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NECP
North East Child Psychiatry

NECP policy 004 – Safeguarding adults policy
PRIVATE AND CONFIDENTIAL

North East Child Psychiatry Ltd

Safeguarding adults policy

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This policy should be read alongside organisational policies, procedures, guidance and other related documents including:

- Information Governance policy / Privacy notice
- Consent policy and procedure
- Complaints policy and procedure
- Health, safety and risk policy
- Indecent exposure
- Sexual harassment

Introduction

The Care Act 2014 (updated January 2022) provided legislative guidance for safeguarding adults within chapter 14, sections 42 – 46. It states:

‘safeguarding means protecting an adult’s right to live in safety, free from abuse or neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time ensuring that the adults wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.’

Safeguarding Adults: The Role of the Health Service Practitioners (DoH, 2011) states that:

‘health services have a duty to safeguard all patients but provide additional measures for patients who are less able to protect themselves from harm and abuse’.

And:

‘Safeguarding adults is an integral part of patient care. Duties to safeguard patients are required by professional regulators, services regulators and supported in law.’

This policy sets out the roles and responsibilities of North East Child psychiatry (NECP) in working together with other professionals and agencies in promoting the welfare of adults and safeguarding them from abuse and neglect.

Although NECP primarily works with children and young people there is an agreement with the medical indemnifiers to keep under review a small number (no more than five) young adults between 18 and 18.5 years of age to support their transition. Almost all under-18 year

olds also have adults involved in their lives - parents, wider family and carers. This policy therefore applies to those 18-year olds and older who are known to and involved with NECP.

This policy forms a key guide to how NECP acts to protect young adult patients and older adult family / carers. The policy is supported by good governance, health and safety, financial management, staff supervision and management.

Abuse and neglect of vulnerable adults

Everyone has the right to live in safety, free from abuse and neglect.

Abuse and neglect can occur anywhere: in someone's own home or a public place, while in hospital or attending a day centre, or in a college or care home.

Adults may be living alone or with others. The person causing the harm may be a stranger but, more often than not, they will be known and the provide a feeling of safety. They are usually in a position of trust and power, such as a health or care professional, relative or neighbour.

Different forms of abuse and neglect

There are many forms of abuse and neglect. The Care Act 2014 identifies ten types of abuse or neglect to consider for the safeguarding of adults. These may occur alone or in combination:

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

Sexual abuse includes:

- Inappropriate looking or touching
- Sexual touching or innuendo
- Sexual photography
- Being forced to watch pornography or sexual acts
- Being forced or pressured to take part in sexual acts
- Rape

Physical abuse includes:

- Being hit, slapped, pushed or restrained
- Being denied food or water
- Not being helped to go to the bathroom when needed
- Misuse of medicines

Psychological abuse includes:

- Emotional abuse
- Threats to hurt or abandon
- Stopping a person from seeing others
- Humiliating, blaming, controlling, intimidating or harassing
- Verbal abuse
- Cyberbullying and isolation
- An unreasonable and unjustified withdrawal of services or support networks

Domestic abuse - This is typically an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is, or has been, an intimate partner or family member.

Discriminatory abuse - This includes some forms of harassment, slurs or unfair treatment because of:

- Race
- Sex
- Gender and gender identity
- Age
- Disability
- Sexual orientation
- Religion
- Being married or in a civil partnership
- Being pregnant or on maternity leave

Financial abuse - This could be someone stealing money or other valuables. Or it might be that someone appointed to look after money on a person's behalf is using it inappropriately or coercing them to spend it in a way they are not happy with. Internet scams and doorstep crime are also common forms of financial abuse.

Neglect - Neglect includes not being provided with enough food or with the right kind of food, or not being taken proper care of. Leaving a person without help to wash or change dirty or wet clothes, not getting them to a doctor when they need one or not making sure they have the right medicines all count as neglect.

Prevent

In addition to the above categories, Prevent is one of the Government's strategies for counter terrorism and extremism in the UK. This is in relation to safeguarding those who are vulnerable to radicalisation.

Aims of safeguarding

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect

The six principles of safeguarding

First introduced by the Department of Health in 2011, but now embedded in the Care Act, these six principles apply to all health and care settings.

- Empowerment - People being supported and encouraged to make their own decisions and informed consent
- Prevention - It is better to take action before harm occurs
- Proportionality - The least intrusive response appropriate to the risk presented
- Protection - Support and representation for those in greatest need
- Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability - Accountability and transparency in safeguarding practice

Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) means that the safeguarding process should be person-led and outcome-focussed, enhancing the individual's involvement and choice and control together with seeking to improve quality of life, wellbeing and safety. The Care Act 2014 emphasises a personalised approach to adult safeguarding that is led by the individual, not by the process. It is vital that the adult at risk feels that they are the focus and they have control over what happens during the safeguarding enquiry. On identification of a safeguarding concern, this should be discussed with the adult with the safeguarding procedure explained to them in a format that is appropriate and their views and wishes of the outcome should be obtained. Where the person lacks capacity, this should be sought from someone who is advocating on their behalf.

Think Family

Everyone has a responsibility to take a 'Think Family' approach. 'Think Family' is an approach that requires all agencies to consider the needs of the whole family from working with individual members of it, making sure that support provided by children's, adults and family services is coordinated and takes account of how individual problems effect the whole family. All assessments must identify who is living in the same household as an adult. There

is a requirement for all staff, no matter who the primary client is, to consider the welfare and needs of all those living in the household.

Mental Capacity, safeguarding and advocacy

The Mental Capacity Act 2005, provides a comprehensive framework to safeguard and empower people over 16 who are unable to make all or some decisions themselves. The Act includes a range of principles, powers and services which must be considered as a part of a safeguarding plan for a person lacking capacity who may be at risk of being abused or neglected.

Where an adult who lacks capacity is alleged to have been abused or neglected or to have abused or neglected another person, consideration must be given to appointment of an Independent Mental Capacity Advocate (IMCA).

An IMCA is a type of statutory advocacy introduced by the Mental Capacity Act 2005 and is appointed to support a person who lacks capacity if there are no family members or relevant others to act in their best interests.

There is also a separate duty to arrange an independent advocate for adults who are subject to a safeguarding enquiry or Safeguarding Adults Review (SAR) under the following conditions:

- The person would have substantial difficulty in being fully involved in these processes without an independent advocate
- There is no appropriate individual available to support and represent the person's wishes (someone who is paid or professionally engaged in providing care or treatment to the person or their carer is not considered appropriate).

Consent, confidentiality, and information sharing

Good information sharing practice is at the heart of good safeguarding practice. Staff should seek the views of the adult about raising a safeguarding concern ascertaining their wishes and views (MSP). They should seek the consent of the adult for raising the safeguarding concern (and in the process, sharing information with the local authority and/or police). Staff cannot give assurance of confidentiality where there are concerns about abuse or neglect particularly where other people may be at risk. Disclosure without consent may be justified where:

- Seeking consent is likely to increase risk to the adult in question or another person
- Permission has been refused but sufficient professional concern remains to justify disclosure in the wider public interest
- Seeking permission is likely to delay commencing a criminal investigation, or to prejudice it by alerting potential perpetrators
- There is significant risk to others (particularly children and young people under the age of 18 years). NB the interests of children (and young people under 18) are paramount under the Children Act 2004 – so this would outweigh the adult's interests

Police referral

Where a crime is suspected to have been committed then the police are to be notified immediately and evidence should be preserved wherever possible.

Referral to the Local Authority

The Local Authority is the lead agency for safeguarding. They must lead a multi-agency local safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens. There are local decision making / threshold tools that are available to assist with adult safeguarding concerns. These tools help decide the type and seriousness of abuse and whether they need raising further with the Local Authority Safeguarding.

Abuse may fall within the low risk threshold but other factors can make the concerns more serious which requires escalation for formal adult protection procedures. These tools do not replace professional judgement or aim to set a rigid threshold for intervention. All concerns that meet the safeguarding adult requirements under the Care Act, are to be raised with the Local Authority. A decision to raise a concern requires a concern form / or via telephone (dependent on which area) to the Local Authority where the alleged abuse or neglect has taken place.

Concerns should be raised with the Local Authority Safeguarding Adults team within 24 hours of the concerns being raised. Urgent concerns raised out of hours should be raised with the Emergency Duty Team

Section 42 enquiries

Section 42 of the Care Act 2014 states that Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult with care and support needs is, or is at risk of, being abused or neglected. An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. The purpose of a Section 42 safeguarding enquiry is to decide what action is needed to help and protect the adult. Its aims are to:

- establish the facts about an incident or allegation
- ascertain the adult's views and wishes on what they want as an outcome from the enquiry
- assess the needs of the adult for protection and how they might be met
- protect the adult from the abuse and neglect, as the adult wishes
- establish if any other person is at risk of harm
- make decisions as to what follow-up actions should be taken with regard to the person or organisation responsible for the abuse or neglect
- enable the adult to achieve resolution and recovery

Record keeping

All safeguarding adult concerns must be recorded in the electronic patient record (Cliniko), as soon as the concern is raised. All records must be accurate and factual as they may well be relied upon at a later date in court and all dates and times must be recorded in sequence and the entry (digitally) signed.

NECP does not hold any paper records.

NECP has set up Cliniko to require 2-factor authentication so information stored within is safe and secure.

Safeguarding Adults Reviews (SAR)

The Care Act 2014, Section 44 requires that Safeguarding Adults Boards /Partnerships must arrange a Safeguarding Adults Review when:

- an adult in its area dies either as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult or
- if an adult has not died, but the Safeguarding Adult Board / Partnership knows or suspects that the adult has experienced serious abuse or neglect.

The Care Act also states that Safeguarding Adult Board / Partnerships 'are free to arrange a SAR in any other situations involving an adult in its area with needs for care and support.'

The following principles are applied to all reviews:

- a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice
- the approach taken to reviews is proportionate according to the scale and level of complexity of the issues being examined
- reviews of serious cases are led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed
- professionals are involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith
- families are invited to contribute to reviews. They will understand how they are going to be involved and their expectations should be managed appropriately and sensitively

Advice and support

Dr Gilder has established peer networks which can be used for advice and support around issues of adults' safeguarding. Peer clinical supervision and peer network groups can all be approached. Dr Gilder can directly approach Local Authority adult safeguarding teams for anonymous advice as well as making named referrals where concerns are present.

Clinical (safeguarding) supervision

Effective safeguarding supervision helps to provide a clear focus on a person's well-being and supports professionals to reflect on the impact of their decisions on the person and their family. It should provide emotional support for professionals. Dr Gilder has regular (every 2 months) clinical supervision with two consultant psychiatrist peers. If a person involved with NECP is subject to a protection plan they should be discussed as part of the session.

Safeguarding training

Dr Gilder will attend at least one session of safeguarding adults training every two years. This will be evidenced via her Continuous Professional Development (CPD) log held at the Royal College of Psychiatrists and reflected on within her annual appraisal.

Safeguarding adults summary

Ensure the immediate safety and well-being of the adult at risk. Contact 999 where urgent medical attention or police presence is required. Always consider the need to preserve evidence.

Gather information, including the desired outcomes of the adult at risk (unless this may impact upon any potential police investigation/safeguarding enquiry), in order to inform your decision (MSP): What has happened? - What do they want to happen now? - What changes/actions does the adult desire to feel safe?

Consider a person's capacity to understand the safeguarding concern, process and ability to inform any subsequent support as a result. Follow the guidance within the Mental Capacity Act 2005. Consider the involvement of family / friends or referral to advocacy services where a person lacks capacity.

Make a decision on whether to raise a concern. Consider the information available to you and the views and wishes of the person. Refer to local safeguarding tools to assist your decision. You should seek consent to raise a concern however, at times, you may need to raise a concern without consent dependent on risk.

A decision to raise a concern further requires a concern form / or via telephone (dependent on which area) to the Local Authority where the alleged abuse or neglect has taken place. The Local Authority is the lead agency. Continuous safeguarding of the person is to be addressed via appropriate interventions and clinical risk management regardless of the decision and should not be delayed.

Local Authorities must carry out Section 42 enquiries, or cause others to do so, if they reasonably suspect an adult is at risk or experiencing abuse or neglect.

Record, inform and support. Document all information relating to the concern and any actions taken, inform any other key people or agencies and support the adult(s).

Local safeguarding contact details

North Tyneside Safeguarding Adults Board (info from their website):

Click the 'Worried about an adult?' link which takes you to a webpage. Then click the 'Report a safeguarding issue residents' link (NB the professional's link is only for people employed in an adult social care setting). This takes you to a further webpage with the information:

Urgent concerns - If anyone is in immediate danger, call 999. If the matter is not an emergency, but needs a same day response contact the Social Care Contact Centre on

0191 643 2777 (office hours Monday to Friday), or
0330 333 7475 (outside of these hours).

Otherwise you are advised to complete the online form.

How this policy will be shared

NECP are committed to transparency, as such this policy will be published on the public website.

Managing complaints

NECP have a complaints policy which can be referred to. In the first instance Dr Gilder is keen that any issues are raised directly to support an informal resolution if possible. If an apology is indicated it will be given. Should this not produce a satisfactory outcome then a more formal process will need to be followed, as per policy.

Contact details

Nominated safeguarding lead

Name: Dr Zoë Gilder

Phone/email: 07493 676264 / contact@northeastchildpsychiatry.co.uk

We are committed to reviewing our policy and good practice annually.

This policy was last reviewed: 2nd January 2026

Signed:



Paul Gilder

Date: 02/01/2026

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