

Safeguarding Adults Policy and Procedures

**Sirlute
February 2024**

Sirlute Safeguarding Adults Policy and Procedures

Introduction

Sirlute is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults involved in our work in accordance with the Care Act 2014.

Sirlute safeguarding adults policy and procedures apply to all individuals involved in Sirlute.

Sirlute will encourage and support partner organisations, volunteers and all staff members to adopt and demonstrate their commitment to the principles and practice of equality as set out in this safeguarding adults policy and procedures.

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2.1 Principles

2.1 The guidance given in the policy and procedures is based on the following principles:

The six principles of adult safeguarding

The Care Act sets out the following principles that should underpin safeguarding of adults

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

“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.

“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.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

Protection – Support and representation for those in greatest need.

“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

“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.

“I understand the role of everyone involved in my life and so do they.”

2.1.2 All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.

2.1.3 Sirlute will seek to ensure that our activities are inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.

2.1.4 The rights, dignity and worth of all adults will always be respected.

- 2.1.5 We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs.
- 2.1.6 We recognise that a disabled adult may or may not identify themselves or be identified as an adult 'at risk'.
- 2.1.7 We all have a shared responsibility to ensure the safety and well-being of all adults and will act appropriately and report concerns whether these concerns arise within Sirlute for example inappropriate behaviour of a staff member, or in the wider community.
- 2.1.8 All allegations will be taken seriously and responded to quickly in line with Sirlute Safeguarding Adults Policy and Procedures.
- 2.1.9 Sirlute recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

3. Guidance and Legislation

3.1 The practices and procedures within this policy are based on the principles contained within the UK and legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures, and take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 1994 and 1998

4. Definitions

4.1 To assist working through and understanding this policy a number of key definitions need to be explained:

4.1.1 **Adult at Risk** is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse.

4.1.2 **Abuse** is a violation of an individual's human and civil rights by another person or persons. See section 5 for further explanations.

- 4.1.3 **Adult** is anyone aged 18 or over.
- 4.1.4 **Adult safeguarding** is protecting a person's right to live in safety, free from abuse and neglect.
- 4.1.5 **Capacity** refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005).

5. Types of Abuse and Neglect - Definitions from the Care Act 2014

- 5.1 This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour or issue which could give rise to a safeguarding concern.
 - 5.1.1 **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. For example, an individual's appearance may become unkempt, they may not wear suitable kit and/or deterioration in hygiene.
 - 5.1.2 **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. For example, you may notice that an individual has been missing from sessions and is not responding to reminders from staff or peer members.
 - 5.1.3 **Domestic Abuse** – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. You may notice a power imbalance between an individual and a family member. For example, an individual with Downs syndrome may be looking quiet and withdrawn when their brother comes to collect them from sessions, in contrast to their personal assistant whom they greet with a smile.
 - 5.1.4 **Discriminatory** – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act. This could be the harassing of an individual because they are or are perceived to be transgender
 - 5.1.5 **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.
 - 5.1.6 **Physical Abuse** – includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

- 5.1.7 **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.
This could be a participant who sends unwanted sexually explicit text messages to a learning-disabled adult they are working alongside.
- 5.1.8 **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.
- 5.1.9 **Neglect** – including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- 5.1.10 **Emotional or Psychological Abuse** – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- 5.2 Not included in the Care Act 2014 but also relevant:**
- 5.2.1 **Cyber Bullying** – cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.
- 5.2.2 **Forced Marriage** - forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.
- 5.2.3 **Mate Crime** - a ‘mate crime’ as defined by the Safety Net Project is ‘when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has

a negative effect on the individual.’ Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

- 5.2.4 **Radicalisation** - the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

6. Signs and indicators of abuse and neglect

6.1 Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the organisation who a participant comes into contact with. Or staff or volunteers may suspect that a participant is being abused or neglected outside of the organisation. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- 6.1.1 Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- 6.1.2 Person has belongings or money going missing.
- 6.1.3 Person is not attending / no longer enjoying their sessions.
- 6.1.4 Someone losing or gaining weight / an unkempt appearance.
- 6.1.5 A change in the behaviour or confidence of a person.
- 6. They may self-harm.
- 6.1.7 They may have a fear of a particular group or individual.
- 6.1.8 They may tell you / another person they are being abused – i.e. a disclosure.

7. What to do if you have a concern or someone raises concerns with you.

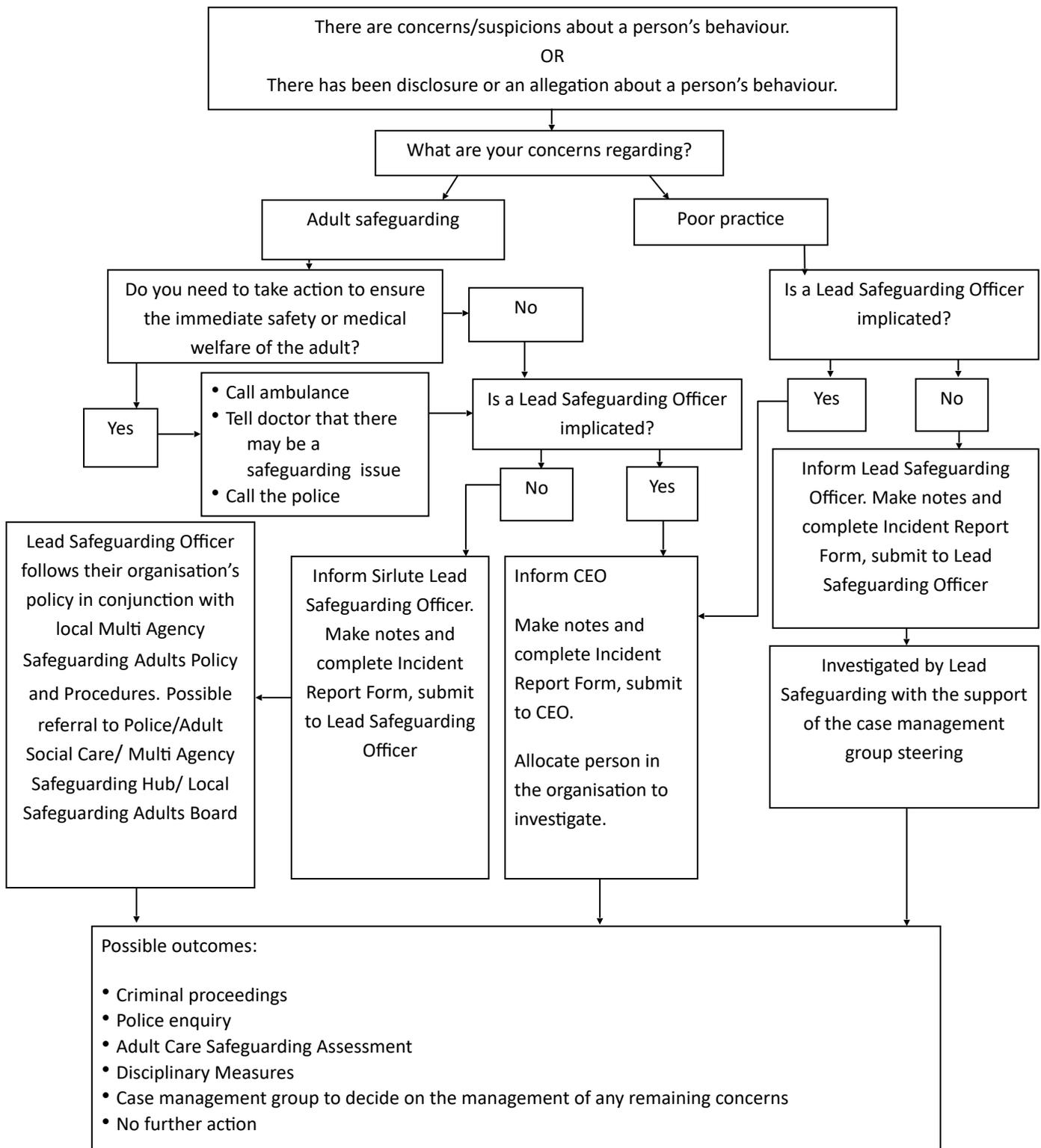
- 7.1 You may become aware that abuse or poor practice is taking place, suspect abuse or poor practice may be occurring or be told about something that may be abuse or poor practice and you must report this to the Sirlute Lead Safeguarding or Welfare Officer, Jermaine Ricardo (JR) Josephs.
- 7.2 If you are concerned someone is in immediate danger, contact the police straight away.
- 7.3 It is important when considering your concern that you also consider the needs and wishes of the person at risk, taking into account the nature of the alert, more information on this is given in Appendix 1 ‘The Legislative Framework’.

8 How to Record a Disclosure

- 8.1 Make a note of what the person has said using his or her own words as soon as practicable. Complete an Incident Form and submit to the Sirlute Lead Safeguarding or Welfare Officer.
- 8.2 As long as it does not increase the risk to the individual, you should explain to them that it is your duty to share your concern with your Lead Safeguarding or Welfare Officer.
- 8.3 Describe the circumstances in which the disclosure came about.
- 8.4 Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.
- 8.5 Be mindful of the need to be confidential at all times, this information must only be shared with your Lead Safeguarding or Welfare Officer and others on a need to know basis.
- 8.6 If the matter is urgent and relates to the immediate safety of an adult at risk then contact the police immediately.

9. Safeguarding Adults Flowchart

Dealing with Concerns, Suspicions or Disclosure



Remember to involve the adult at risk throughout the process wherever possible and gain consent for any referrals to social care if the person has capacity

10 Roles and responsibilities of those within Sirlute

- 10.1 Sirlute is committed to having the following in place:
 - 10.1.1 A Lead Safeguarding Officer to produce and disseminate guidance and resources to support the policy and procedures.
 - 10.1.2 A clear line of accountability within the organisation for work on promoting the welfare of all adults.
 - 10.1.3 Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.
 - 10.1.4 A Steering Group or Case Management or Case Referral Group that effectively deals with issues, manages concerns and refers to a disciplinary panel where necessary (i.e. where concerns arise about the behaviour of someone within Sirlute)
 - 10.1.5 A Disciplinary Panel will be formed as required for a given incident, if appropriate and should a threshold be met.
 - 10.1.6 Arrangements are in place to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
 - 10.1.7 Appropriate whistle blowing procedures and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.

11 Good practice, poor practice and abuse

Introduction

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual involved in Sirlute to make judgements regarding whether or not abuse is taking place, however, all Sirlute personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

11.1 Good practice

Sirlute expects that all staff/volunteers:

- Adopt and endorse the Sirlute Staff/Volunteers Codes of Conduct.
- Have completed necessary training to work with Adults at Risk.

Everyone should:

- Aim to make the experience of Sirlute fun and enjoyable.
- Promote fairness and playing by the rules.
- Not tolerate the use of prohibited or illegal substances.
- Treat all adults equally and preserve their dignity; this includes giving more and less talented members of a group similar attention, time and respect.

Staff/Volunteers working directly with adults at risk should:

- Build relationships based on mutual trust and respect, encouraging adults at risk to take responsibility for their own development and decision-making.
- Always be publicly open when working with adults at risk:
 - avoid sessions or meetings where a staff member/volunteer and an individual are completely unobserved.
- Avoid unnecessary physical contact with people.
- Maintain a safe and appropriate relationship with participants and avoid forming intimate relationships with them.
- Be an excellent role model by maintaining appropriate standards of behaviour.
- Gain the adult at risk consent and, where appropriate, the consent of relevant carers, in writing, to administer emergency first aid or other medical treatment if the need arises.
- Be aware of medical conditions, disabilities, existing injuries and medicines being taken and keep written records of any injury or accident that occurs, together with details of treatments provided.
- Gain written consent from the correct people and fill out relevant checklists and information forms for travel arrangements and trips. This must be the adult themselves if they have capacity to do so.

2. Poor practice

The following are regarded as poor practice and should be avoided:

- Unnecessarily spending excessive amounts of time alone with an individual adult.
- Engaging in rough, physical or sexually provocative games
- Allowing or engaging in inappropriate touching of any form.
- Using language that might be regarded as inappropriate by the adult and which may be hurtful or disrespectful.
- Making sexually suggestive comments, even in jest.
- Reducing an adult to tears as a form of control.
- Letting allegations made by an adult go uninvestigated, unrecorded, or not acted upon.
- Taking an adult at risk alone in a car on journeys, however short.
- Inviting or taking an adult at risk to your home or office where they will be alone with you.
- Sharing a room with an adult at risk.
- Doing things of a personal nature that adults at risk can do for themselves.

***Note:** At times it may be acceptable to do some of the above. In these cases, to protect both the adult at risk and yourself, seek written consent from the adult at risk and, where appropriate, their carers and ensure that the Lead Safeguarding Officer of your organisation is aware of the situation and gives their approval.*

If, during your care, an adult at risk suffers any injury, seems distressed in any manner, appears to be sexually aroused by your actions, or misunderstands/ misinterprets something you have done, report these incidents as soon as possible to another adult in the organisation and make a brief written note of it.

13 Further Information

Policies, procedures and supporting information will be sent to you when you first become involved with Sirlute. Please contact the Lead Safeguarding Officer if you have any questions.

Lead Safeguarding Officer:

Jermaine Ricardo (JR) Josephs
jr@sirlute.com
07707 9031790

Review date

This policy will be reviewed every two years or sooner in the event of legislative changes or revised policies and best practice.

Appendix 1

Incident Report Form

This form should be used in conjunction with the procedure for dealing with concerns about a vulnerable adult

Details of vulnerable adult

Name of adult:

Gender:	Age:	Date of Birth:
Ethnicity:	Language:	Additional needs:

Name of Parent (s)/Carer (s):
Adults Home Address:

Your details

Your name:	Your Position:	Date and time of incident:
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Are you reporting your own concerns or responding to concerns raised by someone else?
If you are responding to concerns raised by someone else, please provide their name and position within the organisation?

Please provide details of the incident or concerns you have, including times, dates, description of any injuries, whether information is first hand or the accounts of others, including any other relevant details:

The adult's account/perspective:

Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:

Provide details of anyone who has witnessed the incident or who shares the concerns

Have you spoken to the adult's parents/carers? If so, please provide details of what was said. If not, please state the reason for this

Are you aware of any previous incidents or concerns relating to this adult and of any current risk management plan/support plan? If so, please provide details:

Summary of discussion with manager/supervisor:

Has the situation been discussed with the DSO for adults? If so, please summarise discussion

After discussion with the supervisor/line manager or DSO, do you still have safeguarding concerns?

Have you informed:

Police: YES/NO

Date and time:

Name and phone number of person spoken to:

Adult's social care: YES/NO

Date and time:

Name and phone number of person spoken to:

Action agreed with authorities:

What has happened since referring to statutory agencies? Include the date and nature of feedback from referral, outcome and relevant dates:

Details of any further steps taken to provide support to adult and family, and any other agencies involved:

Signed	Date and Time	Name and position

Appendix 2

Legislation and Government Initiatives

Sexual Offences Act 2003

<http://www.legislation.gov.uk/ukpga/2003/42/contents>

The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children. www.opsi.gov.uk

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/introduction>

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention. www.dca.gov.uk

Safeguarding Vulnerable Groups Act 2006

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance. www.opsi.gov.uk

Deprivation of Liberty Safeguards

<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

Disclosure & Barring Service 2013

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). www.gov.uk/dbs-update-service

The Care Act 2014 – statutory guidance

<http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted>

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Making Safeguarding Personal Guide 2014

<http://www.local.gov.uk/documents/10180/5852661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>

This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.

