Safeguarding Adults Policy

Approved By	The Board of Trustees
Date of approval	Sept 2026
Date of review	Sept 2027
Originator	Chief Executive Officer (CEO)
Title	Safeguarding Adults Policy
Description of the document	This policy informs staff and volunteers and all visitors of Tapping House (TH) on how to identify and report safeguarding issues involving adults.
Scope	All Tapping House staff and volunteers
Author and designation	Chief Executive Officer
Equality impact assessment (EIA)	Reviewed in February 2025 with no negative impact
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Supporting references	Care Act 2014: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance Mental Capacity Act 2005 Prevent https://www.gov.uk/government/publications/prevent-strategy-2011 No Secrets: Guidance on developing and implementing multi-agency policies and procedures. 2000 Department of Health Vulnerable Adults at Risk of Abuse. 2003, Norfolk Adults Protection Committee RCN Adult Safeguarding: Roles and Competencies for Health Care Staff 2018 Norfolk Multi Agency Safeguarding Policy Section 1 – Policy Statement
Consultation or development process	Clinical Quality Group (CQG)
Training implications	See page 16

Dissemination	This policy is kept in the S/drive of the Hospice server and a paper copy is held with the Governance and Executive Assistant. It is disseminated via Hospice Huddle and team leads.
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1	January 2015	New Policy	L Carter
2	July 2015	Minor updates	L Carter
3	August 2017	Update of procedures and addition of EIA	S Klumper
4	Jan 2020	Competency framework added	L Carter
5	Jan 2023	3 year Review	S Klumper
6	April 2025	Policy updated for safeguarding adults. New separate policy created for safeguarding children	H Henson
7	September 2026	Annual review	D Pooley

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Introduction

This policy applies to all staff, volunteers, trustees, patients and visitors of Tapping House (TH) and covers our commitment to safeguarding. It sits alongside our Safeguarding Children Policy. This policy aims to give clear direction to trustees, staff, volunteers, patients, visitors, and parents/carers about expected behaviours and our legal responsibility to safeguard and promote the welfare of all adults, children and young people who come into contact with Tapping House.

Key contacts for adult safeguarding at Tapping House

Designated Safeguarding Leads (DSL) and first point of contact:

Name	Danny Pooley
Role	Social Worker and Designated Safeguarding Lead
Telephone	01485 601700 ext. 257
Email	Danny.pooley@tappinghouse.org.uk

Deputy Designated Safeguarding Person (DDSP)

Name	Donna Snowden
Role	Hospice at Home Manager
Telephone	01485 601700 ext. 234
Email	Donna.snowden@tappinghouse.org.uk

Deputy Designated Safeguarding Person (DDSP)

Name	Chloe Martin
Role	Ward Manager
Telephone	01485 601700 ext. 243
Email	Chloe.martin@tappinghouse.org.uk

Background

The Care Act (2014) advises that safeguarding duties apply to any adult or child who:

- Has a need for care and support; and is experiencing or at risk of abuse or neglect;

- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Abuse is a violation of an individual's human or civil rights by any other person or persons. It occurs for many reasons and the causes are not always fully understood. It may be a single act or repeated as part of a pattern of behaviour. It may be deliberate, or results from negligence or ignorance.

Safeguarding is a term we use to describe how we protect adults and children from abuse or neglect. Safeguarding is about protecting certain people who may be in vulnerable circumstances. These people may be at risk of abuse or neglect due to the actions (or lack of action) of another person. In these cases, it is vital that public services work together to identify people at risk, and put steps in place to help prevent abuse or neglect. Tapping House (TH) recognises that any adult or visitor connected to the hospice is at risk of abuse and is a priority for collaborative action. We are committed to working in accordance with the Norfolk multi agency safeguarding adults Policy Section 1 – Policy Statement

The Care Act (2014) sets out six key principles of adult safeguarding:
Empowerment- People being supported and encouraged to make their own decisions and with informed consent.
Prevention- It is better to take action before harm occurs.
Proportionality- The least intrusive response should be identified and must be appropriate to the risk presented.
Protection- Support and representation for those in greatest need.
Partnership- Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability- Being accountable and transparent about the safeguarding practices that are used to support people.

Scope

This policy applies to all staff, volunteers, trustees and visitors of Tapping House. The policy covers safeguarding of all adults who have contact with Tapping House. This Policy sits alongside the Safeguarding Children Policy.

This policy gives details of safeguarding definitions and types of abuse. It provides information on the signs and symptoms to be aware of and sets out the procedure to follow should there be a safeguarding concern.

We are clear that the appropriate Local Authority and Police must lead any investigation into any allegation of safeguarding. At all times we will work in partnership and try to establish effective working relationships colleagues from other agencies and organisations.

We will support anyone who, in good faith, reports a concern that an adult or child is being abused or neglected or is at risk of abuse or neglect, even if those concerns prove to be unfounded.

Roles and Responsibilities of the Designated Safeguarding Person (DSP) and Deputies (DDSP) at TH:

The TH Designated Safeguarding Person (DSP) for adults should be the first point of contact for all concerns and queries in the organisation regarding the safeguarding of adults. If the DSP is uncontactable then concerns should be referred to a Deputy (DDSP) in their absence.

Any concern for an adult's safety or welfare should be promptly raised as an incident on Vantage. Any staff who do not have access to Vantage should record the concern on the TH *Reporting Form for Safeguarding Concerns* this should be given to the DSP or DDSP promptly. See 'Reporting a Concern' section below. The DSP or DDSP (or another staff member, if deemed appropriate, by DSP) will liaise with Adult Social Services, and other agencies when required.

The Designated Safeguarding Lead is also responsible for ensuring:

- All staff and volunteers are aware of the Safeguarding Adults Policy and the procedures they need to follow in the event of a disclosure or concern.
- The organisation's safeguarding policies are updated to follow local and national guidance and are reviewed at least annually.
- Staff are updated on changes to safeguarding practice.
- All staff, Trustees and volunteers have received appropriate safeguarding information during their induction to TH and have completed the relevant training appropriate to their role.
- That safer recruitment practices are followed.
- Complete appropriate DSP training regularly, and at least every 3 years.

Roles and Responsibilities of Staff, Volunteers and Trustees

Safeguarding is everyone's responsibility, and everyone has a responsibility to keep up to date with safeguarding guidance and processes.

The Designated Safeguarding Lead and deputies are responsible for:

- Making sure all staff are aware of the safeguarding policy.
- Keeping the policy up to date
- Ensuring staff have completed the relevant safeguarding training for their role
- Making sure staff know about, and follow, reporting systems
- Ensuring that policies and procedures are in place that cover: Adult safeguarding, child protection and safeguarding, IT usage, code of conduct for staff, trustees and volunteers, recruitment, whistleblowing.

Trustees are responsible for:

- Knowing how incidents should be handled should they arise
- Overseeing the correct recording of safeguarding concerns

- The Trustee with safeguarding responsibilities will attend safeguarding team meetings and will provide regular supervision for the safeguarding lead

All other staff are responsible for:

- Knowing where to find a copy of this policy
- Recognising signs of abuse
- Following this policy at all times
- Understanding what to do in the event of a concern
- Recognising the signs of abuse
- Keeping their mandatory safeguarding training up to date
- Upholding the Tapping House Code of Conduct

Safeguarding Team

The Safeguarding Team at Tapping House provides strategic oversight, professional leadership, and assurance that those receiving hospice services are cared for in a way that keeps them safe from abuse and neglect and promotes their rights, dignity, and wellbeing.

The team supports the organisation to meet its responsibilities under the Care Act (2014), Working Together to Safeguard Children (2023) and the Children Act (1989) and ensures safeguarding arrangements are effective, well led, and embedded in everyday practice, in line with Care Quality Commission (CQC) expectations.

The Safeguarding Team aims to ensure that Tapping House:

- Has clear, robust safeguarding systems that are understood by all staff
- Identifies and responds appropriately to safeguarding concerns at the earliest opportunity
- Makes timely referrals to Norfolk County Council Adult Social Services and, where appropriate, to Children's Services via CADS
- Demonstrates learning, improvement, and accountability in safeguarding practice
- Maintains assurance that safeguarding arrangements are safe, effective, caring, responsive, and well led, in line with CQC expectations

Meetings

- Meetings will take place quarterly, with additional meetings convened where required
- Meetings may be held virtually or face to face
- A record of discussions, decisions, and actions will be maintained to evidence governance and oversight

Key Responsibilities

- Maintain oversight of all adult safeguarding concerns raised within the hospice

- Consider safeguarding children concerns that arise as a result of adult patient care, family circumstances, or environmental factors, and ensure appropriate escalation and referral to Children's Services/CADS
- Ensure concerns are triaged appropriately and managed in line with Norfolk safeguarding procedures
- Ensure safeguarding concerns that meet criteria are referred promptly to Norfolk County Council Adult Social Services
- Monitor the progress and outcomes of safeguarding enquiries, including Section 42 enquiries where the hospice is involved
- Provide specialist safeguarding advice and guidance to staff and volunteers
- Support staff in managing complex issues
- Promote Making Safeguarding Personal, balancing risk, choice, and quality of life in end-of-life care
- Support staff to recognise indicators of risk to children within family systems as well as young people under 18 in work placements and young volunteer roles and to act in accordance with safeguarding children's procedures
- Review safeguarding-related policies and procedures regularly
- Ensure local policies align with Norfolk Social Care Safeguarding and Norfolk Safeguarding Children Partnership guidance
- Provide assurance to senior leadership that safeguarding policies for adults and children are effective and up to date
- Support compliance with CQC registration requirements and standards
- Support the delivery and monitoring of safeguarding adults and safeguarding children training
- Ensure training levels meet organisational and statutory requirements
- Promote a culture where staff feel confident to raise concerns, including through whistleblowing procedures
- Use safeguarding cases to reinforce learning and improve practice
- Identify themes, trends, and emerging risks impacting adults and children
- Ensure learning from safeguarding activity is shared and embedded across services

Reporting a Concern

We strongly encourage all safeguarding disclosures or concerns to be reported in person, or via telephone, to the DSP or a DDSP (the TH designated safeguarding team) in the first instance. If you are unable to reach one of them, then you may email the generic inbox instead safeguarding@tappinghouse.org.uk but please note this may delay any action being taken (especially out of normal office hours, Mon to Fri, 0900-1700) and **this method should not be used in the event of an urgent safeguarding concern.**

Any concern for an adult's safety or welfare should be raised as an incident on Vantage or where staff or volunteers do not have access to Vantage, the concern should be recorded on the TH *Reporting Form for Safeguarding Concerns* and given to the DSP or DDSP promptly. When reporting any safeguarding concern, you must also consider data protection and confidentiality

issues, e.g. sensitive information being sent to the wrong email address, emails potentially going into a junk folder and therefore not being seen or other staff having access to the emails.

It is everyone's duty to ensure that the relevant information (and completed form) has been effectively passed to the DSP, or a DDSP in their absence.

Guidance on safeguarding issues can be obtained via Adult Social Services, and their contact details are below.
Adult Social Services **0344 800 8020**

Procedure for handling a disclosure:

Any concern for a person's safety or welfare should be recorded by raising an incident on Vantage or where staff or volunteers do not have access to Vantage, on the TH Reporting Form for Safeguarding Concerns form and given to the DSP or DDSP promptly. There is also a Body Map Form available to highlight the site of any injuries, if required.

Assessment:
When faced with a potential safeguarding concern, the Tapping House member of staff or volunteer should assess the issue and consider three important principles:

1. Consider if the situation is urgent, e.g. are the emergency services required?
2. Ensure the wellbeing and safety of the individual at risk.
3. Maintain any evidence, by implementing effective safeguarding procedures.

Key points to consider when dealing with a disclosure:

- Listen and be supportive.
- Do not ask any leading questions, interrogate, or put ideas in the person's head, or jump to conclusions.
- Do not stop or interrupt someone who is recalling significant events.
- Never promise confidentiality. It must be explained that information will need be to be passed on to help keep them safe.
- Record what was said immediately as close to what was said as possible. Also record what was happening immediately before the disclosure.
- Contact the TH Designated Person immediately.

Contacting Adult Social Services

If TH staff or volunteers are concerned that a person is experiencing or likely to suffer significant harm, the DSP or DDSP will telephone Adult Social Services on 0344 800 8020. If the person is at immediate risk then 999 will be called.

We will gain consent from the person to contact Adult Social Services, unless doing so would place them at further risk of harm or undermine a criminal investigation.

Adult Social Services will advise us of the action required to resolve the concerns either directly or with the support of partner agencies.

We will not investigate and will be led by the Local Authority and/or the Police.

We will keep written dated records of all conversations with Adult Social Services.

Members of the public can also contact Adult Social Services on 0344 800 8020.

Safeguarding Lead:

There are identified staff within the organisation that will ensure that the correct procedures are followed in a suspected Safeguarding situation. The identified Safeguarding Lead and Deputy Safeguarding Leads are named at the start of this policy.

If an adult confides in a member of staff or that member of staff has concerns regarding the possibility of abuse, in the first instance the member of staff must record what has been said and must consult with an identified Safeguarding Lead as soon as possible.

Staff, volunteers or visitors must consult directly with an identified Safeguarding Lead to assess whether the issue is considered abuse using the evidence gathered. The Safeguarding Lead will contact the Adults Social Services for advice and guidance of stages to be implemented, where necessary.
The Safeguarding Lead is the Tapping House contact in all subsequent investigations.

In the event that the suspected perpetrator is a member of staff, the Safeguarding Lead will work with other relevant members of staff to ensure appropriate action is taken to safeguard patients and the organisation, whilst ensuring the process above is also actioned. Designated Tapping House staff, only if deemed appropriate by the local authority, will support any child involved with the Safeguarding Incident.

What is abuse

Abuse and neglect take many forms. Abuse can lead to a violation of someone's human and civil rights by another person or persons. Abuse can be physical, financial, verbal or psychological. It can be the result of an act or a failure to act. It can happen when an adult at risk is persuaded or coerced into a financial or sexual exchange they have not consented to, or cannot consent to due to a lack of capacity. Abuse can occur in any relationship and may result in significant harm or exploitation. Some types of abuse are illegal, and in these cases adults who lack capacity are protected by law the same as everyone else.

Abuse is a misuse of power and control that one person has over another. Where someone is dependent on another, there is the possibility of abuse or neglect unless enough safeguards are put in place.

Abuse can fall into the following categories:

- Physical
- Domestic
- Sexual
- Financial or material
- Psychological
- Modern slavery
- Discriminatory
- Organisational
- Neglect and acts of omission
- Self-neglect
- Forced Marriage

See Appendix A for further details on each type of abuse, as well as indicators and further recognised types of abuse including sexual and criminal exploitation, organised crime, prevent duty, forced marriage, FGM and cuckooing. These are not exhaustive lists, and if something on this list happens, it does not automatically mean abuse is taking place.

Abuse can take many forms, it might not fit comfortably into any of the above categories, or it might fit into more than one. Abuse can be carried out by one adult at risk towards another. This is still abuse and should be dealt with. The adult at risk who abuses may also be neglecting him/herself, which could also be reason for a safeguarding referral.

Who we consider to be vulnerable/ an adult at risk

Any adult could be at risk of abuse, the Care Act (2014) sets out the groups of people that might generally be considered as vulnerable or in need. Vulnerable adults/ adults at risk are people who may need more help than others to stay safe, including:

- People with disabilities or learning difficulties
- Older people
- People with mental health problems
- People who are ill for a long time
- People who are misusing drugs or alcohol
- People who are homeless
- People who experience domestic violence

Staff, Volunteers and Trustees must always be alert to the signs that a person might be at risk of abuse even if they don't fall into one of these groups.

Who might be an abuser?

Abuse can occur in any relationship; this includes:

- Family members
- Professional staff
- Paid care workers
- Other adults at risk
- Volunteers
- Other service users

- Neighbours
- Friends and associates
- People who deliberately take advantage of vulnerable people
- Strangers

Abuse is always wrong, but it's especially worrying when carried out by someone in a position of power or authority over someone, who uses that power to harm an adult at risk.

It is important to remember that abuse and neglect may not always be deliberate or malicious. Abuse can occur where a carer simply cannot care for the adult properly. Even if it is not being carried out deliberately or maliciously, it still requires a safeguarding referral.

Factors, which have been shown to increase the chance of abuse in adults, include:

- a person being over 75 and female
- organic brain injury (lower mental function due to illness)
- cognitive impairment (someone having trouble with memory, thinking skills or making decisions)
- physical, mental or emotional dysfunction, especially depression, recently losing a partner, not having friends or a social network, living alone, or not having contact with their children.

Prevention of Child Abuse at Tapping House

Please see the Safeguarding Children Policy

Mental Capacity

(Please see Mental Capacity & DoLS Policy)

The Mental Capacity Act 2005 was introduced to protect individuals and their freedoms. It seeks to make sure that any decision being made is in the individual's best interests.

In order to protect those who lack capacity and to enable them to take part as much as possible in decisions that affect them the following statutory principles apply:

- You must always assume a person has capacity unless it is proved otherwise
- You must take all practicable steps to enable people to make their own decisions
- You must not assume incapacity simply because someone makes an unwise decision
- Always act or decide for a person without capacity in their best interests
- Carefully consider actions to ensure the least restrictive option is taken

A person is considered to lack capacity if they are unable to make a decision for themselves due to an impairment of, or a disturbance in the functioning of the mind or brain (it does not matter if the impairment is temporary). Lack of capacity must not be assumed due to the person's age, appearance, behaviour or any condition or illness they may have.

Procedure for reporting suspected abuse of an adult

A concern must be raised when there is reason to believe an adult may have been, is, has been or might be the subject of harm, abuse or neglect. This includes where a person is self-neglecting if there is a significant risk to their health or well-being.

Assessing

- Assess the situation i.e. are the emergency services required?
- Ensure the well-being and safety of the individual
- Maintain any evidence
- Remain calm and listen- what abuse has actually happened to the person?
- Who is the abuser?
- What is the "significant harm?"
- What does the alleged abused want you to do about the information they have shared with you? This is in keeping with making safeguarding personal, however never tell the person that action will not be taken against the abused just because they do not want it to be as it will be dependent on different aspects of the harm and risk.

Alerting

This is defined as the identification of abuse or the potential for abuse. This may be through direct disclosure, the concerns of a third party or a high index of suspicion.

Staff and volunteers should remember that the individual is vulnerable and at risk. Conversations should be handled sensitively, without asking leading questions, or over-reacting to disclosure. The person disclosing the information should be assured that they would be listened to and believed.

If a person discloses that they are being abused or have been abused, the following steps should be followed:

- Listen carefully to what you are being told. Don't press for further information, jump to conclusions or use leading questions.
- Remain calm, be aware of your body language and never let your personal opinion show.
- Reassure them that you have heard and understand what they are saying.
- Ensure that the person making the disclosure knows that you are taking them seriously and that you will take the necessary next steps. Explain what will happen next and that they will be kept informed.

If a person makes a disclosure, it is essential that this is raised as an incident on Vantage. For staff or volunteers who do not have access to Vantage a safeguarding concern form should be completed and handed to the DSP or DDSP promptly. If you are unable to quickly access this form without breaking the person making the disclosure's flow of speech, writing what has been said on any paper will be sufficient until you are able to transfer this to Vantage or the paper form. Any paper you record a disclosure on must be kept safe and then destroyed once scanned

and uploaded to Vantage. Once a concern has been raised the Safeguarding team must be notified the same working day. Ideally this should be done face to face or via telephone. If this is not possible, an email can be sent to safeguarding@tappinghouse.org.uk.

No information about the concern being raised should be given to the person's friends, family or other service users or to the alleged abuser.

When abuse is suspected or known the following actions should be taken:

- All concerns or suspicions should be discussed on the same working day with a member of the safeguarding team.
- All concerns and suspicions should also be recorded, including any relevant history, verbal statements, physical signs of abuse or neglect and subjective feelings of unease experienced by staff and/or volunteers.
- An incident must be raised on Vantage as soon as possible. Written records must be completed immediately following the conversation, signed, and dated.
- When allegations of abuse are being disclosed by the victim it is essential for future legal proceedings that the member of staff or volunteer does not attempt to explore, probe or ask for details. If sexual assault is suspected the person should not be bathed, clothes should be preserved and any physical contact should be avoided.
- Advice and guidance should be sought from the Safeguarding Lead within the Hospice or the individual's own social worker if relevant or if neither of these are available, Adult Social Services.

Following these discussions further action will be agreed. This may mean that no action is taken because a valid explanation is found or because it is not necessary to report immediately. If a decision is made not to proceed to the reporting state this must be fully documented and the reasons for the decision given.

If abuse is clearly identified and requires immediate action, any evidence should be preserved and the reporting process followed.

Reporting

If a decision is made to take further action the DSP or DDSP will contact Adult Social Services on 0344 800 8020 for immediate advice or if immediate advice and support is not needed, an online *raise a concern form* will be completed, this is available on the Norfolk County Council website: https://adultsocialcare.norfolk.gov.uk/web/portal/pages/safeguarding#assess

If it is considered the incident to be an emergency, 999 should be called to request police support.

The form must be completed by the DSP, DDSP or the member of staff raising the concern, as agreed in the discussion with support from other agencies as necessary. In the unlikely event that none of the above members of staff are available, the line manager of the member of staff must raise the concern.

No guarantee of confidentiality should be given by a member of staff or volunteer to any patient, carer or client. They must however be notified if information they have disclosed is to be given to a third party. Once information has been given to the Adult Social Services, any further action can only be taken with the consent of the patient/client.

Safeguarding when groups are operated off site

Safeguarding is everyone's responsibility and groups that are run from sister sites under the heading of Tapping House should uphold their duty of care and follow the Tapping House policies and procedures surrounding safeguarding.

- In the event of a safeguarding concern arising in a group "offsite" the staff member or volunteer must ensure that they gather as much relevant information as possible from the person concerned and then telephone a member of the safeguarding team in the first instance.
- Following on from this phone call/conversation normal safeguarding procedures will apply as directed above. In the event that there is no one from Tapping House to speak to for advice/support and immediate advice is required the staff member/volunteer is guided to speak with the safeguarding team at Norfolk County Council on 0344 800 8020.
- If there is no immediate risk to life, but the member of staff or volunteer is not able to encourage the person to remain at the group until further advice has been sought, then they will gather as much identifying information from the person as possible, to allow for further follow up. The member of staff or volunteer should then feed this information back to the safeguarding lead or deputies with immediate effect.
- Should there be a concern that the person's life is in immediate danger then the worker will call 999 and seek support and advice.

Investigating

In any investigation, the lead agency will normally be Adult Social Services. Staff and Volunteers of Tapping House will co-operate fully with any investigation undertaken by Social Services, Police or any other agency.
Internal investigations, in relation to allegations against a member of staff, trustee or volunteer will be led by the DSP. If the allegation is about the DSP, the investigation will be led by the CEO.

Allegations about staff, trustees or volunteers

If an allegation is made against a member of staff, trustee or volunteer of Tapping House, an internal investigation will be carried out in accordance with Hospice Policies and Procedures. A meeting will be held to discuss the safety and welfare of the adult at risk and the support we are able to provide them. The need to suspend the employee or volunteer will be considered, this may not always be necessary. Considerations will be made on how Tapping House is able to support the staff member or volunteer as, if the allegation is false, this will be a very stressful time.

The local authority must be informed that an allegation has been made and an internal investigation has started. The safeguarding lead will start the fact-finding process and locate any evidence. Following the investigation, a report will be made to the Board of Trustees and The Care Quality Commission will be informed of the allegation and the results of any investigation.

Depending on the outcome of the investigation, this may need to be passed to Adult Social Services. If the incident is considered to be an emergency, 999 must be called immediately. Tapping House must inform The Care Quality Commission of any allegation made against a member of staff once it has been confirmed that it will be raised to a Section 42 enquiry by Norfolk County Council.

Tapping House will refer the staff member or volunteer to the Disclosure and Barring Service (DBS) following an investigation which confirms the allegations.

Information Sharing

Tapping House acts at all times within legislation and common law in regards to the sharing of personal information. See the Data Protection and Confidentiality Policy for more information.

Safeguarding vulnerable adults can raise significant issues around information sharing. Tapping House recognises that adults with capacity are free to make their own choices around what information is shared. However, it is also recognised that there might be some circumstances where despite the adult's choice, information must be shared with external agencies in relation to safeguarding.

Safer Recruitment

We adhere to the principles of safer recruitment by ensuring that we:

- Carefully consider job descriptions, person specifications and selection criteria.
- Circulate all vacancies widely.
- Require a completed application form for shortlisted candidates, including a written declaration with regards to criminal convictions, spent or otherwise.
- Prepare new staff induction packs containing the above information, our expectations and core values, safeguarding procedures and general information on the charity.
- Conduct interviews with at least two people present.
- Ask for at least two references, including the last employer.
- Gain appropriate DBS checks.
- Review positive DBS disclosures in accordance with the Rehabilitation of Offenders Act 1974 and the TH Recruitment policy.
- Ask for identification.
- Ask for originals of any relevant qualifications.
- Organise a comprehensive induction period which includes familiarisation with safeguarding policies, procedures and safeguarding training requirements.

We will always gain the correct level of DBS disclosure appropriate to the role. If we are unsure as to what level of DBS check is required for the role, we will consult the DBS Webpages or contact The DBS Regional Outreach service and speak to the Adviser for the East of England. They can be contacted here.

Unless an individual is on the update service any information revealed on a DBS certificate will be accurate at the time the certificate was issued. There is no official expiry date for a DBS certificate. However, our organisation will request a new DBS check every three years as part of our ongoing safer working practices.

All staff, trustees and volunteers will be recruited following the Tapping House recruitment policy. See the Recruitment and Selection Policy for full information on the recruitment processes.

Making a Barring Referral to the Disclosure and Barring Service

If an allegation has been made about a staff member or volunteer, then TH has a legal duty to make a barring referral if the following conditions are met:

Condition 1

- You withdraw permission for a person to engage in regulated activity with children and/or vulnerable adults. Examples: dismissed, re-deployed, been made redundant or retired.

Condition 2

You think the person has carried out one of the following:

- Engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or;
- Satisfied the harm test (A person satisfies the harm test if they may harm a child or vulnerable adult or put them at risk of harm. It is something a person may do to cause harm or pose a risk of harm to a child or vulnerable adult.)
- Received a caution for, or a conviction for, or been convicted for a relevant offence

More information on Barring Referrals can be found online If we need guidance on making a Barring Referral, we will contact the East of England DBS Outreach Advisor for support. A Barring Referral can be completed online via the DBS website

There could be times when we might consider that we should still make a referral in the interests of safeguarding children even if the legal duty to refer has not been met. This could include acting on advice of the police or a safeguarding professional, or in situations where there may not be enough evidence to dismiss or remove a person from working with vulnerable groups. DBS are required by law to consider any and all information sent to them from any source. This includes information sent to them where the legal referral conditions are not met. If we do make a referral to DBS where the referral conditions are not met, we will do so in consideration of relevant employment and data protection laws.

The Chief Executive Officer has the responsibility for making a barring referral. If the barring is being made against the CEO, then the DSP will have responsibility for the referral in partnership with the Chair of Trustees.

Informing the Care Quality Commission:

Any substantial safeguarding concern will be reported to the Care Quality Commission (CQC) by the TH Registered Manager /CEO in accordance with the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Regulation 13 guidance document titled Safeguarding users from abuse and improper treatment. All efforts will be made to work alongside the CQC on any matters arising from reportable safeguarding issues.

Record Keeping and Information Storage

All personal information relating to staff, trustees, volunteers, patients and families will be kept in line with the TH's Data Protection and Confidentiality Policy.

Our organisation cannot guarantee confidentiality if there is a safeguarding concern, as we will need to share these concerns with the Adult Social Services. It is an expectation that our organisation will seek consent to share information first unless to do so would place somebody at risk of harm or undermine a criminal investigation.

All safeguarding records will be held securely in either paper and/or electronic format depending on the role of the person reporting a concern. They will be held confidentiality on a need to know basis and password protected, where appropriate. They will only be accessible by the TH Safeguarding Team.

Records will be shared with the Registered Manager / CEO as required, in accordance with the terms of the Care Quality Commission Requirements on reporting safeguarding concerns.

Training

Training will be based on the 2018 (updated 2020) RCN Competency Framework. This will be monitored by HR using Blue Stream and led by the safeguarding lead.

All clinical and patient facing staff will attend a mandatory safeguarding workshop once every 3 years as delivered by the Safeguarding Lead.

Induction: Every new member of staff and volunteer will be expected to complete mandatory 'safeguarding adults and children awareness' training as part of their induction, within 6 weeks of joining TH. This will be delivered by the Safeguarding Team and via the in-house Training Tracker and will be monitored by line managers.

Ongoing Training: All staff and volunteers will also be expected to undertake safeguarding training appropriate to their role and this is mapped out, monitored and reviewed at least annually. All relevant training is to be renewed at least every three years.
The training required for each role at TH has been defined as follows:

Level 1:	Mandatory induction training for all staff and volunteers, which includes basic safeguarding adults and children awareness training via internal briefing and completion of the Blue Stream module.
Level 2:	Introduction to safeguarding adults and children awareness training for all staff and relevant volunteers Additional safeguarding adults and children training for all clinical staff, relevant volunteers and those working directly with children and young people.
Level 3:	Specific role-based training for designated safeguarding personnel.

We will actively encourage all staff to keep up to date with the most recent local and national safeguarding advice and guidance. For our purposes we will signpost them to the Norfolk website www.norfolklscb.org in the first instance. For information and guidance on safeguarding adults, please refer to our *Safeguarding Adults Policy*.
Records of all safeguarding training undertaken will be monitored by the TH HR department and all staff and volunteers will be reminded to renew their training, as required.

Supervision

The Safeguarding Lead receives regular safeguarding supervision from a manager within the social services locality team.

Compliance with Statutory Requirements

Commission for Health Audit and Inspection Data Protection act 1998
No Secrets: Guidance on developing and implementing multi-agency policies and procedures superseded by the Care Act 2014. 2000 Department of Health, Vulnerable Adults at Risk of Abuse. 2003, Norfolk Adults Protection Committee.

Monitoring and Review

Monitoring and review is essential when vulnerability remains. Any action plan will define who is responsible for this and how it is going to be maintained. However, any member of staff or volunteer can express new or escalating concerns at any time.

Support for staff and volunteers

It is recognised that involvement with alleged abuse is distressing and stressful for those involved directly or indirectly.

Anyone raising concerns will be supported throughout the process and informed of external sources of support if necessary.

Appendix 1: Areas of abuse and their indicators

	Definition	Possible Indicators
Physical	Physical abuse is any physical force that causes injuries or creates a risk to the health and well-being of another person. This can include: assault, hitting. Slapping, pushing, giving the wrong (or no) medication, restraint, deprivation of liberty, force feeding.	• Unexplained or inappropriately explained injuries. • Unexplained cuts or scratches • Unexplained bruising • Collections of bruises • Unexplained burns on unlikely areas of the body • Unexplained fractures at various stages of healing • Untreated injuries • Sudden and unexplained urinary and/or faecal incontinence • Flinching or shying away from physical contact • Adult appearing frightened or subdued in the presence of particular people • Reluctance to undress or uncover certain parts of their body • Changes in behaviour
Domestic	An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is an intimate partner or family member.	• Evidence of physical or sexual assaults • Verbal abuse and humiliation in front of others • Low self-esteem • Damage to home or property • Isolation- not seeing friends or family • Limited access to money • Regulating everyday activities and behaviour including what they wear, where they can go, how to behave and who to see.
Sexual	This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching,	• Urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.

	sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn't consent to or was pressured into consenting.	• Unusually subdued, withdrawn or has poor concentration • Significant changes in sexual behaviour or outlook • Pain, itching or bleeding in the genital/anal area • Underclothing is torn, stained or bloody • Fearful of contact • A woman who lacks mental capacity to consent to sexual activity becomes pregnant.
Financial or material	Financial or material: This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits.	• Lack of heating, clothing or food • Inability to pay bills and/or unexplained shortage of money • Lack of money, especially days after receiving money such as wages or benefits • Inadequately explained withdrawals from accounts • Unexplained loss/misplacement of financial documents • Recent addition of authorised signatories on an adult's accounts or cards • Disparity between income/assets and living conditions • Power of attorney obtained when the adult lacks capacity to make this decision • Recent changes to deeds/title of house or will • Recent acquaintances expressing sudden or disproportionate interest in the adult and their money • Illegal money lending
Psychological	This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or	• Anxious or withdrawn • Low self-esteem • Untypical changes in behaviour (continence problems, sleep disturbance etc) • Not allowed visitors and/or phone calls • Locked in room or home

	support networks. (See NHTH Domestic Abuse policy)	• Denied access to aids or equipment (glasses, dentures, hearing aids, walking aids etc) • Access to personal hygiene or toilet is restricted • Movement is restricted due to furniture placement, inappropriate furniture or equipment • Bullying via social media internet sites and persistent messaging
Modern Slavery	This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.	• Forced to work- through mental or physical threat • Owned or controlled by an employer • Dehumanised, treated as a commodity or bought and sold as property • Physically constrained or have restrictions placed on their freedom of movement. • Malnourished, unkempt or appears withdrawn • Fearful of people in general and the authorities in particular • Living in inappropriate or overly cramped accommodation
Discriminatory	This includes types of harassment or insults because of someone's race, gender or gender identity, age, disability, sexual orientation or religion.	• Rejection of own cultural background or racial origin • Rejection of sexual practices or lifestyle • Make complaints about the service not meeting their needs
Organisational	This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone's home. The abuse can be a one-off incident or repeated on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.	• Staff receive very little support from management • Staff are inadequately trained • Staff are poorly supervised and poorly supported in their work • Staff receive inadequate guidance • Unnecessary or inappropriate rules and regulations • Lack of stimulation or the development of individual interests • Inappropriate staff behaviour • Restrictions of external contacts or opportunities to socialise.

Neglect	This includes ignoring medical, emotional or physical care needs, failure to provide access care and support or educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.	• Inadequate heating or light • Physical appearance is poor • Malnourished, has sudden or continuous weight loss • No access to appropriate medication or medical care • Not afforded appropriate privacy or dignity • The carer has inconsistent or reluctant contact with health and social services • Visitors/ callers are refused • Exposure to unacceptable/avoidable risk
Self-neglect	This covers a wide range of behaviour, which shows that someone is not caring for his or her own personal hygiene, health or surroundings. It includes behaviour such as hoarding.	• Living in very unclean circumstances • Poor self-care leading to a decline in personal hygiene • Poor nutrition • Poorly healing sores • Poorly maintained clothing • Isolation • Failure to take medication • Hoarding and neglecting household maintenance

Appendix 2: TH Adults Code of Behaviour & Safeguarding

We agree to:

- Treat everyone with respect and dignity in line with TH values.
- Ensure that the safety and welfare of all children and young people is always paramount.
- Promote our commitment to safeguarding.
- Listen to and act upon all safeguarding concerns, so people feel safe in our care.
- Set a good example for others to follow by being a positive role model.
- Remember we are in a position of trust and need to be aware of the limitations of our role.
- Treat everyone in a fair and just way, without favouritism.
- Be mindful of our own behaviour, so our actions are not misinterpreted.
- Act within professional boundaries, even in challenging circumstances.
- Avoid inappropriate, suggestive or threatening language whether verbal, written or online.
- Act professionally and challenge bullying or disruptive behaviours not in line with this Code or TH values.
- Encourage openness, where people can challenge inappropriate attitudes and behaviours.
- Respect professional boundaries with colleagues and not engage in personal friendships or relationships with patients, or families.
- Create an environment where those at risk feel able to voice their concerns.
- Liaise openly with parents/carers, unless inappropriate to do so.
- Respect people's right to privacy.
- Abide by adult to child ratios always and avoid being alone with a child or young person (unless in designated role).
- Attend safeguarding refresher training every three years.

We should not:

- Dismiss feelings and points of view.
- Trivialize abuse or let it go unreported.
- Overstep the boundaries of our professional role.
- Rely on our position or reputation to protect us.
- Encourage anyone, colleagues, patients, or families to consume alcohol if underage or use illegal substances.

Appendix 1 Equality Impact Assessment				
Name of Document	**Safeguarding Adults Policy**			
Date of assessment Sept 2026		**Date for review Sept 2027**		
Which area: Care/Finance/Retail	**Care**		**Senior Management Committee Approval**	
	Positive Impact	**Negative impact**	**No Impact**	**Comment**
Does the document affect one protected characteristic less or more favourably than another on the basis of:				
Race			**x**	
Gender including transgender			**x**	
Religion or belief			**x**	
Sexual orientation, to include heterosexual, lesbian, gay and bisexual people			**x**	
Age			**x**	
Marriage and Civil Partnership			**x**	
Pregnancy and Maternity			**x**	
Disability including learning disabilities, physical disabilities, sensory impairment and mental health issue's			**x**	
Does this document affect an individual's human rights? See list in EQA Guideline document				
Name which Human Right				
If there is potential discrimination, are the exceptions valid, legal and/or justified? If yes, what is the action e.g.? • Adjust the policy to remove disadvantage identified or better promote equality • Continue the policy to demonstrate that such a disadvantage or advantage can be justified or is valid If neither of the above possible, submit to SLT for review				
Name of assessor	**D Pooley**		**Date**	**Sept 2026**