



Focusing on Ability

DEMENTIA ACTIVE

Safeguarding Adults at Risk and Children

Policy and procedures

Online-book and PDF edition

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Dementia Active: Safeguarding adults at risk and children: policy and procedures



Focusing on Ability

Reference image from source policy

Approved By	Approving Body	Date of Approval
	Board of Trustees	2nd June 2026
Date of Final Approval		
Document Owner	Name	Role
	Melissa Fazackerley	Safeguarding lead trustee
Review Date: (every 3 yrs unless changes in legislation require an update)		

Amendment History

Version	Date	Amended by	Reason
v1.0			Original

Who this policy applies to	<p>Employees: All</p> <p>Self-employed staff: All</p> <p>Volunteers: All</p> <p>Trustees: All</p> <p>Patrons: All</p> <p>Visitors: All</p>
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This policy should be read in conjunction with the Code of Conduct – see appendix, also the Whistleblowing Policy

Part 1: Safeguarding adults at risk:

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Introduction

Who the policy applies to

Everyone has a role to play in safeguarding.

For the purposes of this document the term 'staff team' relates to anyone directly involved with the charity including all employees, self-employed staff, volunteers, trustees and patrons. It also covers the supervision of visitors and any occasional contractors carrying out essential works during sessions.

Additionally the charity ensures through safeguarding due diligence that any partnerships or sub-contractual relationships which may in the future be established, are with organisations which share the same commitment to safeguarding adults at risk and have their own safeguarding policy and procedures in place which fully meet all statutory and mandatory safeguarding requirements.

1.2 Policy statement

There is a legal requirement under the Care Act 2014 for organisations which work with adults deemed to be at risk to have explicit safeguarding policies and procedures in place. For additional legislation please refer to appendix 3. For the definition of an adult at risk – see page 7.

Safeguarding in the context of Dementia Active means:

Through our policies and rigorous application of these the primary aim is to prevent abuse and neglect both in our direct face to face work with members but also through our awareness of members' personal circumstances, for instance whether someone lives alone and the level of support in place.

The policy covers all services provided by Dementia Active.

The whole staff team understanding their individual safeguarding responsibilities.

Recognising that Dementia Active members are by virtue of their dementia diagnosis classified as vulnerable and therefore adults at risk.

Protecting members' rights to participate safely in sessions, free from abuse or neglect.

Requiring the staff to observe any changes in day-to-day mood and behaviour.

Implementing practices which promote the dignity of members by recognising their past achievements and cultural identities and by offering activity programmes which cater for individual needs and interests.

1.3 Safeguarding principles:

Empowerment: People diagnosed with dementia need support and encouragement to be able to make their own decisions and give informed consent. This applies for instance to engagement in activities and a person's right to refuse without feeling pressurised to participate.

Protection: Proper support and representation must be provided should anyone need it. The charity must take measures to help stop any abuse from taking place, report suspected abuse to the Oxfordshire Safeguarding Adults Board (OSAB) and provide support and advice both to its members and their families.

Prevention: The fundamental objective is to prevent harm, neglect or abuse from taking place: by having for example clear policies in place, staff awareness training, safe recruitment practices, straightforward reporting procedures and defined safeguarding roles and responsibilities.

Proportionality: Any issue that arises should be dealt with in the least intrusive manner possible. For example, a concern about a member's welfare may be resolved in the first instance by communication with a family member rather than a referral to the Oxfordshire Safeguarding Adults Board (OSAB).

Partnerships: Dementia Active works with OSAB and Oxfordshire County Council Adult Social Care Team. Concerns can be reported to OSAB which provides an advisory service, without having to make a formal safeguarding referral. The charity works to build relationships with the families and friends of its members as these partnerships play a crucial role in supporting people.

Accountability: Accountability and complete transparency in delivering safeguarding practice are fundamental. The whole staff team is responsible for this. Every individual has a role with defined responsibilities in order to ensure the safety of our members. The Charity Commission requires charities to report serious incidents where harm has occurred. If policies or procedures are not adhered to resulting in a member(s) being at significant risk of harm, then this must also be reported even if no harm occurred.

1.4 Safeguarding Governance

Dementia Active’s board of trustees has primary responsibility for ensuring that the charity has effective governance, policies and procedures in place to ensure safeguarding is central to all the organisation does, and for monitoring compliance. Trustees must take reasonable steps to protect anyone who comes into contact with the charity who is at risk of harm, primarily Dementia Active members, but also in special circumstances this may include staff members or volunteers.

1.4.1 Levels of responsibility and accountability for safeguarding throughout the charity:

Board of trustees	<p>Is accountable for ensuring that the organisation has appropriate structures, processes and resources (trained staff, volunteers, trustees) in place to ensure safeguarding is central to all that the charity does and for monitoring compliance.</p> <p>The board as a whole is answerable to the Charity Commission and cannot delegate safeguarding responsibilities to any one trustee</p> <p>Safeguarding risk management in relation to the future stability and reputation of the charity.</p>
Lead safeguarding trustee	<p>Responsible for oversight of charity safeguarding procedures, risk assessments and carrying out annual audits.</p> <p>Ensures that staff and volunteers understand their safeguarding duties and leads training to support this.</p> <p>Works in partnership with the CEO and the safeguarding officer.</p> <p>Reports to the CEO and board of trustees.</p>
Safeguarding officer	<p>Manages all aspects of safeguarding in the sessions and across the centres.</p> <p>Reports back to the board in meetings.</p> <p>Consults with the lead safeguarding trustee in relation to all concerns or incidents.</p>
Chief executive officer (CEO)	<p>Works in partnership with the safeguarding officer to ensure that safeguarding policies and the code of conduct are adhered to.</p> <p>Reports back to the board along with the safeguarding officer.</p>
Centre leaders and group leaders	<p>Responsible for ensuring that all safeguarding/reporting and Code of Conduct requirements and procedures are adhered to.</p> <p>Report to the safeguarding officer.</p>
All other employees/ volunteers	<p>Are the ‘eyes and ears’ of the team most likely to notice issues.</p> <p>Understand the importance of recording and reporting all concerns either to their group leader or the safeguarding officer.</p> <p>Responsible for knowing the safeguarding policy and for adhering to the code of conduct.</p>

1.5 Policy Objectives

The policy seeks to ensure that everyone involved with Dementia Active:

Understands their individual responsibility to members.

Knows what to do if they are concerned about the welfare of an adult at risk or are concerned about the behaviour of others towards an adult at risk

Knows who to speak to if they are not sure about any aspect of protecting members.

1.6 Roles and Responsibilities

We all have a responsibility to:

Understand and work within this policy framework to safeguard our members including knowing how to report concerns.

Promote safe practices by knowing and abiding by the Code of Conduct – see appendix 1 page 22 and Whistleblowing policy (see the Dementia Active Guidebook or website)

Report any concerns swiftly using the mechanisms in this policy.

2. Safeguarding adults at risk procedures

2.1 What is adult safeguarding?

In general terms safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. Crucially though safeguarding ensures that the person's wellbeing is promoted including, wherever possible, considering their views, wishes, feelings and beliefs in deciding on any action. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect.

2.2. Definition of an adult at risk

Safeguarding responsibilities apply to any adult aged over 18 who is deemed to be at risk because they:

,

'Care and support' is the terminology used to describe the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like getting out of bed, washing, dressing, getting to work, cooking meals, eating, seeing friends. It includes the social support provided by our charity. It can also include the support we provide to those who are caring for a family member or friend diagnosed with dementia as they frequently experience feelings of stress, loneliness and isolation.

2.3 At Dementia Active an adult at risk is:

2.4 Specific vulnerabilities arising from a dementia diagnosis.

People with dementia most frequently have cognitive deficits which worsen over time and may put them at greater risk of abuse or neglect than other older people. They frequently experience:

Memory loss

Problems with concentrating, planning and organising – including making decisions and problem solving

Communication difficulties: self-expression and written language

Limited comprehension of what is said to them

Difficulties with orientation, for example day of the week, the season, time of the day

Visual perceptual difficulties – for example, not recognising common objects

Hallucinations – seeing imaginary things/people which appear real

Loss of fine motor skills needed for maintaining independence for example - handling cutlery, picking up a glass of water

Loss of gross motor skills and body orientation - affecting balance and the coordination required for such things as sitting/standing, personal care

High levels of anxiety and fear of the unknown

Depression.

Fixation upon particular anxieties related to the past, for instance needing to pick up the children from school

All of these can make it significantly harder for people to protect themselves or even let people know if they are in pain or feeling unwell. Additionally they may have undiagnosed sight and hearing loss.

2.5 Who may abuse or neglect vulnerable adults?

Frequently, the person who is responsible for the abuse is someone who is known to the adult although anyone can perpetrate abuse or neglect. It includes:

spouses/partners

other relatives and family members

paid or unpaid carers

neighbours, friends, acquaintances

other members attending Dementia Active sessions

anyone in the Dementia Active staff team

strangers, including those people who deliberately befriend vulnerable people in order to exploit them

2.6 What is abuse and neglect?

In relation to this policy it is the ill-treatment or abuse of an adult at risk. It may be a deliberate intent to harm or the direct result of neglect.

Incidents of abuse may be one off or multiple.

Repeated instances of poor care for instance, a member frequently wearing stained clothing or inappropriate clothing for the time of the year. This may be an indication of more serious problems and in order to see these patterns it is important that a timeline is recorded and appropriately shared.

Regardless of how the safeguarding concern is identified, everyone should understand what to do and where to go to get help and advice. It is vital that we are vigilant and can recognise signs and indicators of safeguarding concerns. Please refer to categories of abuse and neglect which are applicable to our members, along with possible signs and indicators of abuse – appendix 4 page 28.

2.7 Examples of occasions when the charity may develop concerns about members other than through face to face contact in group sessions:

Home visits: Every potential new member who is referred to the charity receives a home visit in which their capacity and desire to engage in sessions are assessed along with their home circumstances. Safeguarding concerns may be raised at this point in relation to, for example: an unsafe home environment, no care package in place, the carer's mental health, the evident unhappiness of the individual.

Member background information form: concerns may arise as a result of the content of the initial background information form families provide prior to their relative attending sessions.

Session drivers: staff and volunteers in this team are in a strong position to gauge or intuit safeguarding concerns through the direct contact they have with families or care homes when they collect and return members home after sessions. They are able to note alterations in a member's emotional state when leaving and returning home; they have an opportunity to talk to members whilst driving (the car is often experienced as a safe space in which to speak); they will form an impression of the carers/families they interact with on a regular basis.

Unsolicited contact: We may be contacted directly by a member of the public regarding concerns about someone's safety.

2.8 Principles underlying reporting and responding to concerns about possible abuse and neglect

Dementia Active will: respond to a disclosure in the first instance as if the concern/allegation were true;

Will share concerns along defined lines of communication.

Will report the disclosure to OSAB if it falls within the 'requires consultation' or 'reportable' categories of the OSAB policy document.

Will seek guidance from OSAB when required.

3 Safeguarding responsibilities and actions in response to a disclosure.

3.1 Responsibilities/actions of the person to whom the disclosure is made:

A potential scenario:

Tell the person you are taking what they have said seriously.

Ensure privacy by inviting them for a chat and a cup of tea away from the main group.

Ask for permission to take notes.

Say that you are worried about her and need to get advice from your manager (the safeguarding officer).

Ask for her permission to share what she has said with your manager

Ask her how she is feeling now.

Make sure that she is reassured that both she and her husband will be supported.

Write up a complete record of the conversation on the online safeguarding report form.

Ensure that the safeguarding officer or CEO has this information as soon as possible.

3.2 Responsibilities/actions of the safeguarding officer

As a matter of urgency report the disclosure to the lead safeguarding trustee who will have online access to the details of the disclosure.

Provide the trustee with any additional known information about the member's family, for example, have there been previously reported concerns; are any other family members directly involved in her care?

3.3 Responsibilities/actions of the lead safeguarding trustee

Either in person or delegated to the safeguarding officer ensure that the member understands the implications of her giving consent to the disclosure being shared.

Considerations prior to raising an adult safeguarding concern with OSAB. Does the concern meet the following requirements:

The member has care and support needs.

The member appears to be experiencing or is at risk of abuse.

As a result of care and support needs, is the person unable to protect themselves from either the risk of, or the experience of abuse?

Has the person given their consent to the information being shared.

Liaise with the safeguarding officer, the chair of the board and the CEO prior to raising a safeguarding concern.

Consult the OSAB Safeguarding Adults Consideration (SAC) Framework – 2024 which defines categories of concerns as: non reportable, requires consultation and reportable. See appendix ****

OSAB will advise on the course of action to be taken which could include: contact with the member's wider family; a social worker interviewing the member or potentially a direct intervention with the husband – providing him with support.

Once matters have been concluded the lead safeguarding trustee will provide a written report to the board and also lead a board discussion regarding any learning points for the future.

The board as a whole will ensure that learning points are incorporated into the risk register.

3.4 Other safeguarding scenarios:

If an incident takes place within a session, the safeguarding officer will communicate with the person's family regarding the incident, offering support and a home meeting. The family will be given regular updates as to the progress and outcome of actions taken by Dementia Active/OSAB.

If a disclosure is made about a member of the team, then the person who is the subject of the disclosure must be asked to leave the session.

3.5 Safeguarding contact numbers in the event of an incident or disclosure happening outside of session times.

Safeguarding officer – 01295 408441 – office number (phone, text or WhatsApp)

Oxfordshire Adult Social and Health Care team – 0345 0507666 to seek advice about how to respond to an incident (open till 5.00 Monday to Thursday, 4.00pm on Friday). After 4.00pm on Friday contact the Emergency Duty Team – 0800 833408

The Safeguarding Adults Team – 01865 328232 – is available to consult with if there is uncertainty about whether a concern needs a formal referral.

3.6 What to do if you are concerned that safeguarding practices within the staff team are not being adhered to. Dementia Active has a Code of Conduct – see appendix 1 page 22 and a Whistleblowing Policy to refer to – see the Dementia Active Guidebook or the website.

3.6.1 Key principles:

There is an obligation to report any practices or behaviours which do not comply with the Code of Conduct.

Only the safeguarding team and board of trustees may make decisions about whether the actions of a member of the staff team have the potential to harm a member.

The key principle: early sharing of information is fundamental to providing an effective response when there are emerging concerns.

3.6.2 Actions:

Report concerns immediately to the safeguarding officer.

You will be asked to write a report detailing your concerns. This can be done anonymously as per the whistleblowing policy.

3.6.3 What will the safeguarding team do:

Scenario 1

A course of action will include:

An investigatory interview with the member of staff.

Contact with the member's family after the session – returning the money, apologising and reminding them of our request that members do not bring money to sessions.

A meeting of the lead safeguarding trustee, the safeguarding officer and the CEO to determine action.

Possible disciplinary action in the form of a warning.

Supervision of the employee to ensure understanding of the issues.

It should be noted that there may be occasions when refusing a gift would cause distress to a member. The issue here is that it was not recorded. Members are encouraged not to bring money to sessions and families are asked to support this.

Scenario 2

The Code of Conduct explicitly states that private arrangements such as visits to members homes or trips constitute bad practice as this despite any good intentions by the volunteer may put the member at risk, over which the charity has no control.

A course of action will include:

Immediate contact with the member's family after the session to inform them that the planned trip will not go ahead and also to gain a better understanding of whether there have been previous such arrangements.

A meeting of the lead safeguarding trustee, the safeguarding officer and the CEO to determine actions

An investigatory interview with the volunteer.

Depending on the outcome of the investigation for example, the level of involvement with the family and whether or not the volunteer knew they were breaking a boundary, it may be felt that:

the volunteer should no longer work for the charity.

a referral has to be made to OSAB

a report needs to be submitted to the Charity Commission

The family and the Dementia Active member will receive a formal written response regarding the outcomes. The member will need to be reassured that they have done nothing wrong.

4 Safer Recruitment

Dementia Active is committed to ensuring that safeguarding is central to all recruitment processes by.

Completing appropriate criminal record checks and requesting two references on all staff and volunteers one of which must be professional.

By ensuring that safeguarding training is a compulsory part of the induction process for all new employees.

Incorporating compliance with this safeguarding policy in all employment and volunteering agreements.

4.1 Safer recruitment: of anyone who comes/may come into contact with members

Volunteers:

All volunteers receive an informal interview.

Are required to sign a volunteer contract which includes the safeguarding policy, the code of conduct and the whistleblowing policy.

Employment and personal references are sought.

Depending on the role of the volunteer in relation to carrying out regulated activities see page 15, Disclosure and Barring Service checks with access to barring lists are applied for.

During or at the end of every session volunteers receive support and feedback. They are encouraged to share observations of members' general demeanour and responses to activities. In many ways volunteers are in the best position to notice small changes in behaviour.

Volunteer drivers transporting members to and from sessions fill out an online volunteer application providing details of their license and giving permission for the charity to do online checks of car insurance/MOT/road tax.

All volunteer drivers must agree to the charity applying for enhanced Disclosure and Barring Service checks with access to barring lists on their behalf.

Managers, group leaders, activity assistants:

Are recruited via a formal application process in response to advertised vacancies.

A statement about our commitment to safeguarding is included in all job adverts.

Dedicated safeguarding questions are included in every interview.

Internal candidates within the charity are appointed following a formal recruitment process i.e. references, interviews

Applicants are interviewed by a panel including a member of the safeguarding team with a training qualification in safer recruitment. <https://cpdonline.co.uk/course/safer-recruitment/>

References (professional and personal) and DBS checks are sought.

New employees have a three-monthly probationary period during which they receive regular supervision and support.

Sometimes experienced volunteers step up to a paid role supporting the running of groups. They do so on the basis that their experience and commitment to working in the groups is valued. However the transition is marked with an employment contract and a meeting with the safeguarding officer revisiting the safeguarding policy and code of conduct.

Ancillary employees not directly involved in sessions:

Whilst these positions (for example – the cook) may only involve limited face to face contact new staff receive safeguarding training focusing on the charity's safeguarding policies including the Code of Conduct.

Contractors

Occasionally emergency maintenance work must be carried out during session times. The CEO will liaise with workers ensuring that they are monitored at all times and have no direct communication with

with members.

Trustees

May be recruited via a professional trustee recruitment body – Reach Volunteering or through the recommendations of current trustees in terms of the skillsets required on the board.

Are interviewed by the chair of the board, CEO and lead safeguarding trustee or safeguarding officer. Safeguarding responsibilities are made clear.

All trustees undertake the NSPCC trustees safeguarding training – see 5 page 15.

4.2 DBS (Disclosure and Barring Service)

Dementia Active employs the services of a dedicated online agency to manage DBS applications. There are four levels of checks: basic, standard, enhanced and enhanced with access to barring lists. In relation to our work with vulnerable adults only enhanced checks are applicable and the most stringent check is that which includes access to barring lists. This can only be applied for if a person is likely to carry out what are termed 'regulated activities'.

Regulated activity

There are six categories of 'regulated' activity with vulnerable adults, requiring enhanced DBS checks with access to barring lists. They are:

providing health care

providing personal care

providing social work

helping with general household matters

helping with the conduct of a person's own affairs

conveying (transporting)

The charity carries out three kinds of regulated activity on a daily basis:

Personal care to members with continence issues.

Support for those who have difficulty eating.

Transport of members to and from groups.

Anyone in the team who carries out any of these three activities must have undergone an enhanced DBS check with access to barring lists.

The charity manages and funds all DBS applications.

Trustees are also required to have enhanced DBS checks but unless they become involved in the day-to-day running/supervision of those carrying out regulated activity they do not require a check with access to barring lists.

5 Safeguarding training and staff support

It is essential that safeguarding values, roles, responsibilities and policies are communicated to everyone working for Dementia Active and that the staff team are given the right support, training and skills to deliver safeguarding best practice.

Trustees – take the NSPCC trustees safeguarding responsibility course <https://learning.nspcc.org.uk/training/safeguarding-charity-trustees>

Senior management, centre managers and group leaders take online safeguarding training courses provided by Oxfordshire Safeguarding Adults Board (OSAB). <https://booking.osab.co.uk/elearning-list>: level 2 or 3.

Session assistants attend Level 2 Adults Safeguarding

Induction: New employees and volunteers sign when they have read the policy as part of their induction.

As part of quality assurance - regular supervisions with managers consider any safeguarding risks identified, how they have been reported and the outcomes.

Annual in-house training led by the lead safeguarding trustee.

Daily feedback from group leaders to senior staff with observations and any concerns.

6 Day to day safeguarding management:

Senior managers, group leaders and volunteers have a joint responsibility to:

Be aware of changes in a person's behaviour. Do not assume this is dementia related. Does the person appear unhappy when they arrive and perhaps more significantly, when they are about to leave the session?

Notice any changes in the appearance, clothing or cleanliness of members from week to week.

Notice any signs of injury and record these as soon as possible. If appropriate ask the person how this happened.

Always report concerns immediately to the group leader/safeguarding officer.

All concerns however apparently insignificant are recorded e.g. a member felt they had not had breakfast and was unusually hungry for lunch.

Write down as soon as possible whatever the member said or did which raised concerns and ensure that they feel understood and crucially that they have granted permission for their statement to be shared.

If a person expresses fear about returning home there may be a need for the safeguarding lead to contact the Oxfordshire Adult Social and Health Care team – 0345 0507666 to seek advice (open till 5.00 Monday to Thursday, 4.00pm on Friday). After 4.00pm on Friday contact the Emergency Duty Team – 0800 833408

7 Safeguarding in partnership organisations

Dementia Active does not currently have any direct partnership or sub-contractual arrangements with any organisations. If in the future the charity were to enter into such a relationship by for example subcontracting to an organisation carrying out a service on the charity's behalf then a safeguarding audit of the partner organisation will be carried out as an integral part of the partnership agreement.

8 Recording of information.

It is essential that the charity maintains clear and comprehensive records of any concerns or allegations of actual or suspected abuse. Records must be factual and detail the actions that were taken and by whom, discussions, and the outcomes.

The importance of ensuring that records are accurate, up to date and clear is to:

Prevent an unnecessary re-investigation if an allegation or concern resurfaces in the future.

Provide clarity in a situation where a future criminal records check reveals information from a police investigation that an allegation was made against a person, but did not result in a prosecution or conviction.

Provide information to statutory services in the event of a statutory safeguarding review, case conference or court proceedings .

Provide accurate information in response to any future request for a reference for a member of staff or volunteer either current or former.

To provide information and evidence should a decision be made to refer a person for consideration to be placed on the Adults Barred List.

Records must reflect the language that is used by the person making the allegation or raising a concern.

Recording of a safeguarding concern or allegation should be made within 24 hours of receiving the information.

8.1 Retention rules regarding safeguarding concerns/allegations

Records are kept on secure confidential personnel files until a person's normal retirement age or for 10 years whichever is longer. For example, if a person is 67 when the investigation is concluded the file will be kept until they are 77 years. If they are aged 30 the records will be retained until they are 65 years.

9 Mental Capacity, Confidentiality and Consent

Confidentiality is an important principle that enables people to feel safe in sharing their concerns and to ask for help. Sharing relevant information with the right people at the right time is vital to good safeguarding practice.

Adults at risk provide sensitive information and have a right to expect that the information that they directly provide and information obtained from others will be treated respectfully and that their privacy will be maintained.

Whenever possible, informed consent to the sharing of information should be obtained. However:

No consent is required to share and discuss safeguarding concerns or allegations with Dementia Active's safeguarding team.

Staff/volunteers must assume it is their responsibility to raise a safeguarding concern if they believe a member is suffering or likely to suffer abuse or neglect, and/or is a risk to themselves or another, rather than imagine that someone else will do so. They should share the information with the safeguarding officer who will escalate the concern with the lead safeguarding trustee and board of trustees.

If the member has capacity (see 9.1) consent to share concerns with an outside agency, for example, OSAB or the adult social care duty team will be sought.

If a person refuses to give consent for information to be shared then their mental capacity to make decisions in their own best interests must be assessed.

9.1 The Mental Capacity Act

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf.

Confidentiality is an important principle that enables people to feel safe in sharing their concerns and to ask for help. Sharing relevant information with the right people at the right time is vital to good safeguarding practice.

Core principles:

Assume capacity – everyone is presumed to have the capacity to make decisions unless proven otherwise.

Support decisions – help people to make their own choices and to understand the consequences of such choices.

Unwise decisions – Don't assume a lack of capacity because a person makes an unwise choice.

Best interests – any decision made on someone's behalf must be in their best interests.

Least restrictive option – should always be chosen.

9.2 Safeguarding team - Decision making process

Every Dementia Active member is unique in terms of their ability to understand. Therefore actions are always taken on a case by case basis.

Comprehension may change from day to day or even hour to hour.

Dementia can cause people to make decisions based upon feelings, for instance if a person is asked to agree to something they have said being shared with others they may feel guilty for having spoken and afraid of the consequences and will therefore refuse to give consent.

If the person's disclosure indicates they may be at risk of harm, consent to share information does not need to be given. However if the concern is of a lesser order the safeguarding team must balance the possible consequences of informing a family of the concerns and risk the family withdrawing the member from sessions meaning they can no longer be monitored.

When there is any doubt about the significance of a member's disclosure OSAB provides informal guidance.

9.3 Safeguarding scenarios – actions of the safeguarding team in relation to consent:

9.4 Occasions when consent to share information to other agencies does not need to be sought

A person is at serious risk of harm or abuse, including harming themselves.

Information is received indicating that a serious crime has been or is going to be committed.

If the safeguarding team believe that the person lacks the mental capacity to decide and have agreed that sharing is in the individual's best interest.

9.5 Reporting to the Charity Commission

The Commission's guidance specifies when safeguarding incidents/concerns need to be reported.

'Incidents of abuse or mistreatment (alleged or actual) of beneficiaries of the charity which have resulted in or risk significant harm to them and this happened while they were under the care of the charity'

'Someone connected with the charity, for example a trustee, staff member or volunteer, was responsible for the abuse or mistreatment (alleged or actual)'

Breaches of procedures or policies, for instance failure to carry out required vetting procedures of new employees.

In addition to the likelihood or otherwise that a vulnerable adult has been placed at risk due to a failure of procedure, a report should always be made if the reputation of the charity has possibly been put at risk as a result of this failure, therefore potentially resulting in a loss of public trust.

Part 2 Dementia Active: Safeguarding Children – policies and procedures.

10 Introduction

The requirements and procedures identified in the Safeguarding Adults at Risk policy apply in full to ensuring that anyone under the age of eighteen is safeguarded whilst attending sessions. In this policy the terms 'students' and 'children' are used interchangeably.

Students from local schools and colleges volunteer in sessions as part of their course requirements. Other children may occasionally join sessions however they will be under the supervision of either parents or in the case of a local nursery school, their own staff members/carers.

Children face all the risks listed in this policy but additional to these are the following categories: child trafficking, county lines (drugs) and criminal exploitation, female genital mutilation, grooming, online abuse. Whilst students on placement with Dementia Active are not exposed to any of these, staff members have an obligation to have an awareness of the issues which children may face and pay close attention to our students.....their general demeanour and the things they may say. Reporting procedures are identical to those in place for our members.

However, specific to our own setting children may be at risk of witnessing/experiencing aggressive behaviour from members as a direct result of their dementia diagnosis: bad language, disinhibited and sexualised behaviour, anger and occasional outbursts of aggression both verbal and physical. All students will during their first session receive guidance in how to respond to incidents which may cause shock and a debrief meeting after the occurrence. There must be the awareness in the staff team that what may be relatively commonplace for an experienced staff member may initially prove quite shocking or even frightening to a child.

The following precautions are taken in order to mitigate these risks.

10.1 Volunteer student policy

Dementia Active is a great place for work experience and placements for students studying various subjects. We are keen to offer placements to students over the age of 16 years. This policy helps us ensure that student placements are a positive experience for both students and staff.

The charity has statutory safeguarding duties in relation to all students under the age of 18 years.

All students will be offered a pre-placement visit.

Every student will receive a closely supervised induction. On their first day they will:

have an orientation tour of the building

an introduction to key staff including managers/safeguarding officer/the group leader with whom they will be working/other volunteers

receive a hard copy of the staff structure with names and roles as well as contact details in the event of sickness or late arrival.

understand to whom they are reporting for supervision and debriefs at the end of every session.

be provided with key policies e.g. safeguarding, whistleblowing and the code of conduct.

receive clear instructions about the organisation's expectations during the first few weeks of their placement in relation to their interaction with members.

have an allocated supervisor who will support them in their learning objectives and liaise with higher education institutes or further education colleges. Students will often respond very differently, some may instantly feel at home, others may take some time to adjust to this unfamiliar situation.

be introduced to the idea that whilst the majority of the members are warm and friendly and enjoy the company of young people, there may be occasions when a member is struggling and might become unpleasant.

Weekly supervision will take place between supervisor and student.

Students must complete an individual risk assessment with their supervisor at the start of the placement so as to ensure that individual needs and requirements are taken into account in order that the student may benefit fully from this learning opportunity.

Students will receive a copy of the Dementia Active Team Guide and be expected to have read all policies preferably prior to their start date particularly: the Safeguarding Policy, Code of Conduct, Whistleblowing and Lone Working Policies.

Core working hours for the placement are 10.30am - 3pm. Hours may vary depending on the needs of the organisation.

Students are responsible for recording their hours and ensuring they meet the placement requirements.

If a student cannot attend due to illness or other reason they must contact a senior member of staff as early as possible and record their absence on their hours sheet.

Any expenses occurred during the course of the placement must be agreed in advance with their supervisor or the CEO and can be claimed via an online expenses form.

Students should under no circumstances:

work alone with either individual members or groups

offer personal care to members. They may assist members in going to and from the toilets but if someone calls for assistance whilst in the toilet the student must inform a member of staff.

assist members with eating.

assist members with mobility issues in sitting, standing or supporting when walking unless they are on an occupational therapy/physiotherapy placement requiring them to gain this experience.

In addition to the Dementia Active Safeguarding policy, all students must have read the following policies:

the Code of Conduct

the Whistleblowing policy.

All dates for work experience and placements must be pre-approved and students need to provide appropriate documentation to be completed from their college/university/school. Any tariff for placements is dealt with by the CEO.

Appendices

Appendix 1

Safeguarding Code of Conduct

Dementia Active seeks to support people who have a dementia diagnosis and are consequently deemed to be vulnerable and therefore at risk. Vulnerability is the condition of being unable to protect oneself against harm or exploitation.

This code of conduct outlines the behaviour expected of everyone working for or visiting Dementia Active groups in whatever capacity.

The aim of defining a code of conduct is to:

ensure that everyone understands and maintains the standard of behaviour expected

help protect our members from abuse and inappropriate behaviour

reduce the possibility of unfounded allegations of abuse being made against anyone in the team

Working with adults at risk

When supporting those at risk we are acting in a position of trust and must behave in an appropriate manner at all times. The following list provides a guide as to what we consider to be important and appropriate. It is not exhaustive and there is an expectation that common sense will inform staff and volunteers as to what is acceptable/not acceptable.

Avoid favouritism and treat all members fairly and without prejudice or discrimination. It goes without saying that some people are more likeable than others regardless of a dementia diagnosis, so it is important to try to respond to all members with equal levels of warmth.

Encourage and support members to interact during the activities, try not to speak for them unless they give you permission to do this.

Listen to and respect people at all times.

Ask about personal preferences such as forms of address or how much help a person might need to carry out an activity.

Never assume that because a person is not contributing to group conversations that they are not understanding what is being said.

Do not make promises or commitments to members on the assumption that they will not remember what has been said.

Value and take everyone's contributions seriously, actively involving members in planning activities wherever possible.

Ensure that your language and tone of voice are not overfamiliar particularly when meeting a new member. Always follow the person's lead when responding to their conversation. Some people enjoy banter immediately, others may feel shy or anxious. Relate to members in exactly the same way you would to your own friends.

Ensure that members personal belongings are kept safe.

If someone loses something, refrain from checking pockets, handbags etc unless invited to. Ensure that this is done in front of another member of the staff team.

Recognise that special caution is required when you are discussing sensitive issues, for instance family relationships or childhood experiences.

Respect a person's right to personal privacy.

Quickly seek advice from senior managers if you are uncomfortable with something you have experienced in your role.

Do not assume a person needs physical contact when distressed, always ask first whether they would like a hug, or their hand held. Likewise, do not withhold physical contact because of concerns that this may be misinterpreted by others. As long as it is clear that the reason for touching someone is to give comfort and you ensure that it occurs within the group and never in private there is no room for misinterpretation.

Under no circumstances must the following ever occur:

Developing a personal friendship with a member which extends beyond the group setting.

Making private arrangements to meet members or their families outside of the sessions.

Linking up with a member on any social media/messaging platform.

Giving your personal contact details (mobile number, email or home address) to any member or their family.

Offering personal care to someone (for instance assisting a member in the toilets) if this is not part of your agreed role and therefore you do not have the required enhanced DBS check.

Administering any prescribed medication unless this is an agreed part of your role.

Offering your own personal medication to members for example any form of pain relief. If a member is in pain a carer must be contacted and if necessary the person may need to return home.

Discussing any information about a member or their family with anyone who is not involved with Dementia Active. Members' rights to privacy are paramount. This boundary is not always easy to keep in a small town where people often have wide friendship circles which may overlap, but it must be adhered to.

Patronising or treating Dementia Active members as if they are silly by virtue of their illness.

Making sarcastic, insensitive, derogatory or sexually suggestive comments or gestures to or in front of members or to other members of the team.

Acting in a way that could be perceived as threatening or intrusive when trying to persuade a member to do something they would prefer not to do.

Conducting a sexual relationship with a Dementia Active member or engaging in any form of sexual contact regardless as to whether it was felt that the member had invited this. Any such behaviour by anyone working for the charity would be seen as gross misconduct (see Disciplinary Policy) and would if after a 5 day period of investigation found this to be true - lead to instant dismissal.

Wearing clothes which are overly revealing and which therefore may be misinterpreted as deliberately sexually provocative.

Allow allegations about abuse or misconduct to go unreported.

Coming to work in a group while under the influence of alcohol or drugs.

Coming to work smelling of alcohol even though this may have been consumed the evening before.

Drinking alcohol at Dementia Active events e.g. Christmas parties.

Giving or receiving gifts from members (other than token presents at Christmas or birthday celebrations).

Giving or receiving gifts of money directly from members.

Lending or borrowing money from members.

Selling to/buying from a member or their family.

Taking photographs of activities is prohibited unless it is a defined part of your role.

Upholding the Code of Conduct

All members of staff and volunteers are expected to abide by these guidelines and report any observed breaches of the code as soon as possible. Please read Dementia Active's Whistleblowing Policy.

Action in the event of a breach of the Code of Conduct:

Staff may be subject to disciplinary procedures. Any serious breaches may result in a referral being made to a statutory agency such as the police or the Oxfordshire Adults Safeguarding Board.

Appendix 2

Safeguarding Quality Assurance Checklist

Trustees should use this checklist to regularly review and assure themselves of the charity's safeguarding practices.

Baseline audit of all aspects of safeguarding practice.

Collation of data: for example - staff files containing staff recruitment information: interview notes, current DBS checks, reference checks, recent safeguarding training, vehicle checks for drivers; number of reported safeguarding concerns – category of concern and outcomes; number of disclosures and outcomes etc

Governance and Accountability

Priority: Is safeguarding a standing item on every board meeting agenda?

Leadership: Is there a named lead trustee for safeguarding who champions the issue at board level?

Reporting: Do the trustees receive regular, comprehensive safeguarding reports that include data on concerns raised, referrals made, and training records?

Oversight: Do trustees understand their individual and collective roles and responsibilities for safeguarding and feel confident enough to challenge or support the safeguarding lead's advice?

Accountability: Is the charity open and transparent about its safeguarding approach and compliant with Charity Commission guidance and the law? .

Policies and Procedures

Documentation: Are there clear, up-to-date safeguarding policies and procedures for adults at risk that are reviewed at least annually?

Accessibility: Are all staff, volunteers, and members and their families aware of where to find the policies and how to use them?

Clarity: Do the policies clearly define abuse, explain how to raise concerns internally, and detail when and how to report serious incidents to the Charity Commission and local authorities?

Whistleblowing: Is there a separate, well-communicated whistleblowing policy that ensures staff and volunteers feel safe to escalate concerns if they feel they have not been dealt with properly?

Safer People Management

Recruitment: Are robust safer recruitment procedures followed for all staff and volunteers, including DBS checks, taking up references, and checking for gaps in work history?

Training: Does all staff, volunteer, and trustee safeguarding training match individual roles and the level of risk involved, and is it reviewed regularly?

Support: Are staff and volunteers provided with appropriate supervision and support to discuss and reflect on safeguarding issues?

Code of Conduct: Is there a clear code of conduct that everyone understands and signs up to, with clear consequences for breaches?

Risk Management and Quality Assurance

Risk Register: Are safeguarding risks in the day to day routines of the charity identified, recorded in the charity's risk register, and regularly reviewed by the board?

Learning Culture: Is there a process to review past concerns and incidents to identify lessons learned and improve future practice?

Empowerment: Are members and their families and carers empowered to provide feedback and raise concerns in a variety of accessible ways?

External Review: Has the board considered or undertaken external reviews or audits of its safeguarding arrangements to ensure effectiveness?

Appendix 3

Statutory requirements for all organisations supporting adults at risk

Care Act, 2014

Care and Support Statutory Guidance (updated 2025)

Mental Health Act, 1983

National Health Service and Community Care Act, 1990

Human Rights Act, 1998

Safeguarding Vulnerable Groups Act, 2006

Mental Health Act, 2007

Mental Capacity Act, 2005 and Deprivation of Liberty, 2009

Mental Capacity Code of Practice (2007)

Equality Act, 2010 (updated 2024)

Health and Social Care Act, 2008, includes regulation 13: Safeguarding service users from abuse and improper treatment, regulations 2014 Part 3

Domestic Violence, Crime and Victims Act (2004)

Domestic Abuse Act 2021

The Criminal Justice and Courts Act 2015

Data Protection 2018

Public Interest Disclosure Act 1998

Appendix 4

Categories of abuse

Whilst there are additional safeguarding categories of abuse, for instance modern slavery, radicalisation/prevent, honour based violence, the following are the categories we must be aware of when working with adults with a dementia diagnosis.

Category	Indicators
Physical: Physical assault ranging from rough, inappropriate, or careless handling to direct violence – hitting, slapping, pushing, scalding, burning or kicking.	<ul style="list-style-type: none">unexplained bruising (faint or severe)non-accidental injury – as disclosed by the memberhand slap markspinch or grip marksunusual drowsiness which might indicate misuse of medication for sedation purposeswithheld or inappropriate medication – as disclosed by the membermisuse of restraint – defined as placing hands on a person in order to restrict movementSigns of distress: tearfulness, anger, aggressive or uncooperative behaviour
Domestic violence: This includes psychological, physical, sexual, financial, and emotional abuse.	<ul style="list-style-type: none">isolation from contact with others including family or friendsinstances of coercive behaviour witnessed by charity staff or reported by the memberlow self-esteemmood swings - anxiety or depressionreportedly has stopped engaging with friends and other family membersobserved to be quiet and passive when with the potential abuserbruises and injuriesirregular session attendanceSigns of distress: tearfulness, anger, aggressive or uncooperative behaviour

<p>Sexual: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting to</p>	<p>torn, stained or bloody underclothes difficulty in walking/sitting with no apparent explanation sudden resistance to receiving personal care support in sessions self-harm expressed fear at the prospect of going home after sessions uncharacteristic use of explicit sexual language withdrawal and low participation in activities Signs of distress: tearfulness, anger, aggressive or uncooperative behaviour</p>
<p>Psychological: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks</p>	<p>appears scared, anxious or withdrawn particularly in the presence of a family member Towards the ends of sessions becomes noticeably distressed saying that they do not want to go home. Contact with the family is unhelpful – evidence of distress at home is denied. Loss of concentration in activities Not able to take pleasure in activities Signs of distress: tearfulness, anger, aggressive or uncooperative behaviour</p>
<p>Financial and material: May include theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p>	<p>Given the nature of a our sessions it is unlikely that Dementia Active staff would become aware of financial wrongdoing as we have no knowledge of our members financial circumstances. However financial hardship and apparent disparity between the person's living conditions and their apparent financial resources, e.g. insufficient food in the house, may be observed by those who transport members to and from home. In relation to money members may have on their person when attending sessions: families are asked to ensure that their relatives do not bring money with them to sessions. Our Code of Conduct specifies that gifts including money should never be accepted from members.</p>
<p>Discriminatory: including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion and other forms of harassment, slurs or similar treatment</p>	<p>harassment or degrading slurs made by a carer or family member loss of self-esteem expressions of anger or frustration tendency to withdraw, isolation, fearfulness, anxiety</p>

<p>Organisational: This includes neglect and poor care within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation</p>	<p>unacceptable practice that is left unchallenged. May be witnessed when collecting/returning members to care homes</p> <p>disrespect and indignity witnessed by a charity staff member</p> <p>lack of staff training</p> <p>reportedly low staffing ratios</p> <p>no ineffective policies in place to keep individuals living in a care setting or receiving care services safe</p> <p>not addressing poor practice</p> <p>lack of supervision</p> <p>lack of clear management/reporting structure</p> <p>lack of clearly defined roles and responsibilities</p> <p>insufficient resources resulting in neglect or abuse</p>
<p>Neglect and acts of omission: May include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of necessities of life, such as medication, adequate nutrition and heating.</p>	<p>unusual weight loss, malnutrition, dehydration</p> <p>Unwashed clothing worn over extended periods of time</p> <p>Bodily odour indicating lack of hygiene or incontinence</p> <p>untreated physical problems, or reported failure to give prescribed medication</p> <p>unsanitary or unsafe living conditions:</p> <p>sensory deprivation: attends sessions without prescription glasses, hearing aids</p> <p>unsuitable clothing in response to weather conditions</p> <p>being left alone all day without required support</p>
<p>Self-neglect: applies to those who live alone and are in need of support.</p>	<p>little or no personal care, bodily odour indicating lack of hygiene or incontinence</p> <p>dirty or ragged clothes, unclean skin and dirty fingernails</p> <p>refusing medication, medical care or personal care</p> <p>unsafe and dirty living conditions</p> <p>lack of basic utilities at home</p> <p>hoarding leading to a fire hazard</p>

Appendix 5

Oxfordshire Safeguarding Adults Board : Safeguarding Adults Consideration Framework (SAC): September 2024

Guidance on categories:

Low Risk/Internal Agency Response – *Low impact incidents* - Lower-level concern where threshold of further enquiries under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process. Where there are a number of low-level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk. Individual organisations should define this in writing IE three incidents in three months, three in five months, etc. **NB: This does not apply to Providers under the Serious Concerns Framework, all non-reportable concerns require a consultation with the Local Authority.**

Medium Risk/Requires Consultation – *Some Harm or Risk of Some Harm* - Incidents at this level could be discussed with the local authority. After the conversation, they may request you formally report the concern as a safeguarding. This is a consultation with a Social Worker in Oxfordshire County Council's Adult Safeguarding Team. NHS Trust staff should consult with their Adult Safeguarding Lead first, going to OCC's Adult Safeguarding Team if their lead is unavailable.

High Risk/Always Reportable – *Significant Harm or Risk of Significant Harm* - Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services. This means it is highly likely the case will meet the criteria for a safeguarding enquiry (known as a Section 42 (Care Act 2014) enquiry).

Reference image from source policy

Introduction

This document has been developed by Oxfordshire Safeguarding Adult Board in response to findings from case reviews and audits which have shown the need for better shared understanding by agencies of what constitutes an adult safeguarding concern. It supports decision making around when an issue is non-reportable (green), when a consultation with the Adult Safeguarding Team at Oxfordshire County Council should be undertaken for further advice (amber), and when there is a clear safeguarding concern (red).

It should be noted that this guidance uses examples of behaviours or issues that may be encountered, but it is not exhaustive and as such, professional judgement must be used alongside it.

Practitioners should always use their professional judgement and remain curious; the following circumstances and key features are for guidance only. If an any doubt, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Prior to raising an adult safeguarding concern

Does the concern meet the criteria for a Section 42 (S42) safeguarding enquiry under the requirements of The Care Act 2014?

The requirements are as follows:

- The adult is reported as having or appears to have needs for care and support?
- The adult is reported or appears to be experiencing or at risk of abuse or neglect?
- And as a result of care and support needs is the adult unable to protect themselves from either the risk of, or the experience of abuse or neglect?

Has the person given their consent to the information to be shared and do they know a S42 enquiry may be the result?

Consent is not essential when deciding whether concerns should be raised. However, wherever possible you should discuss your concerns with the person and/or their representative and seek their consent. Where the person is not willing or able to freely give their consent to information about their circumstances being shared you will need to consider if there are any children and/or other adults with care and support needs involved or is there a potential risk to others. If this is the case, consent can be overridden in the interests of protecting others.

If you remain unsure as to what action to take you should discuss this with your manager or your organisation's safeguarding lead. Ensure you record all actions clearly with reasons for your decision.

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Reference image from source policy

PLEASE NOTE: Low risk concerns or incidents that occur more than 3 times in any 2 month period must be escalated to - Medium risk – requires consultation.

Neglect & Acts of Omission		
Ongoing failure to meet a person’s basic physical or psychological needs		
Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for guidance only . If an any doubt , consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.		
Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
<p>Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <ul style="list-style-type: none"> Isolated missed home care visit - no harm occurs, and no other service users/clients is missed that day Adult is not assisted with a meal/drink on one occasion and no harm occurs Inadequacies in care provision leading to discomfort - no significant harm e.g. left wet for a period of time An unwitnessed fall that requires no external medical treatment/consultation IE no call to 111 or admission to hospital Unwitnessed fall where 111 are called but do not recommend getting external medical treatment 	<p>Incidents at this level could be discussed with the local authority (Oxfordshire County Council’s Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.</p> <ul style="list-style-type: none"> Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs Discharge from hospital where harm occurs that does not require re-admission Recurrent lack of care to extent that health and well-being deteriorate e.g. <u>pressure ulcers</u> (see separate pressure ulcer guidance, page 15), dehydration, malnutrition (assessed to the capability of the person reporting) Unwitnessed fall where 111 are called and recommend getting external medical treatment e.g. an ambulance 	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team.</p> <p>NB: You may need to contact the police/emergency services.</p> <ul style="list-style-type: none"> Failure to arrange access to life saving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk Discharge from hospital where harm occurs that does require re-admission

Reference image from source policy

Self-Neglect		
A person living in a way that puts their health, safety, or well-being at risk.		
Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for guidance only . If an any doubt , consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.		
Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
<p>Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <ul style="list-style-type: none"> Self-care causing some concern - no signs of harm or distress Property neglected but all main services work Some evidence of hoarding - no major impact on health/safety First signs of failing to engage with professionals Property shows some signs of neglect Evidence of low-level hoarding No access to support 	<p>Incidents at this level could be discussed with the local authority (Oxfordshire County Council’s Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.</p> <ul style="list-style-type: none"> Refusing medical treatment/care/equipment required to maintain independence High level of <u>clutter/hoarding</u> Insanitary conditions in property Won’t engage with professionals Problematic substance misuse Potential fire risk/gas leaks Lack of essential amenities Property/environment shows signs of neglect that are potentially damaging to health Chaotic substance misuse 	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team.</p> <p>NB: You may need to contact the police/emergency services.</p> <ul style="list-style-type: none"> Life in danger without intervention Chaotic substance misuse Environment injurious to health Imminent fire risk/gas leaks* Access obstructed within property Multiple reports from other agencies Behaviour poses risk to self/others Self-neglect is life threatening Tenancy at risk because of hoarding/property condition IE notice served Lack of self-care results in significant deterioration in health/wellbeing
Self-neglect is complex and any referrals should be made after consulting the self-neglect guidance on the OSAB website		

Reference image from source policy

Physical Abuse

The act of causing physical harm to someone else

Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for **guidance only**.
If an any doubt, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
<p>Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <ul style="list-style-type: none"> • Error by staff causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling • Isolated incident by other resident causing no/little harm e.g. one resident strikes another but it leaves no mark and does not cause emotional distress lasting hours • Unexplained very light marking/bruising found on one occasion 	<p>Incidents at this level could be discussed with the local authority (Oxfordshire County Council's Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.</p> <ul style="list-style-type: none"> • Unexplained minor marking or lesions, minor cuts or grip marks on a number of occasions or on a number of service users cared for by a specific team/Carer • Inappropriate restraint that causes marks to be left but no external medical treatment/consultation required 	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team.</p> <p>NB: You may need to contact the police/emergency services.</p> <ul style="list-style-type: none"> • Serious bodily harm/assault with weapon leading to irreversible damage or death • Intended harm towards a service user • Deliberately withholding of food, drinks or aids to independence • Unexplained fractures/serious injuries • Assault by another resident requiring medical treatment

Reference image from source policy

Sexual Abuse

When an adult is forced or persuaded to take part in sexual activities. This doesn't have to be physical contact and it can happen online.

Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for **guidance only**.
If an any doubt, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
<p>Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <p>Not committed by a person in a position of trust, AND:</p> <ul style="list-style-type: none"> • Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the vulnerable adult is low • Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists - no harm or distress caused 	<p>Incidents at this level could be discussed with the local authority (Oxfordshire County Council's Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.</p> <ul style="list-style-type: none"> • Non-contact sexualised behaviour which causes distress to the person at risk • Verbal sexualised teasing or harassment • Being subject to indecent exposure where the service user isn't distressed 	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team.</p> <p>NB: You may need to contact the police/emergency services.</p> <ul style="list-style-type: none"> • <u>Any</u> allegation of sexualised behaviour relating to a person in a position of trust against a person in their care • Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Sex without valid consent (rape) • Voyeurism • Sexualised touch or masturbation without valid consent • Being made to look at pornographic material against will/where valid consent cannot be given • Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent

Reference image from source policy

Psychological Abuse

This is the ongoing psychological/emotional maltreatment of an adult

Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for **guidance only**.
If an **any doubt**, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.	Incidents at this level could be discussed with the local authority (Oxfordshire County Council's Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.	Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.
<ul style="list-style-type: none"> Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused Occasional taunts or verbal outbursts which do not cause distress between service users 	<ul style="list-style-type: none"> Treatment that undermines dignity and damages esteem Repeated incidents of denying or failing to recognise an adult's choices or of failing to value their opinion, particularly in relation to a service or care they're receiving Occasional taunts or verbal outbursts which do cause distress between service users 	<ul style="list-style-type: none"> Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage Prolonged intimidation Vicious/personalised verbal attacks Humiliation of service user Emotional blackmail e.g. threats of abandonment/ harm The withholding of information to dis-empower Allegations or concerns relating to 'cuckooing'

Reference image from source policy

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive or 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.

Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for **guidance only**.
If an **any doubt**, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.	Incidents at this level could be discussed with the local authority (Oxfordshire County Council's Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.	Incidents at this level should be reported to your local authority and directed to the appropriate team. NB: You may need to contact the police/emergency services.
Service user has no current fears and there are adequate protective factors, AND it is: <ul style="list-style-type: none"> One off incident with no injury or harm experienced Occasional taunts or verbal outbursts where the service user has capacity to decide whether to have the case referred on 	<ul style="list-style-type: none"> Unexplained marking or lesions or grip marks on a number of occasions Controlling or coercive behaviour is witnessed Frequent verbal outbursts that cause some distress or some level or harm Sexual assault or humiliation where the service user has capacity and does not want to be referred Experiences occasional episodes of fear of the alleged perpetrator Subject to severe controlling behaviour e.g. finances/medical 	<ul style="list-style-type: none"> Subject to regular violent behaviour Threats to kill/choke /suffocate etc. In constant fear of being harmed Sex without valid consent (rape) FGM female genital mutilation Honour based violence &/or forced marriage Service user denied access to medical treatment/care/vital equipment to maintain independence by alleged abuser Frequent physical outbursts that cause distress or some level or harm Subject to stalking/harassment
NB: Where there are Children (under 18s) in household or present the case must be referred to Children's Safeguarding as well as following the Adult Safeguarding process		

Reference image from source policy

Financial or Material Abuse

This is the unauthorised and improper use of funds, property or any resources. This included the use of theft, coercion or fraud to obtain or try to obtain a person's money, possessions or property.

Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for guidance only. If an any doubt, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
<p>Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <ul style="list-style-type: none"> • Money is not recorded safely or recorded properly • Single incident of missing money and/or belongings where the quality of the service user's life has not been affected, little or no distress is caused and no other service user cared for by that worker/team has been affected • Adult not involved in a decision about how their money is spent or kept safe - capacity in this respect is not properly considered 	<p>Incidents at this level could be discussed with the local authority (Oxfordshire County Council's Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.</p> <ul style="list-style-type: none"> • Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest • High levels of anti-social behaviour reported • High levels of visitors to the property-tenant/service user does not appear to be able to say 'no' • Tenant/service user is socially isolated • Service user falling behind on rent payments • Service user deemed to be 'failing to engage' with professionals • General deterioration in service users health and wellbeing • Property falling into disrepair 	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team.</p> <p>NB: You may need to contact the police/emergency services.</p> <ul style="list-style-type: none"> • Suspected fraud/exploitation relating to benefits, income, property or will, including 'cuckooing' • Lasting Power of Attorney claimed to exist but unregistered • Adult denied access to his/her own funds or possessions • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards • Personal finances removed from adult's control • Adult coerced or misled into giving over money or property

Reference image from source policy

Discriminatory/Hate Crime

Unequal or abusive treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for guidance only. If an any doubt, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
<p>Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <ul style="list-style-type: none"> • Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences • Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period 	<p>Incidents at this level could be discussed with the local authority (Oxfordshire County Council's Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.</p> <ul style="list-style-type: none"> • Recurring failure to meet specific care/support needs associated with diversity that cause little distress • Denial of civil liberties e.g. voting, making a complaint 	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team.</p> <p>NB: You may need to contact the police/emergency services.</p> <ul style="list-style-type: none"> • Hate crime resulting in injury/emergency medical treatment/fear for life • Hate crime resulting in serious injury/attempted murder/honour-based violence • Inequitable access to service provision as a result of diversity issue • Being refused access to essential services • Humiliation, threats or taunts on a regular basis • Recurring failure to meet specific care/support needs associated with diversity that cause distress

Reference image from source policy

Organisational Abuse

This is neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation, resulting in ongoing neglect or poor care.

Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for **guidance only**.
If an **any doubt**, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
<p>Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <ul style="list-style-type: none"> Lack of stimulation/ opportunities to engage in social and leisure activities Service user not enabled to have a say in how the service is run Denial of individuality and opportunities to make informed choices and take responsible risks Care-planning documentation not person-centred/does not involve the service user or capture their views Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm 	<p>Incidents at this level could be discussed with the local authority (Oxfordshire County Council's Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.</p> <ul style="list-style-type: none"> Rigid/inflexible routines that are not always in the Service User's best interests Service users' dignity is occasionally undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing Recurrent bad practice lacks management oversight and is not being reported to commissioners/the safeguarding service Unsafe and unhygienic living environments that could cause harm to the service users or have caused minor injury requiring no external medical intervention/consultation 	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team.</p> <p>NB: You may need to contact the police/emergency services.</p> <ul style="list-style-type: none"> Staff misusing position of power over service users Over-medication and/or inappropriate restraint managing behaviour Recurrent or consistent ill-treatment by care provider to more than one service user over a period of time Recurrent or consistent incidents of insufficient staffing resulting in harm requiring external medical intervention or hospitalisation of service users Recurrent incidents of insufficient staffing resulting in some harm
<p>NB: the above does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements</p>		

Reference image from source policy

Common Safeguarding Issues

Medication errors

Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for **guidance only**.
If an **any doubt**, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
<p>Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <ul style="list-style-type: none"> Isolated incident where the person is accidentally given the wrong medication, given too much or too little medication or given it at the wrong time but no harm occurs Isolated incident causing no harm that is not reported by staff member Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm 	<p>Incidents at this level could be discussed with the local authority (Oxfordshire County Council's Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.</p> <ul style="list-style-type: none"> Recurring missed medication or errors that affect more than one adult and result in actual or potential harm to one or more adults Recurring prescribing or dispensing errors by GP, pharmacist or other medical professional that affect more than one adult and/or result in harm to one or more adults Covert administration without the person's consent or having a best interest decision recorded in the care plan Misuse of/over-reliance on sedatives to control challenging behaviour 	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team.</p> <p>NB: You may need to contact the police/emergency services.</p> <ul style="list-style-type: none"> Deliberate maladministration of medications or failure to follow proper procedures, e.g. controlled medication Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death Deliberate falsification of records or coercive/intimidating behaviour to prevent reporting

Reference image from source policy

Trips & Falls

Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for **guidance only**.
If an **any doubt**, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
<p>Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <ul style="list-style-type: none"> • Isolated incident where no significant harm occurs • Multiple incidents where no significant harm occurs and: <ul style="list-style-type: none"> ○ A care plan is in place ○ Action is being taken to minimise further risk ○ Other relevant professionals have been notified ○ There has been full discussion with the patient, their family or representative ○ There are no other indicators of abuse or neglect • Isolated incident requiring attendance at hospital and no other form of abuse or neglect is suspected. 	<p>Incidents at this level could be discussed with the local authority (Oxfordshire County Council's Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.</p> <ul style="list-style-type: none"> • More than one incident during a 6 month period requiring attendance at hospital • Multiple incidents where: <ul style="list-style-type: none"> ○ The care plan has NOT been fully implemented. ○ It is NOT CLEAR that professional advice or support has been sought at the appropriate time. e.g. Care Home Support Service/Falls Service ○ There have been other similar incidents or areas of concern. • Any fall where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant care plans, policies or procedures. 	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team.</p> <p>NB: You may need to contact the police/emergency services.</p> <ul style="list-style-type: none"> • Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant care plans, policies or procedures.

Reference image from source policy

Incidents involving another person with care & support needs

Practitioners should always use their professional judgement/curiosity: the following circumstances and key features are for **guidance only**.
If an **any doubt**, consultation should be made with the Adult Safeguarding Team at Oxfordshire County Council.

Low Risk - Agency Response	Medium Risk - Requires Consultation	High Risk - Always Reportable
<p>Lower-level concern where threshold of <u>further enquiries under safeguarding</u> are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following your own internal process.</p> <ul style="list-style-type: none"> • Isolated incident where no significant harm occurs • More than one incident where no significant harm occurs and: <ul style="list-style-type: none"> ○ A care plan is in place ○ Action is being taken to minimise further risk ○ Other relevant professionals have been notified ○ There has been full discussion with the patient, their family or representative ○ There are no other indicators of abuse or neglect 	<p>Incidents at this level could be discussed with the local authority (Oxfordshire County Council's Safeguarding Team on 01865 328232). After the conversation, they may request you formally report the concern as a safeguarding.</p> <ul style="list-style-type: none"> • Any incident requiring medical attention or attendance at hospital • Multiple incidents where: <ul style="list-style-type: none"> ○ The care plan has not or cannot be fully implemented. ○ It is NOT CLEAR that professional advice or support has been sought at the appropriate time. ○ There have been other similar incidents involving this perpetrator or areas of concern. ○ There are other indicators of abuse or neglect 	<p>Incidents at this level should be reported to your local authority and directed to the appropriate team.</p> <p>NB: You may need to contact the police/emergency services.</p> <ul style="list-style-type: none"> • Any incident resulting in intentional or intended harm or risk of harm to the victim. • Any incident where a weapon or other object is used with the deliberate intention of harm • Repeated incidents where the victim lacks capacity and is unable to take action to defend themselves • The victim is, or appears, fearful in the presence of the other person or is adapting their behaviour to pacify or avoid the other person

Reference image from source policy

Evaluating Risk: Risk Scoring and Grading

A risk score can be calculated to assist in making a decision about how to respond appropriately to a presenting concern. The risk matrix below shows both numerical scoring and colour banding and may be used in combination with the guidance on types and seriousness of abuse.

Low level concerns i.e. scoring 1-3 Low Risk, DO NOT require a safeguarding referral, but MUST receive a proactive response that is clearly documented.

All concerns MUST be reported in line with your organisational policies and procedures and other reporting procedures still apply e.g. CQC, commissioning organisations. If concerns occur more than once, advice should be sought from the Local Authority Safeguarding Team.

Use the table below to calculate the risk score by multiplying the consequence by the likelihood: C (consequence) × L (likelihood) = R (risk score)

Probability/Likelihood	Consequence/Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1-3 - Low risk 4-6 - Moderate risk 8-12 - High risk 15-25 - Extreme risk

1 - 3 Low risk – No safeguarding action is taking place and/or safeguarding issues have been addressed. Bear in mind that multiple low risk incidents may indicate organisational abuse or neglect so workers should remain professionally curious when considering whether to refer for a safeguarding or not.

4 - 6 Moderate risk – Safeguarding Protection Plan is/remains in place.

8 - 12 High risk – Serious impact on a person’s life leading to possible serious injury or serious impact on the person’s life i.e. loss of life savings etc.

15 - 25 Extreme risk – Serious impact on a person’s life which could lead to serious injury/death. Note: This risk matrix is an additional support tool and referrals are not required to have a risk score, but you may include it if the risk matrix has been used.

Reference image from source policy

Appendix 5 - Whistleblowing Policy

Key points:

This Whistleblowing Procedure sets out the framework for dealing with allegations of illegal or unacceptable conduct.

It is intended to provide a means of making serious allegations about standards, conduct, financial irregularity or possible unlawful action.

It is designed to ensure confidentiality and protect those making allegations from being victimised or discriminated against.

It is intended to ensure that the charity complies with its duty under the Public Interest Disclosure Act 1998, the legal framework for protecting whistleblowers.

Scope

The policy applies to all Dementia Active trustees, employees and volunteers. It does not replace other Dementia Active policies or procedures. For example, if an employee has a grievance about their working conditions, they should use either the Dementia Active Grievance Policy or the Complaints Policy. Similarly if an employee has a concern about the conduct of a fellow employee in the working environment, for example, that they are not treating colleagues with respect, they should raise these in the first instance with their group leader or if the issue is connected to this person then the CEO or the chair of trustees.

The policy applies to allegations about any of the following:

Conduct which is illegal.

Serious health and safety risks.

The unauthorised use of charity funds.

Possible fraud and corruption.

Sexual, physical or verbal abuse, or bullying and intimidation of employees, volunteers or members.

Any other unethical conduct which goes against the charity's principles.

Reporting Procedure

Depending on the nature of the allegation and who it might involve, report either verbally or in writing to:

Andy Gill CEO – 01295 408441 dementiactive@gmail.com or

The chair of the board of trustees (please see website for contact information)

Through the Charity Commission's whistle blowing policy *(see final section of this policy)
whistleblowing@charitycommission.gsi.gov.uk

Allegations

Whether a written or oral report is made it is important that relevant information is provided including:

The name of the person making the allegation and a contact point.

The background and history of the allegation (giving relevant dates, names and positions of those who may be in a position to have contributed to the allegation).

The specific reason for the allegation. Although someone making an allegation will not be expected to prove the truth of any allegations, they will need to provide enough information so as to establish that there are reasonable grounds for the allegation.

Dementia Active recognises that the decision to make an allegation can be a difficult one to make. However, a whistleblower who makes a serious allegation believing that it is in the interests of the charity or its members, has nothing to fear. The charity will take appropriate action to protect a whistleblower who makes a serious allegation from any reprisals, harassment or victimisation.

Confidentially

All allegations will be treated in confidence and every effort will be made not to reveal a whistleblower's identity unless the whistleblower requests this or unless the matter becomes the subject of disciplinary proceedings against the whistleblower due to a malicious allegation. Only the person leading an investigation will know the whistleblower's identity.

Similarly, if the allegation results in criminal proceedings, then the whistleblower may have to give evidence in open court if the case is to be successful.

Anonymous Allegations

Whilst allegations may be made anonymously, they are much less powerful, therefore the charity hopes that a whistleblower would always identify themselves. Anonymous allegations will however be considered at the discretion of the CEO/board of trustees.

When accepting an anonymous allegation the following factors need to be taken into account:

The seriousness of the issue raised

The credibility of the allegation; and

Whether the allegation can realistically be investigated from sources other than the complainant.

Untrue allegations

No disciplinary action will be taken against a whistleblower who makes an allegation believing that it is in the best interest of the charity and the wellbeing of its members to do so, even if the allegation is not substantiated by an investigation. However, disciplinary action may be taken if a whistleblower is found to be making an allegation for personal gain or with malicious intent.

Someone making an allegation may be accompanied by another person of their choosing during any meetings or interviews in connection with the allegation. However, if the matter is subsequently dealt with through another procedure the right to be accompanied will at that stage be in accordance with the relevant procedure.

Action on receipt of an allegation

The person receiving the allegation will record details of the allegation, gathering as much information as possible, (within 5 working days of receipt of the allegation) including:

The record of the allegation

The acknowledgement of the allegation

Any documents supplied by the whistleblower

The investigator will ask the whistleblower for his/her preferred means of communication and contact details and use these for all communications with the whistleblower in order to preserve confidentiality.

If the allegation relates to fraud, potential fraud or other financial irregularity the treasurer will be informed within 5 working days of receipt of the allegation. The treasurer will decide whether the allegation should be investigated and the method of investigation.

If the allegation discloses evidence of a criminal offence, it will immediately be reported to the board of trustees and a decision will be made as to whether to inform the police. If the allegation concerns suspected harm to Dementia Active members OSAB (Oxfordshire Safeguarding Adults Board) will be informed immediately.

Timetable

An acknowledgement of the allegation in writing within 10 working days with:

An indication of how Dementia Active proposes to deal with the matter.

An estimate of how long it will take to provide a final response.

An indication of whether any initial enquiries have been made.

Information on whistleblower support mechanisms.

An indication as to whether further investigations will take place and if not, why not.

Support

The charity will take steps to minimise any difficulties which may be experienced as a result of making an allegation. For instance, if a whistleblower is required to give evidence in criminal or disciplinary proceedings Dementia Active will arrange for the person to receive advice and support through the process.

The charity understands that whistleblowers need to know that the issues raised have been properly addressed. Therefore, subject to legal constraints, we will inform those making allegations of the outcome of any investigation.

Get independent advice

If someone needs advice about whistleblowing, Protect's free and confidential legal advice line is 020 3117 2520. Protect, which is a specialist whistleblowing charity, can help explain:

what types of wrongdoing you can report

your legal rights

next steps if you decide to report something

Responsibility for the process

The CEO and chair of trustees have overall responsibility for administering whistleblowing procedures and deciding on the format of the records to be kept.

Monitoring

A whistleblowing record will contain the following details:

The name and status (e.g. employee/volunteer) of the whistleblower.

The date on which the allegation was received.

The nature of the allegation.

Details of the person who received the allegation.

Whether the allegation is to be investigated and, if yes, by whom.

The outcome of the investigation.

Any other relevant details.

The register will be confidential and only available for inspection by the board of trustees.

The CEO will report annually to the board of trustees on the operation of the whistleblowing procedure and any whistleblowing allegations made during the period covered by the report. The report will be in a form which does not identify whistleblowers.

How to report your concern to the Charity Commission

The following information is taken directly from the Charity Commission website: <https://www.gov.uk/guidance/report-serious-wrongdoing-at-a-charity-as-a-worker-or-volunteer>

Email whistleblowing@charitycommission.gov.uk and answer these questions:

What is the name of the charity? Include its registration number if it's registered. You will find this on the Dementia Active website and on the Charity Commission Register.

What is your name?

What is your telephone number? Only include this if you would be happy for us to contact you directly – for example, it is not a work environment.

What is your role at the charity? If you no longer work for the charity, please tell us when you left.

Are you a charity employee or a volunteer?

What is your concern?

What impact does it have on the people the charity helps, its assets, services, staff or reputation?

Have you followed your charity's complaints procedure or raised it with the charity's trustees? What was the response? If you have not raised it with your charity, please explain why not.

Have you contacted other organisations, like the police or HMRC? Include reference numbers, the name of who dealt with it, and their response if you have.

Do you give permission to us to reveal your identity to the charity's trustees?

If you attach evidence to your email, how is it relevant to your concern?

Read the Charity Commission privacy notice about how we process your data when you contact us as a whistleblower.

It is a criminal offence to knowingly or recklessly provide false or misleading information to the Charity Commission

Support your information with evidence

It's good to have evidence that supports your concern. Evidence can help us assess the risk your issue poses to the charity.

When telling us about your concern, try to include:

names and roles of people involved

names and roles of people who know about the issue, for example the charity trustees

specific dates for when events took place

specific amounts if you report a financial concern

links to articles if the press has reported on it

Do not break the law to give us evidence. If you're not sure whether you should share information with us, get independent advice, for example from Protect.

Please avoid including any personal data which may be unnecessary for the purposes of the report.

Reporting concerns anonymously to the Charity Commission

You do not need to give us your identity or contact details, but it is helpful if you do.

If you report concerns anonymously it might:

make it more difficult for us to investigate your concern

be harder to argue that any unfair treatment at work was as a result of blowing the whistle, because we do not have a record of you

be harder for us to conduct an investigation in a way that could protect you from being identified

Confidentiality

The Charity Commission will not disclose your identity without your consent, unless there are legal reasons that require us to do so. For example, we may need to tell the police if a vulnerable person is at risk of being harmed.

In some cases, it may be possible for the charity to identify the source of the information because of the details of the situation.

What the Charity Commission will do with your concern.

When we receive your email, we check the issue falls under our responsibility and consider the impact on the charity or those it helps. To do this we look at:

what the issue is

what impact it has on the people the charity helps

the impact on the charity's assets and services

the impact on the charity's staff and volunteers

the impact on the charity's reputation or on public trust and confidence in the charity sector

who reported the issue

the supporting evidence

If we determine there is something seriously wrong in the charity, we will investigate and work with the charity to address the issue. If we need more information we will contact you. We do not give updates on our investigations, but when we finish our investigation we will let you know the outcome. If cases are complex they usually take several months to finish.

If we determine there is a lower risk to the charity or the people it helps, we will record your concern.

If you raise a concern about something that is not in our remit, for example personal grievances, we will let you know we will not investigate it.

29.05.26