



New Eastwood u3a	
Safeguarding Adults Policy and Procedure	
Date Approved	3 rd February 2026
Reviewed	Every year
Next Review Date	3 rd February 2027

Safeguarding Adults Policy and Procedure

Policy Statement

This document is written to enable the New Eastwood u3a (thereafter known as NEu3a) Executive Committee and its members to act appropriately, to address issues when or wherever there are safeguarding concerns, instances or allegations of abuse or neglect which come to their attention.

Safeguarding is everyone's responsibility and NEu3a is fully committed to safeguarding the wellbeing of its members. All members should show respect and understanding for the rights, safety and welfare of others and conduct themselves in a way that reflects this.

The Executive Committee as Charity trustees are responsible for ensuring that those benefiting from, or working with their charity, are not harmed in any way through contact with it. They have a legal duty to act prudently, and this means that they must take all reasonable steps within their power to ensure that this does not happen.

NEu3a has a duty of care to its members but does not hold any statutory authority. It is not appropriate for W&Du3a to take the lead in any Safeguarding Enquiry under Section 42 of the Care Act 2014.

Defining Safeguarding

Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect

- People and organisations working together to prevent the risk of abuse or neglect, and to stop them happening
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account

Policy

The aim of this policy is to prioritise the safety of the NEu3a membership. Safeguarding includes incidents between members, concerns regarding abuse or neglect that a member may be experiencing outside of the u3a including but not limited to health issues.

Consideration should be given to an individual's mental capacity to make "informed choices". Does the person adequately understand the situation they are in and are they aware of the potential consequences to their own wellbeing.

People's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

NEu3a will neither condone nor tolerate any form of abuse and believes that all people should be able and, where necessary, enabled to live in an environment which is safe and free from harm.

Where abuse is suspected, we will aim to respond in a way which is caring, effective and enabling.

Members are entitled to:-

- Privacy
- To be treated with dignity and respect
- Lead an independent life and to be enabled to do so
- Choose how they live their lives
- The protection of the law
- Have their human and civil rights upheld regardless of ethnic origin, gender, sexuality, impairment or disability, age, religious or cultural background.

The six principles within the Care Act 2014 should be kept at the forefront of safeguarding

Empowerment – People being supported and encouraged to make their own decisions and informed consent

Prevention – It is better to take action before harm occurs. Seeking to take steps to prevent issues from arising or escalating

Proportionality- The least intrusive response appropriate to the risk presented

Protection – Seeking to keep the membership safe and protection for those deemed to be at risk

Partnership – reporting incidents to the relevant statutory bodies and liaising with the National Third Age Trust

Accountability – accurate, transparent practice when recording of incidents.

Where there are serious concerns regarding abuse or neglect the Executive Committee will seek advice and support from the National Third Age Trust Office and will contact the relevant statutory authorities, as required. Concerns should be raised with Essex County Council Social Care on 0345 6037630* or go to socialcaredirect@essex.gov.uk* for further guidance.

The Executive Committee will monitor the implementation of this policy annually and formally review the policy every three years or sooner should national or local guidelines or policies change prior to this date.

(*correct as at September 2024)

Procedure NEu3a recognises that it has a responsibility to ensure that its Executive Committee, Group Co-ordinators and all members, understand this policy and the procedures to follow if they have a safeguarding concern.

Where the Executive Committee becomes aware of a safeguarding concern, the first step will be to gather as much information as possible to assist with the decision as to next steps. This should be recorded using the SAP1 (Appendix 1) form.

A risk assessment will be developed and recorded as soon as possible after the concern comes to the attention of the Executive Committee. Where it is deemed that the risk is high and immediate action needs to be taken, the Executive Committee will contact Essex Safeguarding and where possible the Third Age Trust for support.

The steps to take to address this will be discussed and agreed within the Executive Committee in the first instance. No leader or individual member should act in isolation when dealing with a safeguarding concern.

A person should be assumed to have Capacity unless there is clear evidence that shows otherwise.

As far as possible the adult at risk's wishes will be respected as to whether or not to refer any concerns to the local authority as a Safeguarding Enquiry under Section 42 of the Care Act 2014. **However**, it may be necessary to override their wishes in the best interest of other adults at risk.

In developing the risk assessment the Executive Committee will take advice and consider the level of risk and the action that needs to be taken accordingly. Assessment of risk will include:

- Risk to the individual member
- Risk to other members within the NEu3a
- Reputational risk for NEu3a and the u3a movement as a whole

Where the risk is not deemed to be high, but support is needed, the Executive Committee will contact Third Age Trust to discuss the concerns and seek additional assistance. Assistance should always be sought before moving to exclude any member from NEu3a.

Once the risk assessment is completed, the Executive Committee will decide as to the most appropriate course of action. Any action taken must be recorded.

Depending on the nature of the allegation and the identified risk, NEu3a will support the alleged victims and the alleged perpetrators of any abuse in so far as this does not compromise any safeguarding enquiry or investigation into the allegation or place other person at risk.

Every effort will be made to respect the confidentiality of any information that is disclosed under this policy and procedure, however, due to the seriousness of allegations confidentiality is not absolute.

Information will be recorded and stored securely in accordance with General Data Protection Regulations 2018, but information may have to be shared on a 'need to know' basis only, to prevent:

- Danger to a person's life
- Danger to a person's health
- Danger to others
- Danger to the community

- or to prevent or to facilitate the investigation of a serious crime

Completed SAP1 forms (see appendix 1) will be held in a specific file kept by the Membership Secretary for a minimum of 7 years from the date of the last completed SAP1 relating to the same member.

How to deal with a Disclosure

If someone discloses a safeguarding concern to you...

DO

- Stay calm and try not to show shock or disbelief
- Listen carefully to what they are saying
- Be sympathetic (I'm sorry that this has happened to you)
- Be aware of the possibility that medical evidence might be needed
- Tell the person that
 - They did the right thing to tell you
 - You are treating the information seriously.
 - You are going to inform the appropriate person
 - You will take steps to protect and support them
- Record and report the disclosure in line with the procedure

DO NOT

- Promise to keep secrets; you cannot keep this kind of information to yourself
- Be judgemental
- Press the person for more details; this will be done at a later date
- Stop someone who is freely recalling significant events (don't say "hold on, we will come back to that later; they may not tell you or anyone else again)
- Make promises you cannot keep
- Make contact with the alleged abuser unless they are also a u3a member and it is necessary to do so to safeguard other members and/or the alleged abuser

- Pass on the information other than to those with a legitimate 'need to know' under this policy and procedure

Record of disclosure

In your record of disclosure you should aim to:

- Note what people actually said, using their own words and phrases
- Describe the circumstances in which the disclosure came about
- Note the setting and anyone else who was there at the time of the disclosure
- Separate factual information from your own or others' opinions
- Use black ink so that the report can be photocopied if needed
- Be aware that your report may be required later as part of a legal action or disciplinary procedure

The above Policy, Procedure and Appendices were adopted

by New Eastwood u3a on 3/2/26.

Signed: Gillian Newman Madam Chair, New Eastwood u3a

Gillian Newman

Appendix 1 – SSR form.

Appendix 2 - Key Definitions

U3A SAFETY SUSPICION RECORDING FORM

For use by volunteers, group leaders, committee members, and any U3A member who becomes concerned about another member's safety or wellbeing.

Section 1: Your Details (Person Reporting the Concern)

- **Full Name:**
- **Role in U3A (e.g., member, group leader, committee):**
- **Contact Information:**
- **Date & Time Form Completed:**

Section 2: Details of the Member You Are Concerned About

- **Full Name:**
- **Age (if known):**
- **Group(s) they attend:**
- **Contact Information (if known):**
- **Any relevant background (e.g., mobility issues, memory concerns, recent bereavement):**

Section 3: What You Observed or Heard

Record only what you saw, heard, or were told. Keep it factual and avoid assumptions.

- **Date and time the concern arose:**
- **Where it happened (e.g., group meeting, outing, phone call):**
- **Description of what raised your concern:**
 - (Include exact words used if the member disclosed something)
- **Any physical signs or changes in behaviour:**
- **Anyone else who witnessed the situation:**

Section 4: Immediate Actions Taken

- **Did you speak with the member:**
 - If yes, summarise the conversation using their own words where possible
- **Did you take any immediate steps to ensure safety:**
- **Did you contact emergency services:**
- **Who have you informed so far:**
 - Group Leader
 - Welfare Officer
 - Committee Member
 - Family Member (if appropriate)

- Other (please specify)

Section 5: Initial Level of Concern

- **How serious do you feel the concern is:**
 - Low – monitor the situation
 - Moderate – pass to Welfare Officer or Committee
 - High – urgent action required
- **Reason for your assessment:**

Section 6: Follow-Up / Next Steps

- **Name of Welfare Officer or Committee Member Notified:**
- **Date & Time of Notification:**
- **Advice or guidance given:**
- **Actions agreed:**

Section 7: Additional Notes or Evidence

- **Any supporting information:**
 - (e.g., written notes, dates of previous concerns, relevant messages — only if appropriate)
- **Other comments:**

Section 8: Declaration

I confirm that the information recorded is accurate to the best of my knowledge.

- **Name:**
- **Signature:**
- **Date:**

Appendix 2

Key Definitions:

1. **Adult at risk:** is any person, over 18 years of age who has need for care and support, is experiencing, or is at risk of abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or risk of it.

2. **Abuse:** is the “violation of a person’s human and civil rights by any other person(s). It may be a single or repeated act(s), physical verbal, psychological, sexual, institutional, discriminatory or financial, an act of neglect or failure to act”

3. Types of abuse:

a) Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

b) Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

c) Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

d) Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

e) Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

f) Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

g) Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

h) Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

i) Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

j) Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.