## SAFEGUARDING ADULTS POLICY

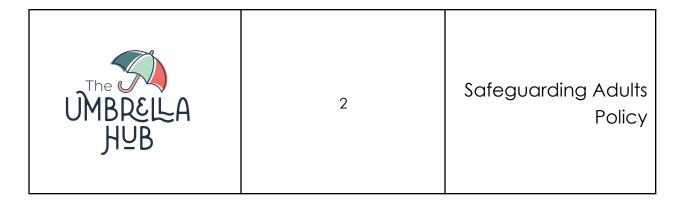
Policy Title	Safeguarding Adults Policy	
Issue Date	April 2024	
Author	Onitha Jarrold	
Review Date	April 2025	



## The Umbrella Hub Community CIC

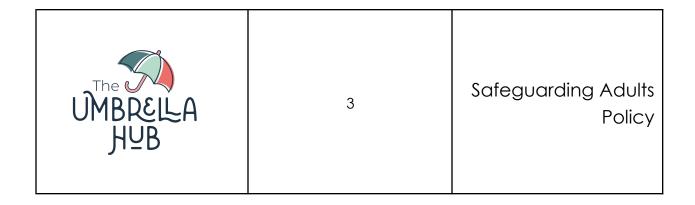
## SAFEGUARDING ADULTS POLICY

1.	Context		
	1.1	The Umbrella Hub Community CIC has a statutory and moral duty to ensure that the Organisation safeguards and promotes the welfare of clients receiving support, information and training.	
	1.2	The Organisation takes seriously its responsibility to safeguard and promote the welfare of vulnerable adults; and to work together with other agencies to ensure adequate arrangements within the environments we work to identify, assess, and support those adults who are suffering harm.	
	1.3	<ul><li>Vulnerable Adults are defined as:</li><li>People aged 18 and over</li></ul>	
		Who are receiving or may need community care services because	

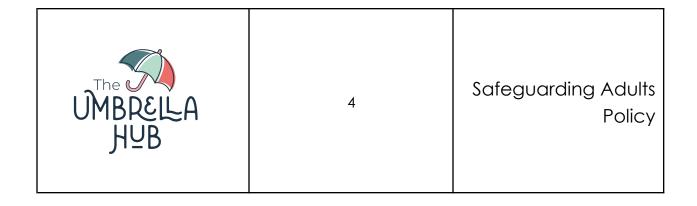


	of learning, physical or mental disability, age or illness	
	• Who are or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation (source: No Secrets, Department of Health, 2000)	
1.4	Organisations are required to designate a senior member of staff with lead responsibility for Safeguarding Adults. At The Umbrella Hub Community CIC, the designated senior persons are Beckie Batchelor and Onitha Jarold	

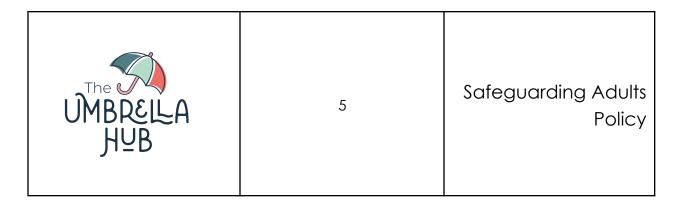
2	Scop	Scope of the Policy		
	2.1	The policy aims to provide a framework for protecting vulnerable adults.		
	2.2	The policy should be followed if there is a concern that a vulnerable adult is in need of protection.		
3	Proc	edure for Dealing with Disclosure, Suspicions or Allegations of Abuse		
	3.1	It is important that clients and other vulnerable adults are protected from		
		abuse. All complaints, allegations or suspicion of abuse must be taken seriously.		
	3.2	Individual members of staff should never deal with disclosures in isolation and should always refer to the designated senior person for safeguarding.		
	3.3	Staff should, where possible, make it clear to a person that they cannot make a guarantee of confidentiality. If possible, they should warn the individual about this before they are given an opportunity to disclose.		



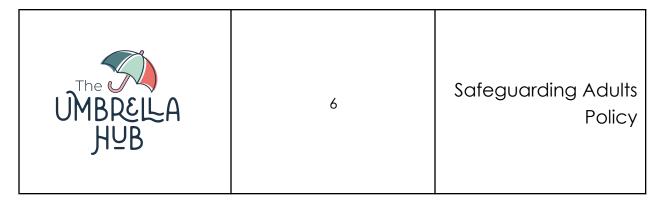
3.4	The client should be made aware that information may have to be shared with the nominated person for safeguarding and that social care services will have to be contacted in order to discuss appropriate action.
3.5	<ul> <li>If the client wishes to continue, staff should:</li> <li>Listen carefully to what is said;</li> <li>Keep questions to a minimum, just to clarify what has been said;</li> <li>Avoid leading questions or comments as these can cause problems for any subsequent investigation or proceedings;</li> <li>Tell the client what is going to happen following the interview and assure them that they will be kept informed of all developments.</li> <li>Reassure the client that by telling a member of staff they have done the right thing.</li> </ul>
3.6	<ul> <li>Staff should make a full, factual record of the disclosure and any other relevant information including:</li> <li>The date, time and place where the disclosure of information took place;</li> <li>The reporting staff member's/student's name and the names of other staff or individuals involved;</li> <li>The date, the time and the place where the alleged abuse occurred;</li> <li>The name of the complainant and where different, the name of the vulnerable adult/client who has allegedly been abused;</li> <li>The nature of the alleged abuse;</li> <li>A description of any injuries observed;</li> <li>The account which has been given.</li> </ul>



4	Nom	ninated Staff Members			
	4.1	The nominated members of staff with responsibility for Safeguarding are:			
		Onitha Jarrold – Co-director 07502355569			
		Beckie Batchelor – Co-director			
5	Resp	onding to an Allegation			
	5.1	Any suspicion, allegation or incident of abuse must be reported to a nominated member of staff with responsibility for safeguarding as soon as possible and in any event, within two hours.			
	5.2	A written record of the report shall be made, including the date and the time of the report, and the name and position of the person receiving the report. If a referral is not made a record must be kept of any issues or concerns received by the Organisations nominee.			
	5.3	Clients with learning disabilities may be less likely to appreciate the seriousness of the situation and be unable to decide on the safest outcomes. Therefore, there is a greater possibility of referral to social care services without the clients' full knowledge and consent			
8	Writte	en Records			
	8.1	The Organisation's nominee shall retain a copy of:			
		<ul> <li>Social care services referral forms</li> <li>Any notes, memoranda or correspondence dealing with the matter</li> </ul>			
		Any other relevant materials			



	10.1	All staff will be made aware of the Safeguarding Policy and receive written guidance in relation to Safeguarding. New staff will attend an awareness-raising session as part of the induction process.		
10	Safer			
	9.2	Appropriate checks are carried out on all new staff and volunteers including Enhanced Disclosure and Barring Service (DBS) Checks.		
	9.1	The Organisation adheres to Government Safer Recruitment guidelines for recruiting all staff to protect children and vulnerable adults. These are detailed in the Recruitment and Selection Policy, Procedure and Guidance Document.		
9	Recru	uitment and Selection Procedures		
	8.5	A record will also be placed on the file of a client making an allegation against a member of staff.		
	0.5			
	8.4	These notes will be kept on the member of staff's file and will be retained until the person attains normal retirement age or for a period of 10 years from the date of the allegation if that is longer.		
	8.3	In cases of allegations against staff there must be a clear and comprehensive summary of the allegations made, details of how and who followed the allegation up and any resolution and conclusion. The record should include details of any action taken and all decisions reached.		
	8.2	Copies of reports, notes etc. should be kept securely locked at all times, with access limited to designated members of staff, normally just the Organisation's nominee.		



	10.2	All staff with direct contact with clients should attend training every three years.		
	10.3	The nominated lead will attend multi-agency training every two years.		
11	Whist	le-Blowing		
	11.1	Vulnerable adults cannot be expected to raise concerns in an environment where staff fail to do so.		
	11.2	All staff should be aware of their duty to raise concerns, where they exist, about the management of safeguarding, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the organisation they should follow the Whistleblowing Policy.		
12	Bullyi	ng		
	12.1	The Umbrella Hub Community CIC acknowledges that to allow or condone bullying may lead to consideration under safeguarding procedures.		

## Useful contact information:

The Umbrella Hub Community CIC Designated Safeguarding Officer

Onitha Jarrold 07502 355569

UMBRELLA HUB	7	Safeguarding Adults Policy
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Customer First	0808 800 4005
Police:	101
Childline:	0800 111111
NSPCC:	0808 800500

UMBREILA JUUB	8	Safeguarding Adults Policy
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