

# Safeguarding Adults Policy

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<i>Lead Director:</i>	<i>Jo Mountney- Director of PCI</i>
<i>Lead Manager:</i>	<i>Tracey Hamer – Safeguarding Manager</i>

## Policy history

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2.0		15/01/2015	Version 1.0: Update to <section ref> change made
3.0	Tracey Thompson	23/12/2016	Updated
4.0	Tracey Thompson	20/10/2018	Updated
5.0	Tracey Thompson	29/01/2019	Shortening of previous version 4.0
6.0	Tracey Thompson	16/12/2019	Update in line with regional restructure (Responsive)
7.0	Tracey Thompson	12/02/2021	Update - new guidance on suicide.
8.0	Tracey Thompson	03/03/2023	Two-year policy review
9.0	Tracey Hamer	16/05/2025	Updated and Shortening of previous version 8.0

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## Policy Statement of Intent

### 1.1 Introduction

*“The Motor Neurone Disease Association plays a vital role in supporting people with MND and their wider networks. As the Director of People, Culture and Inclusion and Safeguarding Lead for the Association, it is a privilege to lead on ensuring that our day-to-day activities are carried out in a way that keeps the safety of our community at its core. In striving for our vision of a world free from MND, we are committed to using this policy to safeguard everyone who comes into contact with our organisation”. (Jo Mountney, Director of People, Culture and Inclusion)*

The Motor Neurone Disease Association is committed to promoting the welfare of those who use our services, our staff and volunteers and safeguarding adults in line with national legislation.

The Motor Neurone Disease Association is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect. The MND Association's Safeguarding Policy is supported by a comprehensive Safeguarding Procedures document.

### 1.2 Policy Statement

The Motor Neurone Disease Association believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

The Motor Neurone Disease Association is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

The Motor Neurone Disease Association acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.

The Motor Neurone Disease Association recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.

Actions taken by The Motor Neurone Disease Association will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

This policy is separate from the Association's policy for Safeguarding Children. Please refer to the *Safeguarding Children and Young People Policy* for guidance and support relating to working with and protecting children.

### **1.3 Purpose and Scope**

This policy applies to all Motor Neurone Disease Association (MND Association) employees, volunteers, contractors and others who come into contact with our organisation.

The aim of this policy is to demonstrate the commitment of the MND Association to safeguarding adults and ensure that the MND Association acts appropriately when it becomes aware that an adult is at risk of harm. It also provides a framework which ensures that those involved in the support of adults at risk have the appropriate information and support to enable them to take the necessary steps to stop the neglect/abuse happening. Furthermore, the MND Association must have appropriate mechanisms in place to prevent neglect or abuse by any employee, supporter, volunteer, or associate of the organisation.

This policy is designed to inform and offer guidance to staff and volunteers in all Directorates across the MND Association, in the management of issues relating to protecting, safeguarding, and promoting the welfare of adults at risk. Whilst we are not a statutory social care organisation, all staff and volunteers, from whichever Directorate, have an obligation and responsibility to be aware of and report concerns related to protection, safeguarding and promotion of the welfare of adults at risk from harm.

Failure to adhere to this policy could result in adults being placed at increased risk of harm and not receiving necessary support in a timely manner. Failure to adhere to the policy can also cause potential damage to the reputation of the MND Association and loss of confidence and trust in the MND Association.

This policy will be reviewed and revised as and when it becomes necessary, after any Serious Incident and at least every two years. For the purposes of this policy, a Serious Incident is an event of significant risk that triggers an internal investigation to take place.

## 1.4 Principles

### Principles

At the Motor Neurone Disease Association, we embed the 6 safeguarding principles into all of our safeguarding work (as outlined in The Care Act 2014):

#### 1. Empowerment

Empowering individuals to be confident in making their own decisions and giving informed consent.

#### 2. Protection

Providing support and representation have to those in the greatest need.

#### 3. Prevention

Taking preventative action before harm has occurred. Equipping our people to recognise when someone may be at risk of abuse.

#### 4. Proportionality

Ensuring concerns are dealt with in the least intrusive manner and actions taken are proportionate to the risks presented.

#### 5. Partnerships

Forming partnerships with relevant organisations and local communities so we can coordinate in creating solutions.

#### 6. Accountability

Ensuring that we are accountability and completely transparency our safeguarding Practices and responses. Everyone is accountable for their actions and understands their role in keeping people safe.

## 1.5 Safeguarding Governance

There is a strong Safeguarding Governance Framework at The MND Association. This includes a quarterly Safeguarding Board with cross-directorate representation, safeguarding represented through quarterly People, Culture and Inclusion (PCI) Committee and set roles:

1. Safeguarding Trustee – Safeguarding representative on the Board, fulfils the role of 'critical friend' and forms part of the flow of accountability to Board level.
2. Executive Leadership Team (ELT) Lead for Safeguarding – Safeguarding lead for the MND Association with accountability for organisation-wide safeguarding strategy.
3. Safeguarding Manager and Safeguarding Officer- Safeguarding team to implement and embed safeguarding strategy and ensure concerns are managed in an appropriate and timely manner.
4. Designated Safeguarding Managers (DSM) - Managers designated within the MND Association to whom any safeguarding concerns should be escalated/reported. There are 10 DSMs at the MND Association across a range of Directorates. DSM's have enhanced training upon starting and on an annual basis to fulfil this role.

In addition to the formalised channels, the MND Association also promotes:

Safeguarding Working Group - This a group of regional staff who feed into safeguarding work before discussion at Safeguarding Board and PCI Committee.

All staff and volunteers - All staff and volunteers have a responsibility to report if they have a concern about an adult to their Designated Safeguarding Manager or Volunteer Manager.

## 1.6 Commitments

The MND Association's safeguarding arrangements are underpinned by the following key commitments:

- 1.6.1. Safeguarding is everyone's responsibility: for those adults we work with/come into contact with to be safe, and for our services to be effective, each employee and volunteer must play their full part in safeguarding adults at risk of harm.
- 1.6.2. All staff and volunteers working with adults at risk must listen to what they say, take their views seriously, and work with them collaboratively when deciding how to support their needs, as appropriate.
- 1.6.3. Procedures are in place to ensure concerns of abuse or neglect are dealt with appropriately and that action is taken promptly.
- 1.6.4. Recruitment and selection policies and procedures for staff and volunteers will take account of the need to safeguard and protect adults at risk. This will include the introduction and adoption of Safer Recruitment tools and techniques.
- 1.6.5. Induction training for all new staff and volunteers will include safeguarding policies and procedures. All staff, regardless of role, undertake safeguarding e-learning training within their first two weeks of employment. All staff also undertake safeguarding refresher training every two years, supported by our Learning and Development team. Volunteers undertake safeguarding training as part of their induction and this is refreshed through e-learning every two years. The e-learning training is supported by regular information sessions to ensure that the MND Association is creating a strong culture of support around safeguarding for staff and volunteers. Staff and volunteers will also have access to appropriate guidance and support when required and as appropriate.
- 1.6.6. All staff and volunteers will have access to an Association Designated Safeguarding Manager (DSM) and details of the appropriate local agencies to which safeguarding concerns can be reported. All DSMs have specific training in order to fulfil the enhanced safeguarding role.

- 1.6.7. The Director of People, Culture and Inclusion is the Association's Safeguarding Lead and is responsible for maintaining a strategic overview of all safeguarding matters within the MND Association – this is not the same role as Designated Safeguarding Manager. A Safeguarding Board meets quarterly to advise the Executive on safeguarding matters, as they relate to the work undertaken at the MND Association.
- 1.6.8. The policy reflects the differences in health and social care structures and legislation for safeguarding adults at risk across England, Wales, and Northern Ireland. However, the Association adopts the same safeguarding principles across all three Nations.
- 1.6.9. All Staff who have direct contact with adults, children and/or families at risk of harm - online, by telephone or face to face have access to additional training and information to enhance their role and confidence in identifying safeguarding risks and concerns. This may be training provided by Local Safeguarding Boards and other suitable local external providers, as appropriate. A log of training is kept internally.
- 1.6.10. As part of the MND Association's managing and escalating safeguarding incidents, the Safeguarding Manager will work in conjunction with DSMs and the Director of PCI to conduct, where appropriate, Safeguarding Internal Investigations and identify lessons learned. Consideration of lessons learned must occur for any safeguarding concerns identified as high risk.

## Legal and Policy Context

### 2.1 Adult Safeguarding in the UK

Legislation for the protection of adults differs across the four nations of the UK, but there is a consistent rights-based approach which is informed by Human Rights Law. The MND Association works across England, Wales and Northern Ireland, adhering to the legislation across these three nations. The relevant legislation is included below, but the MND Association is committed to following consistent internal escalation procedures to ensure any concerns relating to an adult at risk are raised regardless of location.

### 2.2 Legislation

There are a number of key pieces of legislation which set out the framework for all agencies working with adults at risk of harm. The practices and procedures within this policy are based on the relevant legislation and government guidance. Some of these include:

- The Care Act 2014 (England)
- Social Services and Well Being Act 2014 (Wales)
- Adult Safeguarding Prevention and Protection in Partnership 2015 (Northern Ireland)

- The Mental Capacity Act 2005 (England and Wales)
- Mental Capacity 2016 (Northern Ireland)
- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018
- Sexual Offences Act 2003
- Domestic Violence Crime and Victims Act 2004
- The Protection from Harassment Act 1997
- Mental Health Act 2007
- Safeguarding Vulnerable Groups Act 2006

## Definitions

### 3.1 Who is an adult at risk of harm?

Safeguarding Adults legislation creates specific responsibilities on Local Authorities, Health, and the Police to provide additional protection from abuse and neglect to Adults at Risk.

The terminology of “adults at risk” or “adults with care and support needs” moves away from the terminology of “vulnerable adults”, as this may wrongly imply that some adults are inherently vulnerable. The Care Act 2014 makes it clear that abuse of adults is linked to *circumstances* rather than the characteristics of people experiencing the harm.

An Adult at Risk is defined in England and Wales as a person aged 18 or over who:

- has needs for care and support (whether the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- 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.

In Northern Ireland, the term Adult in Need of Protection is used and defined as a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal circumstances and/or life circumstances, and, who is unable to protect their own well-being, property, assets, rights or other interests; and, where the action or inaction of another person or persons is causing, or is likely to cause him/her to be harmed.

### 3.2 What does mental capacity mean?

Mental capacity refers to the ability to make a decision. The Mental Capacity Act 2005 (MCA) covers England and Wales and is designed to protect people who lack the mental capacity to make decisions for themselves. It outlines a process for assessing someone’s ability to make decisions and how to proceed if they do lack capacity. The MCA may be applicable to activities at all levels of the MND Association and anyone supporting a person who may lack capacity could be involved in assessing capacity in some way.

In Northern Ireland, the Mental Capacity Act (Northern Ireland) 2016 is the relevant legislation.

### **3.3 What do we mean by abuse?**

Abuse is a violation of a person's human rights or dignity by any other person or persons. There are many kinds of abuse, which can be carried out deliberately or unknowingly and it may be a single or repeated act.

Safeguarding legislation in each home nation lists categories of abuse differently however, they all include the following types of abuse:

- Physical
- Sexual
- Psychological
- Neglect
- Financial

### **3.4 Who may perpetrate abuse?**

The person who is responsible for the abuse may be a stranger, but is often well known to the person being abused and could be:

- A relative/family member.
- Professional/staff member.
- Paid care worker.
- Volunteer.
- Other service user.
- Neighbour.
- Friend or associate.
- Children and young people can be abusers

### **3.5 What are the signs?**

Some of the following signs might be indicators of abuse or neglect:

- Multiple bruising or finger-marks.
- Injuries the person cannot give a good reason for.
- Deterioration of health for no apparent reason.
- Loss of weight.
- Inappropriate or inadequate clothing.
- Withdrawal or mood changes.
- A carer who is unwilling to allow access to the person.
- An individual who is unwilling to be alone with a particular carer.
- An unexplained shortage of money.

With respect to the **MND Association's online platforms**, moderators may also be alerted by the following signs:

- Posting of inappropriate photos, images, or videos.

- Suicide notes or goodbye letters.
- Discussion of intentions to undertake risky activities, e.g. self-harm, or injury.
- Discussion of illegal activities, e.g. substance misuse.
- Sharing of personal information or pressurising others to share personal information, e.g. email addresses, phone numbers, instant-messaging.
- Change in the tone of messages.
- Direct reference to issues of a safeguarding nature, e.g. disclosure of abuse.

### **3.6 Making Safeguarding Personal**

Making Safeguarding Personal (MSP) aims to ensure a person-centred and outcome focused approach to safeguarding. This shifts safeguarding culture and practice from process to people. It's about engaging with people about the outcomes they want, enhancing their involvement, choice, and control. This allows us to see adults as experts in their own lives.

Making Safeguarding Personal enables safeguarding to be done with, not to, people. Involving them in the process from start to finish – 'no decision about me, without me'.

### **3.7 Appropriate Agency**

These agencies are responsible for the investigation and coordination of all incidents of suspected abuse. This would fall within the jurisdiction of the relevant statutory agency closest to where the adult at risk is residing. The relevant statutory agency may be the local authority, health services or the police.

Where there is an indication that a criminal offence has been committed, consideration will be given as to whether the police need to be informed.

### **3.8 Designated Safeguarding Manager (DSM)**

These are the managers designated within the MND Association to whom any safeguarding concerns should be escalated/reported.

#### **Recording and Information Sharing**

All organisations must comply with the Data Protection Act and the General Data Protection Regulation when recording and sharing information.

Records relating to safeguarding concerns must be accurate, relevant and be stored confidentially with access only to those with a need to know. The MND Association uses MyConcern for securely recording safeguarding concerns.

Data protection legislation allows information sharing within an organisation. Therefore, anyone who has a concern about harm can share this information with a Designated Safeguarding Manager, a member of the Safeguarding Team or any other appropriate member of staff within the MND Association without consent.

Association endeavours to work with the adult at risks' consent and their wishes should be respected unless there are over-riding reasons for sharing information. These reasons include:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.
- you believe they or someone else is at risk, including children.
- you believe the adult is being coerced or is under duress.
- it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.
- the adult does not have mental capacity to consent to information being shared about them.
- the person causing harm has care and support needs.
- the concerns are about an adult at risk living in Wales or Northern Ireland (where there is a duty to report to the Local Authority).

Please refer to the MND Association's Confidentiality and Data Protection Policies for further details.

#### 4. Supporting Policies

Recruitment and Training Policy  
Confidentiality Policy  
Recruitment of Offenders Policy  
Grievance & Disciplinary Policy  
Disclosure Policy and DBS Vetting of identified posts.  
Whistle Blowing Policy  
Equality & Diversity Policy  
Complaints Procedure  
Volunteering Policy  
Data Protection Policies  
Lone Working Policy  
Suicide Guidance for Staff and Volunteers  
Digital Safeguarding Policy  
Safeguarding Adults Procedure  
Safeguarding Children Policy and Procedure