2025 POLICIES

Arthur Ellis
Mental Health Support

ADULT SAFEGUARDING POLICY

THE ARTHUR ELLIS MENTAL HEALTH FOUNDATION

CHARITY NUMBER: 1207350

Introduction

Arthur Ellis Mental Health Foundation C.I.O.'s (AEMHF) objective is to provide a service to relieve the needs of individuals, over 8 years old, who are experiencing ill mental health by providing resources and tools, through 1-1 sessions, on how to improve and manage their mental health, and by equipping parents/carers of children and young people with tools to help support such children and young people improve and manage their mental health.

AEMHF is committed to safeguarding adults at risk, engaged in the breadth of its activities. All adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect, and/or exploitation. In this police abuse to the collective term used to over abuse, neglect and/or exploitation that may be experienced by an adult. For the purposes of this policy and associated policies and procedures an adult is recognised as someone aged of 18 years and over.

This policy applied to all AEMHF staff: although not exclusive, AEMHF personnel regardless of position which includes employees, volunteers, trustees, student/work placements, visitors, contractors, and agency staff.

Safeguarding is everybody's responsibility and AEMHF is committed to safeguard adults we work with, those around them, staff, and create to a culture of vigilance. All staff have a full and active role to play in protecting adults from harm. The adult's welfare is our paramount concern. It is essential to us, that adults accessing our service, in their varied forms, feel safe and protected.

It is essential that all staff receive regular training, support, and information to enable them to fulfil our collective responsibility to safeguard adults in our service. All our Mental Health Mentors are trained in safeguarding up to DSL level. For this policy Designated Safeguarding Lead (DSL), refers to our DSL Officers, Deputy, and Lead DSL.
This policy should be read in conjunction with our Safeguarding Overview Statement and Domestic Abuse Policy.

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Purpose

This policy applies to all staff regardless of their position in AEMHF.
The purpose of this policy is to outline the duty and responsibility of staff working on behalf of AEMHF in relation to the protection of adults at risk.

AEMHF's aims to ensure that:

- To set out procedures ensuring that AEMHF meets its responsibilities for safeguarding adults from abuse.
- To raise awareness in all our AEMHF staff of the need for adult protection and of their responsibilities in identifying and reporting possible cases of abuse.
- To set out expectation of appropriate action to be taken in a timely manner to safeguarding and promoting vulnerable adult's welfare.
- All staff are aware of their statutory responsibilities with respect to safeguarding and PREVENT.
- To identify the role of AEMHF, DSLs, and Senior Team in matters relating to adult protection.
- To explain the roles and responsibilities of all agencies and to emphasise the importance of working together efficiently.
- To provide a systematic means of monitoring adults known or thought to be at risk.
- To clearly identify support structures and procedures within AEMHF in cases of suspected adult abuse.
- To ensure appropriate training for staff within AEMHF, including induction for those who are new to the Charity, and to emphasise the need for high levels of communication between members of staff.

Scope

Some adults are less able to protect themselves than others, and some have difficulty making their wishes and feelings known. This may make them vulnerable to risk. The broad definition of an 'Adult at Risk' referred to in the 1997 Consultation Paper 'Who decides?' issued by the Lord Chancellor's Department, is a person:

"Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

Adults accessing our service are likely to be vulnerable, stemming from although not exclusive, physical health issues, situational difficulties like housing, breakdown of relationships, historical abuse, neglect, or exploitation.
The priority should always be to ensure the safety and protection of adults at risk. To this end, it is the responsibility of all AEMHF staff to act on any suspicion or evidence of abuse. neglect and/or exploitation to pass on their concerns to a responsible DLS/agency.

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Terminology

Safeguarding and promoting the welfare of adults refers to:

- ·Protecting adults from exploitation, abuse and/or neglect.
- ·Preventing the impairment of an adult's mental or physical health.

Adult protection is part of this definition and refers to activities undertaken to prevent adult suffering, or being likely to suffer, significant harm.

AEMHF staff refers to, although not exclusive, AEMHF personnel regardless of position which includes employees, volunteers, trustees, student/work placements, visitors, contractors, and agency staff.

Adult is recognised as someone aged of 18 years and over.

Parents/guardians refers to all carers, and any adult that is appropriate to have responsibility for the child.

Abuse is a form of maltreatment of an adult and may involve inflicting harm or failing to act to prevent harm. Abuse to the collective term used to over abuse, neglect and/or exploitation that may be experienced by an adult.

Neglect is a form of abuse and is the persistent failure to meet an adult's basic physical and/or psychological needs, likely to result in the serious impairment of their health: physical or mental. Explanation of the different types of abuse is listed further in this policy.

Sharing of nudes and semi-nudes (also known as sexting or produced sexual imagery) is where adult share nude or semi-nude images, videos, or live streams.

Victim is a widely understood and recognised term, but we understand that not everyone who has been subjected to abuse considers themselves a victim or would want to be described that way. When managing an incident, we will be prepared to use any term that the adult involved feels most comfortable with.

Alleged perpetrator(s) and perpetrator(s) are widely used and recognised terms. However, we will think carefully about what terminology we use (especially in front of children) as, in some cases, abusive behaviour can be harmful to the perpetrator too. We will decide what is appropriate and which terms to use on a case-by-case basis.

Offsite activities refer to any of AEMHF's business being conducted in venues like a public place like a cafe, the client's home, school, GP surgery etc.

Designated Safeguarding Lead (DSL) refers to our DSL Officers, Deputy, and Lead DSL.

Adult at risk – for purposes of ensuring consistent and widely understood terminology, these policies and procedures will use the phrase 'adults at risk' to identify those eligible for interventions within the procedures.

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Legal Framework

This guidance reflects the principles contained within the Care Act 2014, Human Rights Act 1998, the Mental Capacity Act 2005, and Public Interest Disclosure Act 1998.

The Care Act 2014 details how Local Authorities should deal with people who can be at risk because of physical, learning, or mental health difficulties, including a permanent disability, something that occurs occasionally or a one-off event.

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to prepare for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public, and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

Roles and Responsibilities

AEMHF recognises that safeguarding is everybody's responsibility. We all, have a duty to safeguard adults at risk and promote their welfare. Our policy applies to the whole of AEMHF and Arthur Ellis MHS C.I.C.

The Trustee and DSLs will have responsibility for safeguarding adults at risk within the charity. There should be regular training for all AEMHF staff and induction for new staff, to ensure these responsibilities are known. All AEMHF staff are required to report instances of actual or suspected adult abuse to the DSL using our safeguarding reporting system.

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List of Trustees

Joy	Gary	David	Yvonne
Charity Trustee	Charity Trustee	Charity Trustee	Charity Trustee
07487764716	07976630813	07541141550	07759740509
joy.e@arthurellismhs.com	gary.l@arthurellismhs.com	david.b@arthurellismhs.com	yvonne.m@arthurellismhs.com

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Senior Leadership Team

Jon Manning	Rita Mistry	Heather Horner
Founder and CEO of Arthur Ellis Mental Health Foundation & Data Protection Officer	Clinical Director & Lead DSL	Head of Partnership & Deputy DSL
07722196961	07940908152	07399506273
jon@arthurellismhs.com	rita@arthurellismhs.com	heather.h@arthurellismhs.com

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Designated Safeguarding Team

Rita Mistry	Heather Horner	Gwen Withall
Clinical Director & Lead DSL	Head of Partnership & Deputy DSL	Client and Safeguarding Co-ordinator (CASCO) & DSL
07940 908152	07399506273	07930611406
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The Designated Safeguarding Leads

The DSLs will be given time, funding, resources, training, and support:

- to provide advice and support to other AEMHF staff on welfare of adults at risk and protection matters,
- to ensure all AEMHF staff are informed of this policy as part of their induction,
- where appropriate communicate this policy to AEMHF clients and it to be made available on the website,
- ensure all AEMHF staff undertake appropriate adult safeguarding training and it to be updated on a regular basis,
- where appropriate act as a case manager in the event of an allegation of abuse made against a member of staff,
- ensure the relevant staffing ratios are met where appropriate – for example, in the exceptional case two members of staff are available should the need arise for a client to be driven home,
- take part in strategy discussion and multiagency meeting and or support other staff to do so,
- contribute to the assessment of AEMHF clients,
- as appropriate refer suspected cases to the relevant body (Adult's Social Care, Disclosure and Barring Service and/or the Police), and support AEMHF staff who make such referrals directly.

Jon Manning, CEO and Lead DSL will review and approve this policy bi-annually, hold other DSLs to account for the implementation of this policy, will monitor the effectiveness of this policy and will act as a case manager in the event of an allegation of abuse made against the DSL.

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AEMFH Staffs' Roles and Requirements

All AEMHF staff have a duty to promote the welfare and safety of adults at risk. They may receive disclosures of abuse and observe adults at risk who are at risk. This policy will enable staff to make informed and confident responses to specific adult protection issues.

All AEMHF staff will be aware of:

- AEMHF systems which support safeguarding, including our safeguarding reporting processes and protocols, the system that are in place the support safeguarding and key documentation like related safeguarding policies, the staff disciplinary policy, staff professional code of conduct, the role of the DSL, the whistleblowing policy, and any other related policy.
- Ensure that they have read, understood, and will adhere to safeguarding policies and understood the training given and updates.
- Act in the best interest of the adult at risk but also be aware adults at risk who have capacity can make their own choices. The adult at risk's wishes and feelings should be considered but AEMHF.
- AEMHF staff know what to look for in the early identification of abuse and seek advice from the DSL and/or other senior staff if needed. Explanation of the different types of abuse is listed further in this policy.
- All concerns regarding the welfare of the adult at risk should be recorded using AEMHF safeguarding reporting system on Midex, using our safeguarding reporting processes and protocols. Any immediate risk/danger MUST BE REPORTED ASAP BY SPEAKING TO A DSL.
- Ensure they are familiar with what to do if an adult at risk discloses to them or they have a concern.
- Be clear about the reporting safeguarding concerns to MASH and/or Early Help Process, where children are involved and their role in it.
- The process by which referrals can be made to that local authority Adult Social Care, the statutory assessment, and the role they may be expected to play.
- What to do if they identify a safeguarding issue, what to do if an adult at risk tells them they are being abused including specific issues, for example as financial abuse and how to maintain an appropriate level of confidentiality while liaison with relevant professionals.
- The signs of different types of abuse, as well as specific safeguarding issues, such as adult at risk exploitation, forced marriage, domestic abuse, online safety, and radicalisation.
- Ensure they are aware of whistleblowing procedures if concerned about the actions of a member of staff.
- Inform the DSL and/or a trustee of any concerns about poor or unsafe practice and potential failures in the AEMHF's safeguarding processes and/or procedures.

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Procedure in the Event of a Disclosure

It is important that adults at risk are protected from abuse. All complaints, allegations or suspicions must be taken seriously. This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that an adult at risk has been abused. Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information, using our safeguarding reporting processes and procedures. This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult at risk who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

Be mindful that it is not always practical, advisable and or supportive to be taking notes during a disclosure.

Responding to an Allegation

Any suspicion, allegation or incident of abuse must be reported to our DSLs. Our DSLs are:

Rita Mistry DSL Lead
Heather Horner DSL Deputy
Gwen Withall DSL Officer

The DSL takes lead responsibility for adult safeguarding. They are available during working and extended (where required) hours to discuss any safeguarding concerns.

In the absence of the DSL, contact MK Together Safeguarding Partnership or in emergency and extreme cases police.

The nominated safeguarding lead shall telephone and report the matter to the Milton Keynes Adult Social Care Access Team who can be contacted on 01908 253772 during working hours Monday – Friday 9–7pm (excluding bank holidays) or out of hours 01908 605650.

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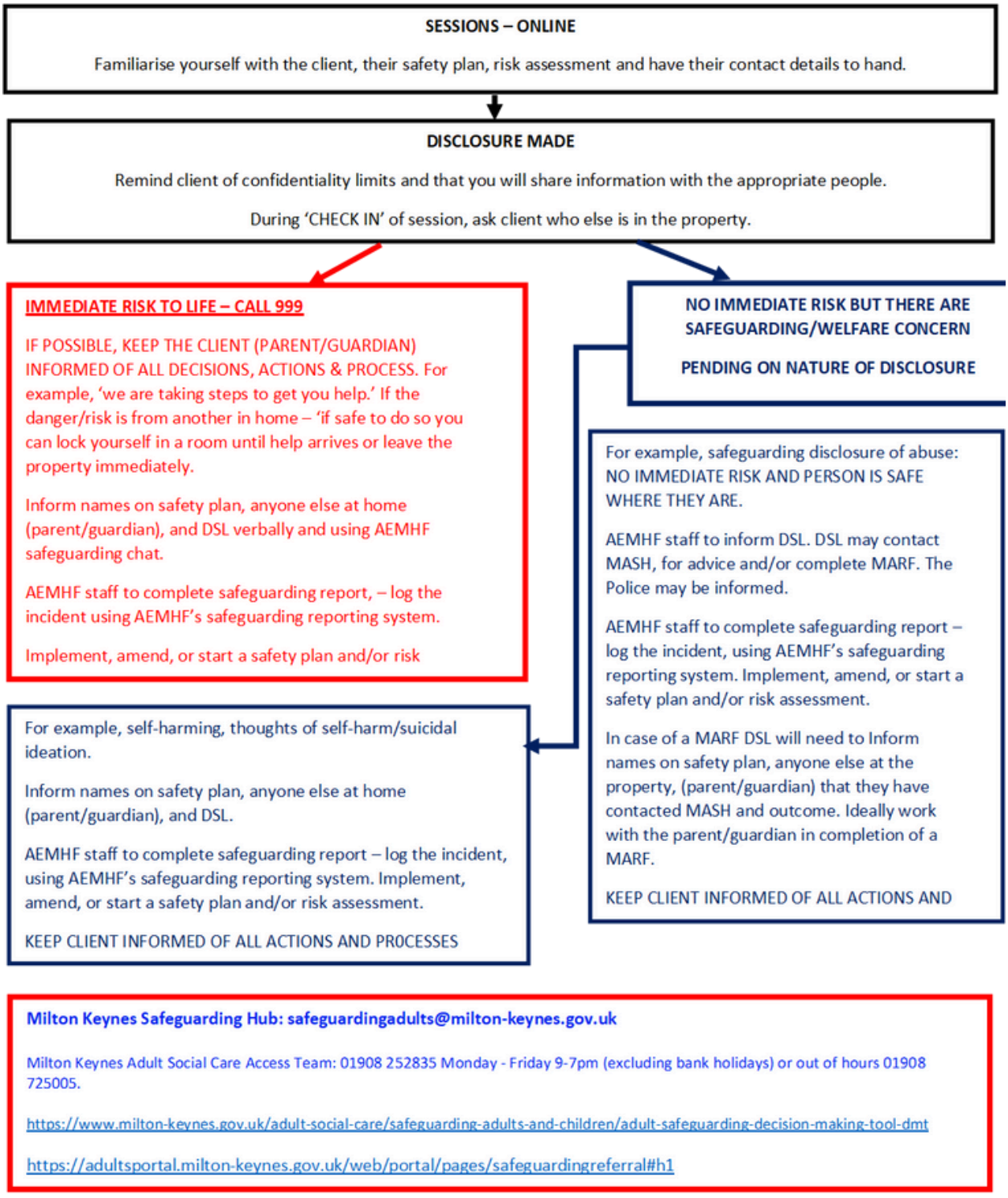
Recording and Monitoring



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Triage Process

	Mental Health Mentor	DSL Officers	DSL Lead & Deputy
Training	DSL training (referred to as DSL AWARE)	DSL	DSL
Escalating To	DSL Officer	DSL Lead/Deputy	DSL Lead/external agencies/CEO
Risk Level	LOW RISK	LOW – MODERATE RISK	MODERATE TO HIGH RISK
Responsibilities	Assess if disclosure is new on or continuation of presenting issue: • if continuation, for children let parents know either in the session or afterwards. Details notes in sessions notes. • Safety plan updated and sent to children and/or parent/guardian. Let DSL Officers know via safeguarding chat or call. • If continuation for adult, create a safety plan, details note in sessions notes. Safety plan updated and sent to them. Get consent to let emergency person to be informed. Let DSL Officers know via chat or call. • If new disclosure – consider seriousness and escalate to DSL Officers. Inform DSL Officers and sending safeguarding/welfare report to DSL Officers /safeguarding practice. Let DSL Officers know via safeguarding chat or call. • If there is an escalation in the situation or disclosure – escalate it to DSL Officers – pending urgency via chat or call. Complete safeguarding/welfare report and send to DSL Officers/safeguarding practice. • If immediate risk to life call 999 and escalate to DSL Lead/Deputy. • If in doubt, talk it through with DSL Officers (first point of contact). If unable to speak to DSL Officers reach out to DSL Lead/Deputy.	• For any continuation disclosure that mentor has dealt with – follow up with children's parent/guardian; for adult with them and/or emergency contact if appropriate and have consent. • New disclosure – consider seriousness either manage it or escalate to DSL Lead/Deputy. • Safeguarding/welfare report to be completed. Send to safeguarding practice. Make sure safety plan is created or updated and sent to appropriate person. Complete any follow up processes. Feedback to mentor if appropriate. • Everyday approval safeguarding/welfare reports the have come through the system. • New disclosure – pending seriousness – Early Help/MASH other statutory services. Safeguarding/welfare report to completed. Make sure safety plan is created or updated and sent to appropriate person. Inform DSL Lead/Deputy.	• New disclosure – pending seriousness – MASH other statutory services. Safeguarding/welfare report to completed. Make sure safety plan is created or updated and sent to appropriate person. Feedback to DSL Officers and/or Mental Health Mentor. Where appropriate update parents/guardians.

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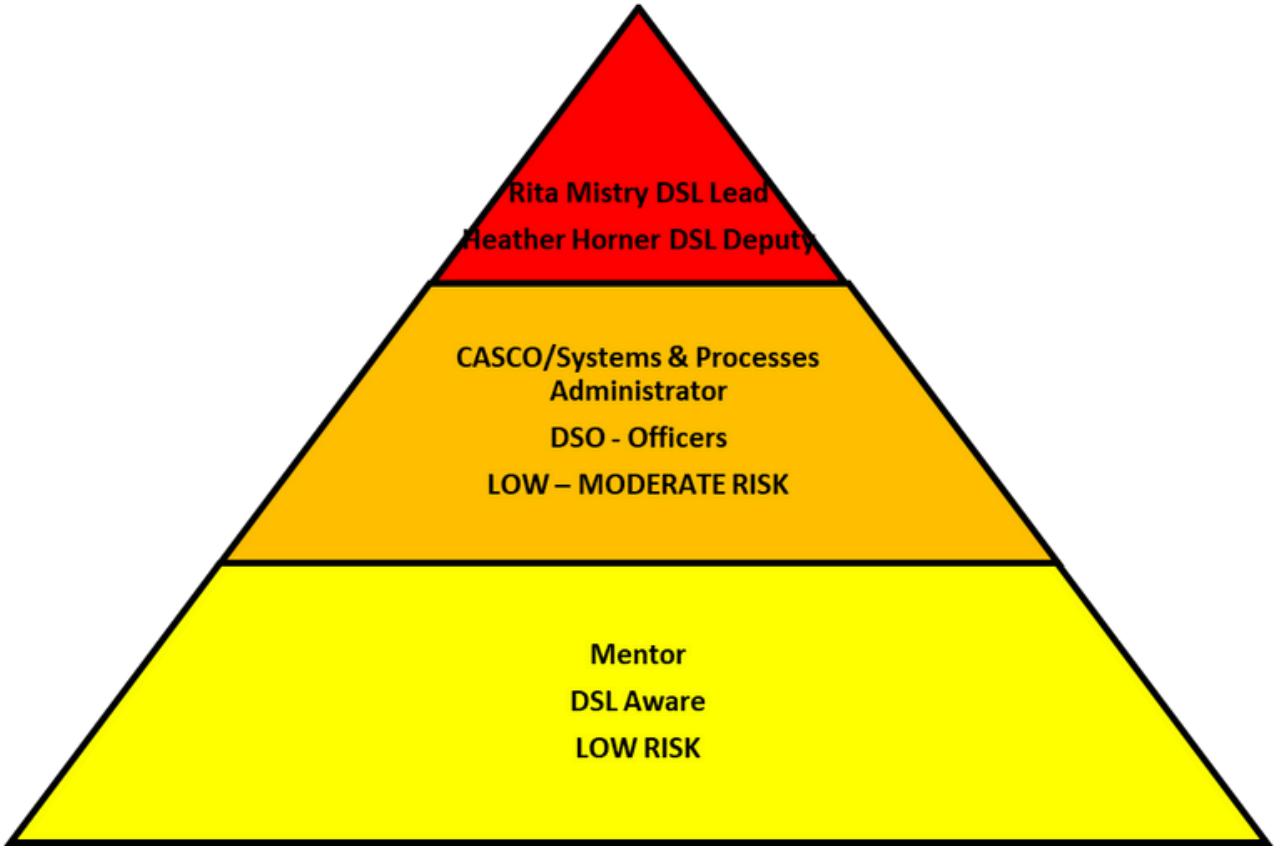
Triage Diagram



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What is Abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons.

Abuse may consist of a single act or repeated acts. It may be physical, verbal, or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter a financial or sexual transaction to which they have not consented or could not consent. Abuse can occur in any relationship, and it may result in significant harm to, and/or exploitation of the person subjected to it.

The Department of Health and Social Care in its 'No Secrets' report (update 2015) suggests the following as the main types of abuse:

Physical abuse – is the physical mistreatment of one person by another which may or may not result in physical injury. It can be the use of force that results in an unwanted change in a person's physical state, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions

Sexual abuse – is the involvement of a person in sexual activities or relationships that they either do not want, have not consented to or that they cannot understand, including rape and sexual assault

Psychological/Emotional abuse – is any act which negatively affects the emotional wellbeing of a person or impairs their psychological development, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks

Financial or material abuse – is the use of a person's property, possessions, assets, or money without their informed consent, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits

Neglect and acts of omission – is any act which results in a person's basic needs not being met or places them at risk of harm, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating

Self-Neglect – This covers a wide range of behaviour neglecting to care for one's personal hygiene, health, or surroundings

Discriminatory abuse – is harassment, unfair treatment or providing inappropriate/inadequate care because of a person's race, religion, culture, gender, age, sexuality, or disability. Discrimination can be a motivating factor in other forms of abuse

Domestic Violence – including psychological, physical, sexual, financial, emotional abuse, and/or 'honour' based violence

Organisational abuse – is isolated or collective examples of poor professional practice, misconduct, or pervasive ill treatment. It may include other types of abuse

Modern Slavery – Encompasses slavery, human trafficking, forced labour and domestic servitude

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What to do if an adult discloses harm to you

It takes a lot of courage for an adult to disclose that they are being abused by an adult and/or a child. They may feel ashamed, particularly if the abuse is sexual, their abuser may have threatened what will happen if they tell, they may have lost all trust in other, or they may believe, or have been told, that the abuse is their own fault.

This should not prevent AEMHF staff from having a professional curiosity and speaking to the DSL if they have concerns about an adult at risk. It is also important that staff determine how best to build trusted relationships with them which can facilitate communication.

In some cases, the victim may not make a direct report. For example, a family member and/or a friend may make a report or their own behaviour might indicate that something is wrong. If staff have any concerns about their welfare, they should act on them immediately rather than wait to be told. If in doubt speak to a DSL.

If an adult at risk talks to you about any risks to their safety or wellbeing you will need to let them know that you must pass the information on – you are not allowed to keep the information to yourself. The point at which you do this is a matter for professional judgement. If you jump in immediately the adult at risk may think that you do not want to listen, if you leave it till the very end of the conversation, the adult at risk may feel that you have misled them into revealing more than they would have otherwise.

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The 5 R's

Receive

- listen to the adult
- if you are shocked by what they are saying, try not to show it
- take what they say seriously
- accept what the adult says
- DO NOT ask for (other) information.

Reassure

- Stay calm and reassure them that they have done the right thing in talking to you
- Be honest with the adult so do not make promises you cannot keep
- Do not promise confidentiality – you have a duty to refer the adult who is at risk
- Acknowledge how hard it must have been for them to tell you what happened.

React

- react to the adult only as far as is necessary for you to establish whether you need to refer this matter, but do not interrogate them for details
- do not ask leading questions
- explain what you must do next and to whom you must talk
- explain and if possible, seek agreement that you will have to discuss the situation with
- someone else and will do so on a 'need to know' basis.

Record

- Make some brief notes at the time and write them up more fully as soon as possible – use the AEMHF safeguarding reporting processes and protocol (available in our protected system),
- Take care to record timing, setting and personnel as well as what was said
- Be objective in your recording – include statements and observable things rather than your interpretations or assumptions.
- Store this safely and securely on our internal system against the individual's file.

Respond

- Discuss the matter with the DSL immediately.

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Responding appropriately to an allegation of abuse

In the event of an incident or disclosure:

DO

- Make sure the individual is safe.
- Assess whether emergency services are required and if needed call them.
- Listen not investigate.
- Acknowledge how hard it was for them to tell you this.
- Allow the adult to speak freely.
- Remain calm.
- Do not be afraid of silences, remember it must be hard for them.
- Ask open questions for example, 'is there anything else you want to tell me….do you need to explain more…are you able to describe what had happened.'
- The pace should be dictated by the adult and their needs, without their bring pressure for details.
- Offer support and reassurance.
- Ascertain and establish the basic facts.
- Make careful notes and obtain agreement on them.
- Ensure notation of dates, time and persons present are correct and agreed.
- Take all necessary precautions to preserve forensic evidence (in person sessions only and if instructed by statutory agency like the police).
- Follow AEMHF safeguarding processes and procedure.
- Explain limits to confidentiality.
- Immediately speak to DSL for support and guidance.
- Completed AEMHF safeguarding reporting asap following our processes and protocols.
- At the appropriate time tell/explain the procedure to the child making the allegation and what is going to happen next.
- For in person session, do not automatically offer physical touch or comfort. For an adult who has been abused this may not be received as comforting.
- Remember the need for ongoing support for the adult and yourself.

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Responding appropriately to an allegation of abuse

DON'T

- Confront the alleged abuser.
- Do not criticise the perpetrator as this maybe someone they love.
- Be judgmental or voice your own opinion.
- Show shock or disbelief at what the adult is saying.
- Do not overreact – the adult may stop talking if they feel they are upsetting you.
- Be dismissive of the concern.
- Do not burden the adult with guilt by say anything like, 'why didn't you tell me before?'
- Do not ask questions like 'what did they do next…. where did they touch you?' etc.
- Investigate or interview beyond that which is necessary to establish the basic facts.
- Disturb or destroy possible forensic evidence.
- Consult with persons not directly involved with the situation.
- Ask leading questions.
- Assume information.
- Make promises.
- Ignore the allegation.
- Elaborate in your notes.
- Panic.

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the DSL.

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Actions to be taken by all staff

AEMHF recognises that although the types of abuse may have a different effect on the victim and perpetrator of the harm, and indeed, different staff may interpret different actions in different ways based on their own personal thresholds of what is unacceptable behaviour, the following steps must be followed to ensure the situation is clarified and the facts objectively established.

It is essential that disclosure of abuse is dealt with immediately and in a sensitive manner. This will ensure that the information gathered is fresh in adult at risk's minds and more likely to establish the truth. It is paramount that adult at risk who have made a disclosure are taken seriously and reassured that they will be supported and kept safe. They should never be made to feel that they are causing a problem or be made to feel ashamed. Refer to the Dos and Don'ts above. A safeguarding report needs to be completed as soon as possible following AEMHF's processes and protocols.

In all circumstances, this policy and procedures should be followed for the management of all disclosures of adult abuse, including where appropriate related policies. It is necessary that all staff are trained in dealing with such incidents and it is the responsibility of the AEMHF to ensure that training occurs on a regular basis. Staff should not be prejudiced, judgemental, dismissive, or irresponsible in dealing with alleged reports of abuse.

AEMHF staff should encourage adults at risk to (and where appropriate, family and friends) report the incident(s) the Police to investigate these situations and they should report the incident(s) to our DSLs. The DSLs will take the leading role in managing the disclosure using their professional judgement and supported by other agencies such as Adult Social Care and/or the police as required. The DSL with the knowledge and/or experience will manage the incident(s) depending on the seriousness of the disclosure and/or its complexities; following AEMHF's triage processes. It is more likely that the Lead or Deputy DSL will take the lead.

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The Immediate Response to a Report

- AEMHF will take all reports seriously and will reassure the victim that they will be supported and kept safe.
- All staff in AEMHF will be trained to manage a report.
- Staff will not promise confidentiality as the concern will need to be shared further for example, with the DSL(s), maybe family, and/or other agencies. Staff will however only share the report with those people who are necessary to progress it.
- A written report using our online client management system, will be made as soon after the disclosure as possible recording the facts as presented by the adult at risk, using our safeguarding processes and procedures. These may be used as part of a statutory assessment if the case is escalated later.
- Where the reporting incident(s) includes an online element AEMHF staff will inform DSL(s), parents/guardians, and any appropriate agency. AEMHF staff will not search, screen and/or confiscate any devices unless instructed to do so by statutory services like the police. AEMHF staff will not view or forward images unless unavoidable and only if another member of staff (preferably the DSL) is present/asked to do so by statutory services like the police. We envisage this would only be the case when working with and adult in person.

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Useful Tips in taking a Statement

Examining the facts: AEMHF staff to speak to the adult at risk to gain a statement of facts. Use consistent language and open questions for each account (e.g. ask them to tell you what happened). Do not interrupt them unless to gain clarity with open questions e.g. when, why where, who. It may be needed and/or appropriate for a supportive other to be present unless it puts them at more risk.

As we work online, it may be possible and appropriate for staff to take notes while being attentive to the adult at risk. Please refer to the sections above for guidance in helping staff with this. However, if making notes, staff should be conscious of the need to remain engaged with the adult at risk and not appear distracted by the note taking. Either way, it is essential a written record is made. Best practice is to wait until the end of the disclosure and immediately write up a thorough summary. This allows the devoting their full attention to the adult at risk and to listen to what they are saying.

When seeing an adult in person where the reported incident(s) includes an online element, unless directed by a statutory agency like the police, it is not our role to do so review devices/screens/messages etc. and/or confiscate them.

Consider the intent (begin to risk assess) Consider whether the evidence suggests that this has been a deliberate or contrived situation for harm towards the adult at risk.

Deciding on a course of action (DSLs Only). If from the information gathered the DSL believes that any adult is at risk of significant harm, a safeguarding referral to Adult Social Care must be made immediately. Furthermore, where it is believed that a crime has been committed, the Police must be contacted. Adult Social Care and the Police will then advise on next steps, which may include the interviewing of adult at risk, AEMHF staff, or they may wish to meet/speak to family and friends. In circumstances where Adult Social Care feel that it does not meet their threshold criteria, then the DSL should consider whether that decision should be challenged and/or escalated.

Informing family/emergency contacts If, once appropriate advice has been sought from Police/Adult Social Care, there is agreement to inform family/emergency contacts then the DSL must do so as soon as possible, if the Police and Adult Social Care have not already done so. If other agencies or services are not going to be involved, then you should share this information with the adult at risk. In all circumstances where the risk of harm to the adult is evident, AEMHF staff should encourage the adult to share the information. Where the adult at risk still does not wish to share this information with other, and they have capacity, then we need to respect the adult at risk's wishes. Unless it is deemed in the best interest of the adult at risk to share without consent – the DSL would make this decision. Whilst more time consuming, the nature of abusive incidents can cause fear and anxiety for adults at risk and conversation with them will provide more reassurance.

Recording the Whole Incident AEMHF staff and DSLs should use our online system to record all details of the incident, following our processes and protocols.

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Other points to Consider

a) The capacity if the adult at risk. If AEMHF doubt the adult at risk has capacity, then the DSL would need to decide on how to proceed seeking advice from Adult Social Care.

b) Where did the incident(s) take place? Was the incident in an open, visible space to others? Were there witnesses or CCTV cameras in the vicinity? This is important to add to the record of the incident.

c) What was the explanation by the adult at risk involved in what occurred? What is the effect on the adult at risk involved?

d) What is the adult at risk's understanding of what occurred? Is the behaviour deliberate and contrived? Does the adult at risk understand the impact? Answers to the above questions are rarely clear cut. It is advised to seek support and advice from Adult Social Care if you are concerned or unsure as to whether there is any risk involved.

e) Repetition. Is the behaviour experienced persists after the issue has been discussed and resolved.

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Confidentiality and Information Sharing

Adults at risk protection raises issues of confidentiality which should be clearly understood by all. Staff have a professional responsibility to share relevant information about the protection of adults at risk with other practitioners, particularly investigative agencies, and adult social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information regarding an adult at risk will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form. If an adult at risk confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult at risk sensitively that they have a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult at risk should, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent should be obtained from the adult at risk before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the adult at risk is the priority.

Where a disclosure has been made, staff should let the adult at risk know the position regarding their role and what action they will have to take as a result.

Staff should assure the adult at risk that they will keep them informed of any action to be taken and why. The adult at risks' involvement in the process of sharing information should be fully considered and their wishes and feelings considered.

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The Role of Key Individual Agencies

Adult Social Services

The Department of Health and Social Care's recent 'No Secrets' guidance document (updated 2015) requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of adults at risk.

All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding adults at risk. It is normal practice for the board to comprise of people from partner organisations who can influence decision making and resource allocation within their organisation.

Contacting Adult Social Care

The Milton Keynes Safeguarding Adults Board: MK Together is responsible for initiating Safeguarding Adults Policy and Procedure processes in Milton Keynes that are implemented by all organisations working with adults at risk. A written record of the date and time of the report shall be made, and the report must include the name and position of the person to whom the matter is reported.

Milton Keynes Safeguarding Hub email is safeguardingadults@milton-keynes.gov.uk
Milton Keynes Adult Social Care Access Team: 01908 252835 Monday – Friday 9-7pm (excluding bank holidays) or out of hours 01908 725005.

The Police

The Police play a vital role in safeguarding adult at risks with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

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