the phone, keep talking to them, get support from a colleague/DSL/DDSL – gather information if you can and dial 999. Try to remain on the phone until the emergency services take over. Then follow recording steps outlined above.
 - ii. Is not in immediate risk of harm – if an allegation or concern is raised, follow steps 2 through to 7 listed above.

Remember you are not on your own. If you need advice or emotional support, you can talk to your manager or one of the DSLs or DDSLs who are listed below.

If after the safeguarding concern has been dealt with you need to speak to someone email debriefteam@dorsetmind.uk and one of the DDSL's or DSL's will contact you as soon as possible. There will be opportunities for reflective practice with your manager and team.

The DSL team

Designated Safeguarding Leads (DSLs) act as the main source of support, provides advice and expertise for safeguarding within organisations. Deputy DSLs provide support to the DSL in liaising with staff on safeguarding matters.

DSL - Nicole McCormack

Deputy DSLs - David Sutherland, Maisie McCauley, Tracey Digby & Talya Tirtiryan

Trustee Safeguarding Lead - Dr Ros Maycock

Responsibilities

The Chief Executive has overall responsibility for all policies and procedures. The Designated Safeguarding Lead is responsible for managing this procedure and overseeing its implementation. Managers are responsible for implementing the procedure within their areas of work, and for overseeing adherence by staff. Every member of staff should take personal responsibility for conforming to it.

Appendix III

Dorset Mind Safeguarding Concern Reporting Form

Please ensure that the following information supplied is a **factual** account and is based on your observations and **not** speculative opinion.

Participant name:	
Participant date of birth:	
Participant address:	
Participant school/college (if applicable):	

Date of incident:	
Place of incident:	
Were emergency services contacted?	
If yes, Incident number:	
Any other witnesses to the incident if known – detail:	
Names of person/organisations involved:	
Is the participant aware of Dorset Mind's confidentiality procedures?	
Details of safeguarding concern: <i>Please ensure that your account is factual and does not contain opinion.</i>	
Details of actions: <i>Please include who is responsible for actions, date due and ensure they are SMART</i>	
Have you reported this concern to a Dorset Mind Manager or the DSL verbally?	
If yes details of date, time and person reported to:	
Name of person completing form:	
Signature of person completing form:	
Date form completed:	

Safeguarding Lead Reporting Form

For completion by Designated Safeguarding Lead (Business Support Manager or CEO in Safeguarding Officers absence):

Name of person completing form:	
Date and time of completion:	
Date you were made aware of SG concern:	
Was SG Concern Reporting form completed by staff member reporting?	
Has advice been sought by DSL?	
Name of agency:	
Name of worker:	
Contact number:	
Date and time of contact:	
Details of advice given:	
Has a participant risk assessment and risk management plan been completed?	
Outcomes: <i>Please include details of actions</i>	
DSL Signature:	
Date signed:	