

Adult Safeguarding Policy

Introduction

The aim of this policy is to outline the practice and procedures for paid and voluntary staff working at the SIA to contribute to the prevention of abuse of adults at risk through raising awareness and providing a clear framework for action when abuse is suspected. It is aimed at protecting the adult at risk and the worker, recognising the risks involved in lone working. The policy covers all staff and volunteers engaged in areas of work involving regular contact with adults who may be at risk.

Definitions

Adults at risk replaced the previously used term 'vulnerable adult' as set out in the government's 'No secrets' guidance in 2010. It is the term used to identify a person who due to their needs for care and support, whether that be permanent or temporary, and whether or not the local authority is meeting any of those needs, who 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 & Neglect are forms of maltreatment of an individual. These terms refer to a violation of an individual's human and civil rights by any other person(s) and include serious physical and sexual assaults as well as cases where the standard of care does not adequately support the individual's health or development. Abuse to adults at risk may consist of a single act or repeated acts and may be an act of neglect, or omission, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not consented or cannot consent. Adults at risk may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in any relationship or in an institution or community setting, within all social groups regardless of religion, culture, social class or financial position. Adults at risk may be abused by those known to them or, more rarely, by a stranger. They may be abused by adults, children, peers, paid or voluntary workers, health or social care workers, resulting in the harm to or exploitation of the individual. Often people do not realise they are abusing and sometimes the stress of caring can cause a carer to act out of character.

Care and support is described in the 2014 Care Act as: *The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent including older people, people with a disability or long-term illness, people with mental health problems, and carers.* Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

Capacity refers to an individual's ability to make a decision or take a particular action for themselves at a particular time, even if they are able to make other decisions. For example, they may be able to make small decisions about everyday matters such as what to wear, or what a healthy diet would be, but they lack capacity to make more complex decisions about financial matters. Capacity may be affected by things such as; medication, substances and some untreated mental health issues. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

Principles

SIA upholds the 2014 Care Act values to make safeguarding personal, meaning it should be person-led and outcome-focused. It requires that the person is engaged in a conversation about how best to respond to their safeguarding situation in a way that involves them and gives choice and control as well as improving quality of life, wellbeing and safety.

Under the Mental Capacity Act 2005 people must be assumed to have capacity to make their own decisions and be given all practicable help to do so before anyone treats them as not being able to make their own decisions. For adults, this means that they have the capacity to choose how they live and make decisions about their safety, even if we do not agree with certain decisions. These following six principles inform the ways in which SIA works with all adults, including those at risk:

Empowerment: People being supported and encouraged to make their own decisions and give informed consent. It may sound like this, "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention: It is better to take action before harm occurs. It may sound like this, "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality: The least intrusive response appropriate to the risk presented. It may sound like this, "I am sure that the professionals will work in my interest, I see them and they will only get involved as much as needed."

Protection: Support and representation for those in greatest need. It may sound like this, "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. It may sound like this, "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability: Accountability and transparency in delivering safeguarding. It may sound like this, "I understand the role of everyone involved in my life and so do they."

Implementation of the Policy

The trustees of SIA and its senior leadership team are responsible for promoting and ensuring compliance with this policy. It must be followed by all staff and volunteers of the Charity and failure to follow it will be treated as a very serious matter. Anyone wishing to raise questions or concerns about the operation of this policy, or considers that this policy has not been followed, should raise the matter in the first instance with SIA's designated Safeguarding co-leads, the Head of services and the Head of people & operations.

Application

SIA recognises that safeguarding is everyone's responsibility and that anybody can become the victim of abuse, therefore it aims to provide a safe environment for all. However, the safeguarding duties of SIA apply to adults at risk as described under Definitions of this policy or where a child might be involved. The Care Act (section 42) states that in order to be eligible for a safeguarding enquiry under the Local Authority of the Act, the person must have needs as

described within that definition. Anyone having concerns regarding abuse against an adult who does not require safeguarding duties but instead requires advice should speak to SIA's designated Safeguarding co-leads for a list of organisations to which the adult can be signposted.

Designated Persons

SIA's appointed safeguarding co-leads are the Head of services and the Head of people and operations. They will have access to appropriate training to support them in these roles. They will be available to all staff, volunteers and service users to speak to when they have any concerns, issues, or complaints regarding safety, well-being or conduct.

The Safeguarding co-leads will liaise with appropriate local and national agencies, contribute to appropriate policies, maintain records, keep confidentiality, adhere to and promote safeguarding within the Charity, and support or provide access to support for individuals suffering harm or abuse.

Safeguarding co-leads actions

Where there is risk of significant harm to any service user, staff member or volunteer, the Safeguarding co-leads have the power to act as necessary and, in particular, as follows:

- log all conversations regarding the issue
- sign and request signatures on reports and statements which are recorded and uploaded on SIA's CRM
- confidentially seek advice from expert sources
- share concerns (with consent where required and appropriate) internally with senior staff / Chair of the Board of trustees
- share concerns and make referrals to external agencies such as social services or the police, as appropriate to the circumstances
- make a referral to the DBS regarding staff or volunteers in Regulated Activity whose conduct is harmful to service users and refer them to DBS when they are removed from Regulated Activity.

Who Might Abuse?

People may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people, and strangers.

Forms of Abuse

Abuse can take many forms, and incidents of abuse may be one-off or multiple and can affect one person or more. Abuse may also be very subtle. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance and targeting of vulnerable people.

No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible. The forms of abuse as set out below is not an exhaustive list therefore staff and volunteers are encouraged to be alert and take the initiative to spot these and other forms of abuse that might occur.

Physical abuse: including hitting, slapping, scratching, pushing, rough handling, kicking, misuse of medication, restraint without justifiable reasons, inappropriate sanctions including deprivation of food, warmth, clothing and health care needs.

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, unwanted sexual text messages, 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 and sexual coercion,

Emotional or Psychological abuse: including threats of harm or abandonment, deprivation of contact, humiliation, ridicule, blaming, controlling, intimidation, coercion, unwanted communication, stalking, harassment, inappropriate messaging; with kisses attached, verbal abuse and cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks. Deliberate denial of religious or cultural needs and failure to provide access to appropriate skills and educational development.

Domestic violence: including psychological, physical, sexual, financial, emotional abuse; so-called 'honour' based violence. And can affect those it is not aimed at within the home.

Financial or material abuse: including misuse or theft of money, fraud, extortion of material assets or inappropriate requests for money, pressure in connection with wills, property or inheritance of financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care and support or educational services or equipment for functional independence, the withholding of the necessities of life, such as medication, adequate nutrition, heating and lighting. Failure to give privacy and dignity.

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.

Discriminatory abuse: including forms of harassment, slurs or similar treatment; because of race, colour, language, gender and gender identity, age, disability, sexual orientation or religion. Hate crime.

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.

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.

Use of Social Media in an abusive way: abuse can also occur through social media and this is often harder to detect. It is important to remember that the type of abuse that can occur through social media does not always include emotional and psychological abuse and can include sexual and financial abuse. Social media includes (but is not limited to) networking sites such as Facebook, X (previously Twitter) Instagram, TikTok, and LinkedIn, email, text messages, Skype and instant messaging services.

Radicalisation - Radicalisation is the name given to the process that moves a person to legitimise their support or use of violence. It's where terrorism begins. Radicalisers groom people using online platforms. There are also web pages which are not so noticeable, such as social media networking groups that draw people in. These groups look innocent on the outside but are actually extremist groups.

County lines and cuckooing - County Lines is a national issue involving the use of mobile phone lines to extend a drug dealing business into new locations outside a dealer's home area. County lines often involve the exploitation of vulnerable people.

Cuckooing' is the term used to describe the practice where professional drug dealers/crime gangs take over the property of an adult at risk and use it as a place from which to run their drugs business/ crime activity.

Forced Marriage - A forced marriage is where one or both people do not or cannot consent to the marriage, and pressure or abuse is used to force them into marriage.

FGM (Female genital mutilation) - the practice, traditional in some cultures, of partially or totally removing the external genitalia of girls and young women for non-medical reasons. It is illegal in many countries.

Recognising Abuse

The factors described below are frequently found in cases of abuse and/or neglect. Their presence is not proof abuse has occurred but must be regarded as indicators of possible significant harm. Such indications justify the need for careful assessment and discussion with SIA's designated Safeguarding co-leads and may require consultation with and/or referral to other appropriate external agencies. It is not the responsibility of those working for or volunteering with SIA to decide that abuse to an adult at risk is occurring, but it is their responsibility to act on any concerns. Indications that adults at risk may be experiencing abuse include the following:

1. The adult at risk appears frightened of the parent/s/peers/adults.
2. The adult at risk may display unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
3. The adult at risk may have an injury for which the explanation seems inconsistent. The adult at risk may demonstrate inexplicable changes in behaviour.
4. The adult at risk may demonstrate inappropriate sexual awareness.
5. The adult at risk may engage in sexually explicit behaviour.
6. The adult at risk may display an unusual distrust of adults, particularly those with whom a close relationship would normally be expected.
7. The adult at risk may experience difficulty in making friends.
8. The adult at risk may be prevented from socialising with other adults/young people.
9. The adult at risk may display variations in eating patterns including overeating or loss of appetite.
10. The adult at risk may experience inexplicable weight loss.
11. The adult at risk may appear increasingly dirty or unkempt.

Confidentiality

Protection of adults at risk raises issues of confidentiality that must be clearly understood. The following guidelines should be adopted when concerns around adult protection arise to ensure that the referral procedure complies with the Data Protection Act (2018) and the Freedom of Information Act (2000), although not at the risk of safeguarding adults at risk. Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of adults at risk with other professionals, particularly investigative agencies and adult social care services.

- All personal information regarding an adult at risk will be kept confidential.
- All written records to be kept in a secure area for a specific time as identified in SIA's data protection policy.
- Records will only record details required in the Adult at Risk Cause for Concern Report Form, Appendix B of this policy.
- If an adult confides in a member of staff or volunteer and requests that the information is kept secret, it is important that the adult is told sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies. Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it.
- Where possible, consent should be obtained from the adult before sharing personal information internally or with external agencies. However, in some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the adult at risk is the priority.

The adult must be assured that they will always be informed of any action to be taken and why. The adult's involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account. Issues surrounding abuse or potential abuse are highly sensitive and to be treated as confidential. The person's right to confidentiality must be respected and staff/volunteers should refrain from disclosing any information about the case to anyone who does not 'need to know.'

Disclosure of information includes verbal discussions as well as disclosure of personal or confidential information relating to the situation over email or social media sites. Failure to maintain and respect confidentiality and/or the terms of this policy may result in SIA giving those involved notice to cease working as a volunteer and lead to disciplinary action for staff.

Sharing confidential information

Staff and/or volunteers are asked to consider the following before making a decision to share confidential information with others:

1. Seek advice and consult with SIA's designated Safeguarding co-leads if any doubt (without disclosing the identity of the person where possible).
2. Be transparent. The Data Protection Act (DPA) is not a barrier to sharing information but to ensure that personal information is shared appropriately, except in circumstances whereby to do so would place an individual at significant risk of harm.
3. Consider the public interest. Base all decisions to share information on the safety and wellbeing of the individual or others that may be affected by their actions.
4. Share with consent where appropriate. Where possible, respond to the wishes of those who do not consent to share confidential information. You may still share information without consent if you consider this is in the interest of the person at risk or the public.
5. Record your decision and reasons to share or not share information.

6. Ensure all information shared is accurate, up-to-date, and necessary and share it with only those who need to have it in line with the reporting processes set down in this policy.

Reporting possible or actual harm

SIA supports and encourages all staff and volunteers to promptly speak up and contact the Safeguarding co-leads where there is a concern (i.e. a worry, issue or doubt about practice or about treatment of a service user or colleague), or a disclosure (i.e. information about a person at risk of or suffering from significant harm) or an allegation of an incident or a possibility that a staff member or volunteer has caused harm or could cause harm to a person for whom they are providing support.

Staff or volunteers can report, and have a responsibility to report, something that they become aware of if they suspect or discover that it is not right or is illegal, or if it appears to them that someone at work is neglecting their duties, putting someone's health and safety in danger or covering up wrongdoing. They may become aware of any of these things from what they see or hear or from something another person has disclosed to them.

In the case of adults at risk, the staff member or volunteer making a report should use the form appended to this policy and submit this directly to the designated Safeguarding co-leads. SIA prefers that staff or volunteers use internal processes whenever possible to make a report, but this does not prevent them from making a report or referral in their own right as a private individual to statutory agencies such as social services or the Police. SIA cannot promise confidentiality to staff or volunteers making an internal report where it is has to be shared with any statutory agencies (see Confidentiality above).

The staff member or volunteer should stay calm, listen to the adult at risk and offer necessary support and reassurance. They should also follow the safeguarding flow chart where necessary (appendix A) They should not appear shocked, horrified, disgusted or angry. Nor should they press the individual for details (unless requested to do so) or make comments or judgements other than to show concern. They should not promise to keep secrets or confront the abuser, nor should they risk contaminating any evidence. They must make it clear that they will have to discuss their concerns with SIA's designated Safeguarding co-leads and ask for consent to do so. Where the adult at risk expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect an individual's wishes must be weighed against the level of risk to that individual and others, their capacity to understand the decision in question and/or whether or not a crime has been committed.

Concerns must be noted as must any information given to, or witnessed by, the staff member or volunteer and a report submitted to SIA's designated Safeguarding co-leads, using the form appended to this policy. It is not necessary or advisable for the staff member or volunteer to seek evidence. Supporting the adult at risk and carefully logging any information given at this stage will lay the foundations for an effective formal investigation.

In situations of immediate danger, urgent action should be taken by calling the relevant emergency services (e.g. Police, ambulance, GP) remembering to have regard for personal safety by leaving the situation if it is not safe.

Support for those who report abuse

All those making a complaint or allegation or expressing concern, whether they be staff, volunteers, service users, or members of the general public should be reassured that they will be taken seriously and that their comments will usually be treated confidentially however their concerns may be shared if they or others are at significant risk. In the case of staff, they will be given support and afforded protection if necessary, in line with the Public Interest Disclosure Act 1998.

Responses to Safeguarding reports

Safeguarding reports and subsequent responses will be dealt with in accordance with the procedures appended to SIA's wider Safeguarding policy. All reports and logs will be kept securely and confidentially in accordance with SIA's Data Protection Policy until or unless it is necessary to share this material with other relevant agencies. Information will be shared on a 'need-to-know' basis only. In respect of adults at risk, any decision to refer to other agencies (e.g. Police, Social Services etc) will take the following into account:

- The wishes of the adult at risk and their right to self-determination
- The mental capacity of the adult at risk
- Known indicators of abuse
- Definitions of abuse
- Level of risk to the individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

Rights & responsibilities

It is SIA's responsibility to ensure staff and volunteers are aware of the Adult Safeguarding policy and that they are adequately trained in this area. SIA must notify the appropriate agencies if abuse is identified or suspected and must ensure that DBS checks are carried out for staff and volunteers that have access to, or work with, vulnerable adults.

It is the responsibility of SIA employees and volunteers to be familiar with the Adult Safeguarding policy and procedures and to take appropriate action in line with the policy when the need arises.

The adult at risk has the right to be made aware of this policy and to have alleged incidents recognised and taken seriously. They must receive fair and respectful treatment throughout, be involved in any process as appropriate and should receive information about the outcome of any investigations undertaken as a result of an alleged incident.

Good Practice

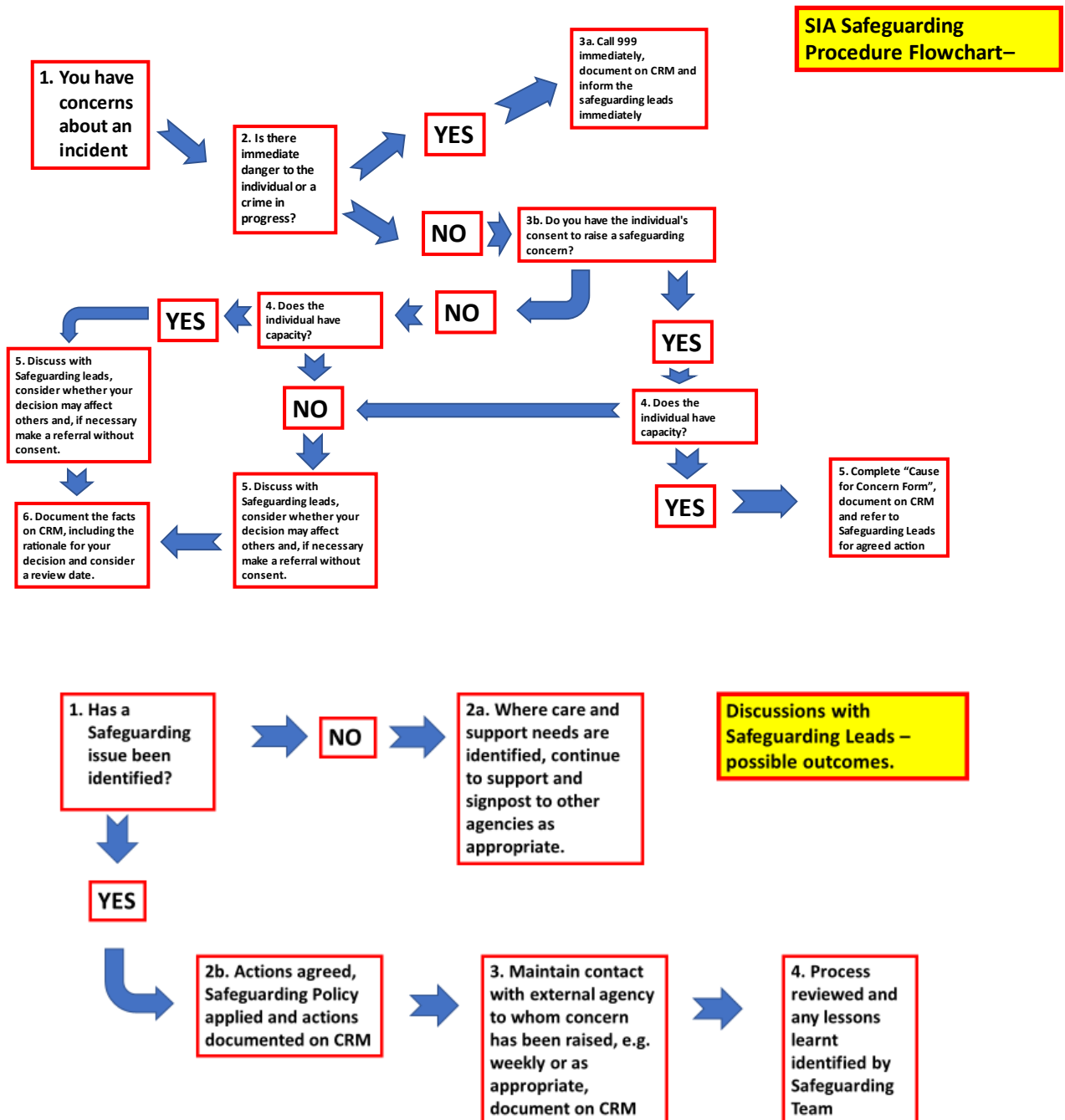
SIA will seek to recruit staff and volunteers using appropriate procedures, safeguards and checks. It will take up references for all staff and volunteer posts prior to appointment and will undertake DBS checks for all staff, volunteers and Trustees. Staff, volunteers and Trustees have a duty to declare any existing or subsequent convictions and failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

Staff and volunteers will be made aware of all SIA safeguarding-related policies and procedures during induction and will undertake relevant mandatory training/refresher training at regular intervals to enable them to carry out their roles safely, effectively and confidently.

Induction will make clear staff/volunteers obligation to implement these policies and to learn about protection issues and their related responsibilities. It is the line manager's responsibility to clarify roles and responsibilities of staff or volunteers regarding their relationships with vulnerable adults with whom they may be in contact. Regular supervision for staff and volunteers should monitor this work and offer the opportunity to raise any issues.

Policy Owner (responsibility)	Safeguarding co-leads – Head of services and the Head of people & operations
Review schedule	Annual
Date of last review	July 2024
Date of next review	July 2025
Approval level	SLT (if any changes)
Related policies	Child Protection policy, Complaints policy, Communications policy, Data Protection policy & Confidentiality Statement, Equality & Diversity policy, Harassment & Bullying policy, Health & Safety policies (Lone Working, Home Visiting), Safeguarding policy, Whistleblowing policy

Appendix A



Appendix B – cause for concern form

Adults at Risk Cause for Concern Report Form

Incident Report	
Date of incident	
Time of incident	
Location of incident	

Section A – Adult's details	
Name of Adult	
Date of birth	
Disability Y/N If yes, please detail	
Address details:	
Telephone number	
Name of carer (if applicable)	
Contact details (if different from above)	

Section B – Nature of Incident	
Is this report based on: (please tick all that apply)	
<input type="checkbox"/> An incident you have witnessed? <input type="checkbox"/> A concern you have based on potential indicators of abuse? <input type="checkbox"/> An allegation or concern that has been reported to you by someone?	
If the allegation has been reported to you by someone else other than the adult at risk, please give their details:	
Address and contact details	

Section C – Please provide details of the incident/concern/allegation including exactly where (venue/exact location) and when (date/time) the incident is alleged to have taken place and what is alleged or believed to have happened. Please also include details of anyone else who may have witnessed or is also concerned for the individual who may be able to offer additional information:

Please include a description /location of any visible injuries and a description of the adult's behaviour, and their physical and emotional state:
Complete this section if the adult at risk reported the incident to you, recording exactly what the adult has said has happened (including how any bruises or other injuries have been caused) and anything you have said to the adult at risk.
Other details:
Do we have the name and any contact details of the alleged abuser including the relationship, professional or otherwise to individual ie carer/friend/relative)
Yes/No
Name:
Address:
Contact number:

Section D – Reporting of the incident	
Are carers aware of the concerns/allegations?	Yes <input type="radio"/> No <input type="radio"/>
If yes, how did they become aware?	
Is the alleged abuser aware of the concerns/allegations?	Yes <input type="radio"/> No <input type="radio"/>

If yes, how did they become aware?	
Have the Police been informed?	Yes <input type="radio"/> No <input type="radio"/>
If so, who did you speak to and when?	
Case reference number	

Section E – Your details	
Your name:	
Your address:	
Contact number:	
Record your decision to share or not share information:	
Signature:	
Date:	

Section F – Adult at risk's consent	
Is the adult aware of the reporting of this concern?	Yes <input type="radio"/> No <input type="radio"/>
Do they consent to this concern being reported onward to SIA's Safeguarding Lead?	Yes <input type="radio"/> No <input type="radio"/>
Do they consent to this concern being reported onward to a relevant external agency?	Yes <input type="radio"/> No <input type="radio"/>
Please include below any further information in respect of the adult's wishes:	

This form must now be sent to:

Safeguarding co-lead: Dan Burden, Head of services
DDI: 01908 732131 d.burden@spinal.co.uk

Safeguarding co-lead: Dave Bracher, Head of people & operations
DDI: 01908 732139 d.bracher@spinal.co.uk