BESPOKE MENTORING

ALTERNATIVE PROVISION FOR EDUCATION, SAFEGUARDING OF ADULTS AT RISK POLICY 2025-2026

Reviewed: May 2025
Next Review due: April 2026
Signed by: Director of Safeguarding, Clare King

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Bespoke Mentoring & Training Ltd strives for excellence and professionalism in providing customer service, both inside and outside the organisation, within the limits of available, well-managed resources.

To accomplish this mission, we agree upon these values:

Love, Support and Guidance.

This policy reflects the values of the organisation.

1. Introduction

The aims of safeguarding adults are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives "Making Safeguarding Personal"
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible

- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect

In order to achieve these aims, it is necessary:

- To ensure that the roles and responsibilities of individuals and organisations are clearly laid out.
- To create a strong multi-agency framework for safeguarding.
- To enable access to mainstream community safety measures.
- To clarify the interface between safeguarding and quality of service provision.

Bespoke Mentoring & Training Ltd responds appropriately when we suspect abuse has occurred or is at risk of occurring and work with the Local Authority by sharing information in a timely manner.

2. Policy Statement

Bespoke Mentoring & Training Ltd will champion best practice, we will challenge any poor practice from any staff member. We wish for all staff to think the unthinkable and acknowledge that abuse can happen, and if it does, that all managers and staff adopt a culture of openness and transparency. Our core responsibility is to provide safe, effective and high-quality support.

We fully support whistle blowing, we endorse the reporting of concerns, and it is the positive and accepted ethos within Bespoke Mentoring & Training Ltd.

We actively promote a culture where service users are encouraged to indicate or discuss their concerns in respect of safeguarding.

We work with Local Authorities to safeguard adults with care and support needs in line with the Care Act 2014 (England).

This policy applies to all Bespoke Mentoring & Training Ltd employees across all Bespoke Mentoring & Training Ltd services. Anyone supporting adults may come into contact with children during their working day e.g. relatives of the person supported. If concerns are raised about the children in these circumstances, you should inform the DSL or DDSLs of these concerns and make reference to Bespoke Mentoring & Training Ltd Safeguarding and Child Protection of Children and Young People Policy.

3. Safeguarding, protection and making Safeguarding Personal

'Safeguarding' is the word that applies to the work we do to provide a safe and positive environment for people. 'Protection' refers to the procedures that come into force when there is a particular concern or incident. Effective safeguarding minimises the risk of abuse occurring, but it is vital to have rigorous and clear procedures in place in case a problem arises.

Safety is embedded within good sound mentoring practice and the growing ability of people we support to protect themselves, make their views known and be listened to.

Bespoke Mentoring & Training Ltd works with each individual to establish what being safe means to them and how that can be best achieved. Whilst thinking about an individual's physical safety, it is necessary to also consider the outcomes they want to see and take into account their overall happiness and wellbeing.

Making Safeguarding Personal places the emphasis on working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted.

Staff need to understand how diversity, beliefs and values of people who use services or their families can influence the identification, prevention and response to safeguarding concerns.

Staff should recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

There will be situations where the adult may lack capacity or be under duress and Mental Capacity Act Best Interest decisions may need to be made.

The key principles (from the Care Act 2014 Statutory Guidance) that underpin all Bespoke Mentoring & Training Ltd adult safeguarding work are:

Safeguarding Key Principles

Principles	"I" Statements
Empowerment – People being supported and encouraged to make their own decisions and informed consent.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention – Strategies are developed to prevent abuse and neglect, that promotes resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionality – The least intrusive response appropriate to the risk presented.	I am confident that the responses to risk will take into account my preferred outcomes or best interests.
Protection –People are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnership – Local solutions through services working together with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.

Accountability – Accountability and transparency in delivering safeguarding	I am clear about roles and responsibilities of all those involved in the solution to the problem.

"Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety" (Care Act 2014 Statutory Guidance).

Wellbeing Principle

We have a duty to promote wellbeing when carrying out any mentoring and support functions. We put wellbeing at the heart of the mentoring and support services that we deliver.

Working Together

We will contribute to effective partnership working in order to share information and to safeguard the individuals who receive mentoring and support.

4. Policy

- All Bespoke Mentoring & Training Ltd staff have a duty to protect people at risk from abuse. This duty applies not only to the people we support, but also to other adults and children at risk with whom our services may come in to contact.

- Bespoke Mentoring & Training Ltd is committed to the principles of making safeguarding personal – responding to a safeguarding situation in a person-led and outcome-focussed way that enhances people's involvement, choice and control and improves their quality of life, wellbeing and safety.

- Bespoke Mentoring & Training Ltd is committed to a multi-agency approach to safeguarding arrangements and will actively work with partner organisations to ensure the safety of people at risk, including those who come into contact with our services as well as those receiving them.
- Bespoke Mentoring & Training Ltd will report all allegations of abuse to the relevant social care department (in line with the local Safeguarding Board's guidance on reporting).

- All staff will be recruited, using appropriate safeguards that assist in keeping people who pose a potential risk out of our services

- A structured programme of induction will be provided for all new staff. Induction will ensure that employees know what behaviour is and is not acceptable, understand what might constitute abuse and who should be informed if abuse is suspected.

- Bespoke Mentoring & Training Ltd are committed to safeguarding adults from harm, abuse, and exploitation, in line with the PREVENT strategy. Our policy ensures proactive measures to identify and address risks of radicalisation, promoting a safe and supportive environment for all in line with our PREVENT Policy.

- Bespoke Mentoring & Training Ltd services will ensure that all people receiving support, or others on their behalf, are actively encouraged to understand, recognise and report abuse, and comment and complain about the service they receive. Bespoke Mentoring & Training Ltd will take such reports and complaints seriously.

- Wherever possible we will involve people we support in, and obtain their consent to, the safeguarding and protection processes; where a person supported by Bespoke Mentoring & Training Ltd is subject to local authority protection procedures, we will advocate for the person to be kept at the centre of the process.

- Any member of staff suspected of abuse will be subject to disciplinary procedures.

- Staff have a duty to report, and failure to do so is a serious abdication of responsibility and may incur disciplinary action.

- Staff must be aware of what constitutes a concern about a 'person in a position of trust' (PiPoT) and are strongly encouraged to consider reporting any concerns about a PiPoT (whether or not that person is an employee of Bespoke Mentoring & Training Ltd)

- Any sexual activity between a staff member and a person receiving support is illegal and will be treated as abuse, irrespective of any apparent consent (Sexual Offences Act 2003).

- Bespoke Mentoring & Training Ltd recognises that it can be very stressful for staff to be involved in the protection process and will provide appropriate support to staff.

- We will support people in our services who have been victims of abuse. Bespoke Mentoring & Training Ltd will support people in our services who are alleged perpetrators as appropriate, accessing specialised support and training if relevant.

- Bespoke Mentoring & Training Ltd monitors allegations of abuse and the way that we safeguard people, and uses this information to implement improvements, sharing good practice across the organisation.

5. Definitions

Adult at Risk - a Vulnerable Adult:
An adult at risk is any person aged 18 years and over who:

- is or may be in need of care and support services by reason of mental or other disability, age or illness and
- is or may be unable to take care themselves; and
- is experiencing, or at risk of abuse or neglect
- or is unable to protect themselves from either the risk of or the experience of significant harm or exploitation.

Under this definition, therefore, vulnerable adults may typically include people who are elderly and frail, people with learning, physical or sensory disabilities and people who have mental health problems.

In the case of domestic abuse only, the statutory definition extends down to age 16 years.

Safeguarding
Safeguarding means protecting an adult's 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, 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 on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. (Care and Support Statutory Guidance 2017)

Person in a position of trust (PiPoT)
A PiPoT is anyone who works, (in either a paid or an unpaid capacity,) with adults or children with care and support needs. Under the Care Act 2014 Safeguarding Adults Boards should have a framework and process for any organisation to respond to concerns about a person in position of trust (PiPoT). Staff must be aware of what constitutes such a concern and how to act if they have one.

Significant harm
"Harm should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical) but also the impairment of physical, emotional, social or behavioural development". ('Who Decides', Lord Chancellors Department, 1997)

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

Types of Abuse or Neglect

Physical abuse - Acts by others resulting in misuse of medication, physical injury without satisfactory explanation, injury inflicted with or without intent to cause harm, lack of care including inappropriate moving and handling techniques, hitting, slapping, pushing , restraint or inappropriate physical sanctions.

Indicators

- Multiple bruising inconsistent with a fall.
- Black eyes, slap or kick marks, other bruises.
- Abrasions particularly around neck, wrists and ankles.
- Unexplained burns particularly on back of hands.
- Scalds especially with a well-defined edge from immersion in hot water.
- Hair loss confined to one area (scalp may be sore and tender to touch).
- Frequent minor accidents without seeking medical advice.
- Unexplained fractures.
- Medical Problems that go unattended.
- The adult flinches at physical contact and asks not to be hurt.
- Reluctance to undress or uncover parts of the body.

Domestic abuse – any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are,

or have been, intimate partners or family members regardless of gender or sexuality.

The abuse can encompass, but is not limited to:

psychological

sexual

financial

emotional

It can include so called 'honour' based violence; Female Genital Mutilation; forced marriage. (Note that domestic abuse does not include unrelated people sharing the same household).

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.
The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together,
or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.

Sexual Abuse

Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual photography, witnessing sexual acts, sexual assault or sexual acts which the person has not consented or was pressured into consenting.

Physical Indicators

- Evidence of sexually transmitted disease or vaginal infection.
- Urinary tract infections.
- Inner thigh bruising or pain/bruising in genital area.
- Inability to sit down or walk comfortably.
- Sleeping disturbances.
- Eating disorders.
- Sexual Exploitation.

Psychological Abuse

Action or neglect by others which has a harmful effect on the emotional well-being of an individual.

This could include:

- Verbal abuse - Shouting, swearing, insulting behaviour
- Threats of harm or abandonment
- Blaming, controlling, humiliating and ignoring
- Deliberate intimidation, harassment and coercion
- Deprivation of the individual's right to choice, information and privacy
- The withholding of security and affection
- Lack of stimulation
- Cyber bullying
- Unjustified withdrawal of services or supportive networks.

Indicators

- Disturbed sleep pattern.
- Passivity or depression.
- Low self-esteem.
- Confusion.
- Not allowed visitors or phone calls.
- Very fearful or anxious.
- Tearful or withdrawn behaviour
- Change in appetite or unusual weight loss.
- Seeking to leave or running away.
- Locked in a room.
- Bullying via social media and persistent texting.

Material/Financial Abuse
Acts by others resulting in misuse or misappropriation of money, property and possessions and/or blocking access to these and other material goods.

This includes:

- The theft of such items by another person.
- Fraud
- Internet scamming
- Coercion in relation to an adult's financial affairs or arrangements(including wills, property, inheritance or financial transactions)
- Misuse or misappropriation of property, possessions or benefits.

Indicators

- Inadequate money to pay bills.
- Unexplained recent money withdrawals.
- Lack of heating, clothing or food.
- Items going missing.
- Inadequate clothing.
- Negative responses to necessary affordable expenditure.
- Extraordinary interest shown in the vulnerable adult's assets, property and will.

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

Discriminatory Abuse
This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexual, homophobic or ageist comments or jokes, or comments of jokes based on a person's disability or any other form of harassment, slur or similar treatment. Actions or neglect by others which has a discriminatory impact on an individual. Also includes Disability Hate Crime.

This could include:

- Unequal treatment
- Verbal abuse
- Inappropriate use of language
- Derogatory remarks
- Harassment
- Deliberate exclusion

Indicators

- Lack of respect shown to the individual
- Repeated exclusion from rights afforded to ordinary citizens
- Denial of a person's communication needs
- Expressions of anger, frustration, fear or anxiety

Organisational Abuse

This can occur when the structures, policies, processes, practices or staff culture within an organisation result in poor or inadequate standards of mentoring and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with mentoring and support needs.

Indicators

- Loss of independence
- Passivity
- Hostility or irritability
- Loss of rights
- Person describes a regimented or authoritarian regime
- Person not being able to make choices or choices frequently refused
- Person not being able to express a preference for food or activity
- Evidence of withdrawal of meals as a punishment
- Evidence of a totally lax regime with no boundaries or routine, where 'anything goes'
- Failure to manage services in an appropriate way e.g. when things go wrong they are not remedied
- Failure within the managing agency to agree about the purpose and tasks of the service
- Breakdown in communication between managers and staff and Service Users
- Low staffing levels over prolonged periods
- Lack of positive communication with Service Users
- Lack of flexibility and choice e.g. meal-times, activities.
- Lack of privacy or respect
- Lack of staff training and development
- Poor professional practice
- Lack of participatory arrangements or stimulation

Social Abuse

The vulnerable person is deprived of the right to engage in activities or to see friends and relatives or to have other social contacts.

Indicators

- Loss of independence
- Lack of access to television, radio, books and magazines
- Lack of access to transport
- Limited access of other people to the home/service
- Restricted access to other parts of the home/service
- Non-attendance at service s, clubs, social activities etc.
- Isolation from religious or cultural activities or antipathy towards them.
- Failure to provide for citizen rights (i.e. voting in elections).

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor mentoring and support work may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

Indicators may be:

- Poor self-care leading to decline in personal hygiene
- Living in unclean circumstances
- Poor nutrition
- Poorly maintained clothing
- Isolation
- Failure to take medication
- Neglecting household maintenance

NB: Poor environments and personal hygiene may be a matter of personal choice or other issues such as insufficient income.

Although radicalisation is not included under definitions of types of abuse in the care Act, staff should be aware of the potential need to protect people we support from being exploited by others and led into illegal activity.

6. Duty to report

However difficult it may seem, all staff have a duty to make known their suspicions of abuse or neglect. Failure to do so is a failure in their duty of care. Failure to report could be interpreted by the person at risk as approval of or condoning the

abuse. Where a staff member suspects that a Service user
may be being abused or neglected, or has witnessed an incident, they must immediately report this to the DSL or DDSL who will immediately report this to the Local Safeguarding team.

The following are general guidance notes and principles for staff. The service will work fully to the local agreed safeguarding policies and procedures.

Information of a possible abuse of a service user may be received from the following sources:

- A staff member may report the matter or it may be identified from routine mentoring or assessment of the service user.
- A representative, relative or friend may report an untoward incident or the loss of money or property.
- One of the statutory agencies may report the receipt of a complaint about the mentoring provided.
- Concerns may be identified when a service user attends for a medical assessment or for emergency treatment.
- Concerns about mentoring may be expressed by people living in the vicinity of the care home or by the local or national media.
- A local politician or advocate may be approached about the standard of service and care.
- And from the service user themselves.

When the notification is received the matter must be dealt with urgently and seriously. All reports that might indicate a possible abuse of a service user will be fully investigated by the person(s) agreed with the Local Safeguarding Team.

7. Action to be taken

On receipt of the information the person in charge shall check on the condition of the service user(s) and confirm that they are safe and receiving complete and supportive care and is protected from any possible further harm.

The person in charge will inform the Local Safeguarding Team and take guidance as to further action to be taken at that time.

The manager/designated person in charge will be responsible for ensuring that all mentoring support plans and records are preserved and that any photographs taken of the service user (after consideration of all dignity and data protection principles) are retained and made available on formal request.

All Bespoke Mentoring & Training Ltd staff are expected to co-operate in all parts of an investigation and consequent actions. During any interviews conducted by any external agencies, staff may consider being accompanied by a representative or a workplace colleague (not involved in the case).

Where the reported details of the incident, or facts discovered during the investigation, suggest that a particular staff member or group of staff may be implicated then the manager will discuss with the Director of Care the suspension from duty of that person/those people whilst the matter is investigated. Advice should be sought from the Human Resources' manager. However, the final decision on suspension will be made by the Director of Care.

It is important that the service user(s) are fully considered during the investigation and any suspension is completed to protect all service user(s) and in addition not to prejudice the investigation.

8. Where the Alleged Perpetrator is a Member of Staff

Where the alleged perpetrator is a member of staff, the DSL / DDSL should assess the allegation. Where there appears to be substance to the allegation, a referral to the relevant social work team should be made.

If there is evidence that a criminal offence has been committed, the Police should be contacted and a decision taken as to their involvement.

The appropriate senior manager will decide as a matter of urgency whether to suspend the alleged perpetrator to allow the investigation to proceed unhindered. Arrangements should be made for the counselling and support of a member of staff against whom an allegation has been made. This should not interfere with any investigation and be given by a nominated person not involved in the investigation.

Where the Disciplinary policy is invoked, an 'investigating officer' will be appointed by Bespoke Mentoring & Training Ltd to link with the co-ordinating social worker and the Police, if involved, over the conduct and direction of the investigation and the protection plan for the vulnerable adult.

If there is a Police investigation, this should be completed before the 'investigating officer' commences an investigation and agreement with the Police should be sought as to timing. It will not normally be necessary to await the outcome of a court case before implementing disciplinary action if sufficient evidence is available.

It will be necessary in the investigation to identify if anyone else cared for by the alleged perpetrator is likely to have been abused and to agree a message concerning the absence of the alleged abuser to colleagues, Service User(s) and relatives.

Staff subject to disciplinary proceedings should be kept informed of the allegations, progress of the investigation and given adequate support.

If there is a disciplinary hearing, it should be adjudicated by a senior manager who has not been involved in the investigation.

If the regulator is not directly involved in the investigation, the co-ordinating social worker should ensure they are informed of any outcome. It may be appropriate, depending on the outcome, for the Regulator to initiate a review focusing on whether management arrangements were at fault in failing to prevent an abusive incident and whether changes are needed to operational policies, staffing arrangements or service design to minimise risk of abuse in the future.

Where the alleged perpetrator is the DSL or a member of the senior management team, then any concerns must to be reported to the relevant line manager. If, in the event there is a conflict of interest, it may be more beneficial to have a person external to the immediate service area appointed to investigate the concerns.

9. Where the Alleged Perpetrator is another Vulnerable Adult

Careful discussion will be needed with the DSL/DDSL and Investigating Officer regarding the role of the Police in the investigation and assessment where an offence appears to have been committed.

A decision will need to be taken whether the alleged perpetrator's family are to be informed about the incident.

An assessment will need to be made of the likelihood of the alleged perpetrator further abusing the alleged victim or other service users. It may be necessary to hold a separate meeting to consider the needs of the alleged perpetrator.

10. Reporting the safeguarding incident

Please refer to your *local safeguarding policy*

All incidents including safeguarding issues should be added onto the internal system within 24 hours of the incident occurring.

Please make sure you complete any updates relating to the investigation as and when they are available.

When applicable please aim to complete your incident investigation within 14 days of the incident occurring.

Bespoke Mentoring & Training Ltd Senior Management must be made aware of this incident, and the information escalated to the next available senior manager in the absence of the Director of Care.

11. The safeguarding process

Whilst the specific detail may differ between local safeguarding teams, there are general principles for the investigation of a possible case of adult abuse namely: -

- The lead Social Services Department will set up a preliminary or strategy meeting to consider the matter, determine if there is a case for an investigation and to make arrangements for that investigation. The meeting will include the various statutory agencies, and the service may be represented. It is good practice to request to be involved at the very earliest stage.
- Where it is decided that there is no case to consider then the matter is closed, this should be confirmed in writing via minutes or a letter.
- Where it is believed that there is a possible case then arrangements are made for the matter to be investigated, either by external agencies, jointly or internally. This is chaired by the Local Safeguarding lead.
- The service user and/or their representatives may be interviewed, and records or other documents will be considered.
- Once the investigation is completed a meeting is arranged and will be attended by the statutory agencies and service representation to determine what, if any, action is to be taken and to consider any lessons learned prior to formal closure of the case.
- Where the allegation of abuse is substantiated, the statutory agencies will determine what actions are to be taken with any individual or body, including if applicable, the service.
- Police involvement will consider ultimately whether to refer to their aligned (crown or public) prosecution service through criminal procedures.

- When there is clear evidence that a staff member was abusive, company disciplinary processes will be completed. A designated senior manager will complete the referral to relevant national safeguarding (DBS) and registering authority.

12. Response to safeguarding adult's process

- As stated above it is Bespoke Mentoring & Training Ltd policy that all staff will co-operate with the investigation(s) of all safeguarding cases.
- When notified of the arrangements for the meeting to discuss the findings of the investigation, the investigating officer will discuss with the Senior Manager who will represent Bespoke Mentoring & Training Ltd
- Prior to attending the meeting, the company representative (s) attending will be briefed on the details of the incident, we will review all relevant records and other materials, therefore due preparation is a priority.
- It will be the responsibility of the management team to ensure that any actions required shall be implemented within the timescale set by the relevant Authority.
- Following on from the outcome of an adult protection case all lessons will be considered including an internal serious case review and, if necessary, revisions to this policy.

13. Other Issues to be considered

Assessment of the Individual's Mental Capacity

- This is central to the Adult Protection process. Even though an adult may be vulnerable, they may still have the capacity to decide to take part in what may be abusive activity.
- At the Strategy Meeting, it will be decided if the Vulnerable Adult has the capacity to consent to the alleged abusive activity. In this situation, the decision maker will be responsible for ensuring an assessment of capacity is carried out.

Best Interests

- If it has been established that a Vulnerable Adult does not have the capacity to make a particular decision, then decisions have to be made on their behalf. Any individual who makes decisions on behalf of an incapacitated Vulnerable Adult must make that decision in the best interests of that person. Any Adult Protection Plan must be able to demonstrate that decisions are made in the person's best interests.

14. Responsibilities

14.1 Directors

- To create and deliver the policy
- To authorise variations in the policy in local circumstances
- To monitor the reporting of safeguarding concerns across the organisation, and provide statistical analysis of concerns logged, highlighting any trends or areas of concern
- To liaise with mentors and other team members to ensure that the people we support, and who are involved in safeguarding concerns, are empowered and listened to

- To direct and oversee the work of the Investigating Manager in an investigation

14.2 Quality & Performance Officer

- To maintain a record of all Safeguarding incidents across the organisation
- To track and record all safeguarding investigations and any action plans that arise following the outcome
- To undertake an internal investigation into an allegation of abuse, if requested to do so by the DSL

14.3 Management

- To take active steps to promote good practice under this policy
- To monitor and review the management and implementation of this policy and practice in the services for which they are responsible
- To immediately notify the DSL of any allegation or suspicion of abuse (or, where this is not possible, to notify the local authority directly)
- To be aware of and follow the Local Authority policy and procedures for reporting and investigating an allegation or suspicion of abuse, and to ensure that all staff have access to the local authority contact details for reporting suspected abuse, including PiPoT protocols
- To know and follow the Local Authority's policy procedures for reporting and investigating allegations or suspicions of abuse for each service within their responsibility, including PiPoT protocols
- To assess the 'safety' of services by observing and listening to individuals and looking for positive and negative indicators of performance as part of their visits to services
- To ensure that key training needs are identified and addressed
- To ensure that all their staff have completed the required safeguarding training, and to review staff competency with regard to safeguarding
- To ensure that appropriate support is offered to any staff involved in a safeguarding investigation and where appropriate brief them on what to expect
- To authorise and monitor any actions resulting from an investigation
- To decide upon what information should be shared with individuals and agencies during the course of and following an investigation into abuse
- To deploy staff in a way that deters collusive relationships and closed cultures, and that opens up opportunities for disclosure

14.4 All Employees

To personally uphold Bespoke Mentoring & Training Ltd Statement of Values

- To be personally responsible for the quality of their work, and to work in a facilitative way that promotes great interactions
- To be aware of safeguarding as an issue and to inform their or another manager, or the local authority, of any concerns, suspicions or allegations of abuse
- To be aware of what constitutes a concern about a person in a position of trust (PiPoT) and to know how to act in relation to such a concern
- To NOT act as an 'appropriate adult' with the police for a person we support without the prior agreement of the HR and Safeguarding or Director
- To maintain an individual's safety and wellbeing at all times, securing their immediate safety where possible

- To ensure their duty to inform overrides any desire to keep a confidence or to maintain solidarity with colleagues

15. Training requirements

- On their appointment, all staff will be trained in Safeguarding as part of their Induction programme.
- All Safeguarding training for all staff will be recorded, reviewed and maintained.
- Safeguarding training needs to be regularly refreshed in order to keep up with any changes in regulations and also to ensure that staff awareness is raised.
- Bespoke Mentoring & Training Ltd will provide safeguarding training to ensure consistency of approach. It will also ensure that the training carried out is in line with current legislation.
- Supervision and appraisal of staff will identify any additional learning needs in this area.
- Corporately Bespoke Mentoring & Training Ltd will monitor levels of safeguarding training across the organisation. Developments in training will be ratified and agreed at national level. Every member of staff is empowered by education and knowledge to deliver sound safeguarding practice.

Appendix 1 – Adult Support & Protection Procedure

Please note that the following procedures provide general guidelines. It is important that the local Social Services' Safeguarding Adults/Adult Protection policy, procedures and arrangements for your service are identified including local contact persons and arrangements.

Stage 1: Abuse Suspected/Disclosed/Discovered

All staff and volunteers have a duty to act on and report any allegations or suspicions of abuse of a vulnerable adult to the DSL or DDSL to ensure that the situation is assessed and investigated. The first priority should always be to ensure the safety and protection of vulnerable adults.

In following these procedures, staff must keep a full record throughout the process. At Stage 1 this is particularly important. Information will be required for the Incident Form so it is vital that the key details of the disclosure are gathered at this first stage of the process.

Note down exactly what a complainant or a referrer discloses to you. Try to distinguish and separate in your recording's factual information from expressions of opinion.

If a disclosure is made to you by a vulnerable adult, accept at this stage what that person is saying. Avoid making comments other than to be comforting and sympathetic.

Complete the Incident Form as soon as possible.

Please note that the responsibility of staff is to respond to the discovery, disclosure or suspicion of abuse and report to the DSL or DDSL immediately. They

must not probe or investigate further as this may undermine any subsequent formal investigation.

Handling Disclosures

- Listen carefully and ensure the vulnerable person knows that you are taking what they say seriously.
- Stay calm and reassure the person that they are doing the right thing in telling you.
- Do not blame or appear shocked or angry.
- Show sympathy and concern; do not comment or make judgements.
- Assure them you will help them to stop it happening.
- Do not promise to keep secrets.
- Explain what you are going to do next.
- Do not confront the alleged perpetrator; if it is a colleague; do not mention the allegation to any person other than your line manager.
- If the reported incident has happened recently, do not contaminate or remove any forensic evidence.

Where the vulnerable adult is in immediate danger or in need of emergency medical treatment or a crime has been committed (and there is a need to protect forensic evidence), the emergency services (Police, Ambulance) should be contacted immediately. If other medical staff are engaged, they should be advised of a suspicion of abuse.

The prime responsibility of the DSL / DDSL is to ensure that the risk of harm or further harm to the service user is minimised, and that the senior management are informed.

Stage 2: Reporting Procedures

Following a disclosure or discovery of abuse, staff must inform their DSL/DDSL immediately. If none of the above can be contacted, staff should contact the Managing Director,

On referral, the DSL must immediately gather initial information as follows:

- Any initial recordings from the staff member to whom the disclosure was made, including a completed Incident Form.
- Any relevant information from case files on the person(s) involved.
- Details from other agencies known to be involved.

At this stage the DSL should not commence any further interviews with staff or Service User(s).

The DSL (or senior manager in their absence) is responsible for making an immediate Adult Protection referral in line with the local safeguarding policy and procedure which in most cases will be to the Safeguarding team/LA contact centre or allocated Social Worker.

PLEASE INSERT YOUR LOCAL SAFEGUARDING CONTACT DETAILS IN THE BOX BELOW

Gloucestershire County Council (Adult Helpdesk / Advice Helpline)
01452 426868

socialcare.enq@gloucestershire.gov.uk

Herefordshire County Council (Adult Helpdesk / Advice Helpline)
01432 260101 (Monday to Friday from 9am-5pm)
Safeguarding@herefordshire.gov.uk

The Team Manager/Senior Practitioner will decide if the referral meets the criteria for Adult Protection and notify the Adult Protection Team.
The Social Services Out-of-Hours Team should be contacted only in emergency situations when immediate action is required to protect a vulnerable adult.
In addition to making a referral to Social Services, the allegation should be reported immediately to the Regulator.

Stage 3: Preliminary Assessment/Referral to Police

If concerns are of a low level and the alleged abuse is about a service provider, locally, then the social services' Team Manager/Senior Practitioner can decide to allow the service provider to carry out an initial investigation. Depending on the result of that investigation the Team Manager/Senior Practitioner will decide whether an investigation is needed under the Adult Protection procedure.

If the level of concern is of either a medium or higher concern or if the abuse is not related to a service provider i.e. the alleged abuser is a family member, friend, stranger or volunteer then an Investigating Officer will be allocated to carry out an Adult Protection Assessment.

Where there is evidence that a criminal offence has been committed, the Investigating Officer will contact the Police to determine if an offence has been committed. It is important that the Police are contacted as soon as possible as this enables them to preserve evidence, which will be necessary for a successful prosecution.

If there are concerns for the Vulnerable Adult's safety then immediate action will need to be taken i.e. alternative accommodation, medical treatment etc.

The referrer will be contacted to obtain further information and to be informed of the Adult Protection process and their role within it. They will be advised that they will be informed of the outcome of any investigation but not necessarily the details of that investigation.

A Strategy Meeting will take place within 10 working days of the referral to determine the most sensitive and effective approach to the investigation. This may take the form of a formal meeting or more likely an informal discussion, even over the telephone. It will involve at least the Team Manager/Senior Practitioner and Investigating Officer. The purpose of the meeting is to ensure the immediate safety of the Vulnerable Adult and to decide on the investigative process.

Stage 4: Investigation

The Investigating Officer will interview all the relevant parties and collect any evidence e.g. financial records etc. to take to the Adult Protection Case Conference.

The Interview Forms and Adult Protection Assessment will be completed and taken to the Adult Protection Case Conference. The Adult Protection Assessments should be completed within 28 working days.

As a minimum the following people will be interviewed:

- The Vulnerable Adult (this could include their advocate and/or nominated person who could be a family member.)
- Alleged Perpetrator.
- Any witnesses.
- Any Police investigation will take the lead and the Investigating Officer will check with the Police before they go ahead and start their investigation.

Stage 5: Adult Protection Case Conference

If an investigation is conducted, the next stage will be the Adult Protection Case Conference. The purpose of this is to ensure that all agencies involved in a case come together to share evidence and come up with an agreed action plan.

It is essential that the focus of the meeting is the Vulnerable Adult, and every effort should be made to include them in the meeting. If they are not able to attend then, if the person gives consent (depending on their capacity), a representative i.e. family member or advocate can be invited to attend.

As a result of the Adult Protection Case Conference an Adult Protection Plan is formulated as to how best protect, support and minimise the risk to the Service User. This can include closing the case at this point. This should be designed with the agreement of the Vulnerable Adult except when they lack capacity under the Mental Capacity Act 2005.

Stage 6: Adult Protection Review Meeting

Once an Adult Protection Plan has been put in place it is essential that this is reviewed to see how it is working and whether it needs to be changed or adapted. At the Adult Case Conference stage, it will be agreed as to how often review meetings should take place and who should attend.

Appendix 2

The Legal Framework

In England:

The Care Act 2014

The Care Act 2014 sets out a clear legal framework for how adults at risk of abuse and neglect with care and support needs are protected. This applies to Bespoke Mentoring & Training Ltd as a provider and the Local Authority.

Mental Capacity Act 2005

The Mental Capacity Act [MCA] applies to all those involved in providing health and social care in England and Wales.

The MCA provides a statutory framework for people over the age of 16 years who lack capacity to make and take decisions for themselves, and/or who have capacity and want to make preparation for a time in the future when they may lack capacity.

The framework sets out who can make decisions, in which situations and how they should go about it.

The MCA tells us what we must do to empower and support people to make decisions. It is supported by a Code of practice 2007 [CoP] which gives guidance on how to put the MCA into practice.

The MCA covers day-to-day decisions such as what to eat and wear and also more complex or life changing decisions such as whether to undertake major surgery.

MCA 2005 defines a lack of capacity in the following way:

“A person lacks capacity in relation to a matter if, at the material time, he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or a disturbance in the functioning of the mind or brain”.

Deprivation of Liberty Safeguards (DOLs)

The MCA was amended in July 2007 when the Mental Health Act 2007 introduced Deprivation of Liberty Safeguards.

The DoL safeguards came into force on April 1st 2009'.

[Note: These are due to be revised after January 2025 and will become known as Liberty Protection Safeguarding.]

These changes cover Service Users in hospital and people in services and are designed to stop people who lack capacity having their basic liberty taken away without important safeguards.

People can only have their liberty deprived under the MCA if:

- Being in a service or hospital in order to receive care and/or treatment is absolutely vital to their welfare and to protect them from harm.
- They do not have capacity to make a decision about the arrangements proposed for them to stay in a service or hospital.

Deprivation of liberty does not include any authorisation for any care and/or treatment to be given. Any decisions about care and/or treatment will have to be made separately under Code of Practice guidelines.

The procedures allow hospitals and services to apply to their local social services or NHS Trust for an adult without capacity to be deprived of their liberty.

Understanding Rights (Human Rights Act 1998)

Bespoke Mentoring & Training Ltd understands that all Service users have the following rights:

- Right to dignity and respect
- Protection from abuse
- The right to choose how they wish to be addressed
- To be treated as an individual
- To have access to a range of statutory and specialist services
- To choose what they would like to eat and drink and where they would like to eat or drink it
- Mixing with the local community
- To be independent
- To choose to take risks that they consider acceptable
- To have their cultural and religious views, beliefs and needs respected

Equality Act 2010

Ensures safeguarding practices do not discriminate based on protected characteristics (e.g., age, disability, race).

Data Protection Act 2018 and GDPR

Governs the handling of personal data in safeguarding processes, ensuring lawful information sharing.

Serious Crime Act 2007

Criminalizes coercive or controlling behaviour, forced marriage, and human trafficking, which are forms of abuse relevant to safeguarding.