



Starlight Arts UK Charity

Starlight Arts is a Charitable Incorporated Organisation (CIO) with the following trustees: Laura-Anne Bassenger, Rachel Downs, Sylvimaree Westlake and Chris Bassenger.

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Registered CIO number 1201332

SAFEGUARDING VULNERABLE ADULTS POLICY

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1.0 INTRODUCTION

Starlight arts provide high-quality care and support each session. We create happy places that are safe, friendly and supportive, so that we can be trusted to be doing the best for each member. Purpose: This policy is aimed to support systems to keep people at risk safe at all times and outlines the definitions and types of abuse that may occur. This includes processes and actions if concerns become evident. Implementation: It is all staff's responsibility to ensure the safety of the any adult at risk that we support. It is the responsibility of the manager to ensure that staff members are aware of and understand this policy and support a multi-agency approach to all safeguarding arrangements within the service. The Responsible Individual carries the lead responsibility for ensuring safeguarding arrangements are complied with at both a local service and local authority level.

2.0 RATIONALE

All members are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

3.0 GUIDELINES

3.1 Principles

We will:

- Take action to prevent abuse from happening.
- Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.

3.2 Adult at risk of abuse or neglect:

The adult safeguarding duties under the current legislation apply to an adult, aged 18 or over, who: has needs for care and support (whether or not 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.

Care and support needs are defined within current legislation 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 include 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”

3.3 Definition of Abuse

Abuse is the harming of another individual, usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional, or it may be directed at exploiting the vulnerability of the victim in more subtle ways (e.g., through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of financial resources). The threat or use of punishment is also a form of abuse. In many cases, it is a criminal offence. Abuse might be intentional or could be the result of unintentional actions.

3.4 People Who Might Abuse

Abuse can happen anywhere and can be carried out by anyone, for example:

- Informal carers, family, friends, neighbours.
- Paid staff, volunteers, other service users.
- Strangers.

3.5 Types of Abuse (may include):

Physical Abuse

- Bodily assaults resulting in injuries, e.g., hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment, e.g., malnutrition, dehydration, failure to thrive.
- Medical/healthcare maltreatment.

Sexual Abuse

- Rape, incest, acts of indecency, sexual assault.
- Sexual harassment or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

Psychological / Emotional Abuse

- Threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation.
- Bullying, shouting and swearing.

Neglect & Acts of Omission

- 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.
- Not responding appropriately to personal care needs.

Self-neglect

- Self-neglect covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.
- Where a person lacks capacity to make specific decisions in relation their care and support needs, decisions should be made in the person's best interests as required under the relevant legislation. However, if a person has capacity in relation to their care and support needs, or where issues of capacity are or have been difficult to assess, a response within the adult safeguarding procedure may sometimes be appropriate.

Financial or Material

- Including theft, fraud.
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Forcing the service user to part with their money without their consent or where they do not have capacity to give consent.

Discriminatory Abuse

- Is the unequal or unfair treatment of somebody based on a “protected characteristic” - age, disability, gender/gender reassignment, sexual orientation, pregnancy/maternity, race, religion or belief. It may manifest itself as another form of abuse, such as harassment, derogatory remarks or similar treatment.

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 ongoing ill treatment. It can be through neglect or poor professional practice as a result of structure, policies, processes and practices within an organisation.

Modern slavery

- Modern Slavery can take many forms including the trafficking of people, forced labour, servitude and slavery.
- Any consent victims have given to their treatment will be irrelevant where they have been coerced, deceived or provided with payment or benefit to achieve that consent.

Domestic Abuse and violence

- Examples of domestic violence include psychological, physical, sexual, financial, emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation.
- Controlling and coercive behaviour will be present in most forms of domestic abuse

3.6 Identification of Abuse (may include)

Physical Abuse Signs

- A history of unexplained falls or minor injuries.
- Bruising in well protected areas or clustered from repeated striking.
- Finger marks.
- Burns of unusual location or type.
- Injuries found at different states of healing.
- Injury shape similar to an object.
- Injuries to head / face / scalp.
- History of GP- or agency-hopping, or reluctance to seek help.
- Accounts which vary with time or are inconsistent with physical evidence.
- Weight loss due to malnutrition, or rapid weight gain.
- Ulcers, bed sores and being left in wet clothing.
- Drowsiness due to too much medication, or lack of medication, causing recurring crises / hospital admissions.

Sexual Abuse Signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret'). Medical problems, e.g., genital infections, difficulty walking or sitting.
- Disturbed behaviour, e.g., depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the adult at risk.
- Circumstances - e.g., two service users found in a toilet area, one in a distressed state.

Psychological/Emotional Signs

- Isolation.
- Unkempt, unwashed, smell.
- Over-meticulous.
- Inappropriately dressed.
- Withdrawn, agitated, anxious, not wanting to be touched.
- Change in appetite.
- Insomnia or need for excessive sleep.
- Tearfulness.
- Unexplained paranoia, or excessive fears.
- Low self-esteem.
- Confusion.

Neglect Signs & Acts of Omission

- Physical condition poor.
- Clothing in poor condition.
- Inadequate diet.
- Untreated injuries or medical problems.
- Failure to be given prescribed medication.
- Poor personal hygiene.

Self-neglect

- Living in extremely unclean, sometimes verminous, circumstances which cause a risk or damage to self or others.
- poor self-care leading to a decline in personal hygiene which endangers wellbeing, e.g., untreated pressure areas, ulcerated skin, scabies or other parasites.

- Poor nutrition leading to a breakdown in health, no heating or hot water in cold weather which may result in a deterioration of health/hypothermia.
- Poorly maintained clothing leading to a risk of hypothermia or other health condition or cause a public disturbance.
- Failure to seek medical assistance or take medication to the extent that health is seriously compromised.
- Hoarding large numbers of pets which result in unsanitary conditions and health risk to self or others, NB harm to animals must be reported to the RSPCA
- Neglecting household maintenance to the extent that the accommodation is becoming dangerous to live in.

Financial or Material Signs

- Unexplained or sudden withdrawal of money from accounts.
- Disparity between assets and satisfactory living conditions.
- Extraordinary interest by family members and other people in the adult at risk's assets.

Discriminatory Signs

- Lack of respect shown to an individual.
- Signs of substandard service offered to an individual.
- Exclusion from rights afforded to others, such as health, education, criminal justice.

Other Signs of Abuse

- Inappropriate use of restraints.
- Sensory deprivation, e.g., spectacles or hearing aid.
- Denial of visitors or phone calls.
- Failure to ensure privacy or personal dignity.
- Lack of flexibility of choice, e.g., bedtimes, choice of food.
- Restricted access to toilet or bathing facilities.
- Lack of personal clothing or possessions.
- Controlling relationships between care staff and service users.
- Depriving someone of their liberty without authorisation, e.g., not allowing someone to leave the home or building without someone supervising them without the authorisation to do so.

It should be remembered that signs of abuse in individuals with autism can be more difficult to identify due to the behaviours associated with the condition. If there is any doubt staff should seek advice from their line manager.

3.7 Good Practice

Recruitment

- All staff will have a full and satisfactory DBS certificate renewed every 3 years.
- Check references thoroughly including appropriate Disclosure.
- All staff have a duty to declare any existing or subsequent convictions.
- Throughout the recruitment process individual candidates are assessed with regards to their suitability to work with adults at risk.

Training

- The Manager will offer all staff safeguarding training.
- It is the manager's responsibility to clarify with the worker their roles and responsibilities regarding their relationships with adults at risk with whom they will be in contact.
- Regular supervision for staff will monitor the work and offer the opportunity to raise any issues or concerns.
- Training will be refreshed on a frequent basis.

Whistleblowing

Staff are supported to report concerns without worrying about consequences, as they are made aware of their rights under the current Public Interest Disclosure legislation.

Support for the Adult at Risk

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously
- To be provided with appropriate help and support to report abuse, including being made aware of, and supported to access, external sources of support
- To receive fair and respectful treatment throughout
- To be confident that their care, treatment and support will not be compromised if they raise issues of abuse
- To be involved as much as possible with consideration with current Mental Capacity legislation.
- To receive information about the outcome with consideration to the current Mental Capacity legislation.

Support for those who Report Abuse

Anyone making a complaint or allegation or expressing concern, whether they are staff, service users, carers or members of the general public, should be reassured that:

- They will be taken seriously
- Their comments will be treated confidentially.
- Action will be taken to minimise the risk of reprisals or intimidation
- They will be given support and afforded protection if necessary.

Record Keeping

- There should be a written record of any concerns. This confidential information will be kept secure and in line with current Data Protection Regulations.

All incidents should be reported according to local safeguarding procedures.

Maintenance of records

- Retention
 - For all concerns raised whether acted upon or not, a record should be kept for six years.
 - For concerns regarding staff or volunteers (even if they are no longer associated with the organisation) they should be kept on their personal file until retirement age 67 years old or for 10 years whichever is longer.
- Storage
 - Documents are stored in a locked cabinet which is only accessible by Laura Bassenger and all electronic documents are password protected on a password protected laptop.
- Destruction
 - Any confidential waste is shredded, also ensuring that the shredder does not leave any identifiable information remaining in the paper and that no one would be able to be identified by the leftovers. This shredding is then recycled.
 - Any digital records are deleted from the laptop, with no automatic back up system. The recycle bin is checked to make sure it has been deleted from the recycle bin and any copies of the documents sent in emails are also deleted.

4.0 ACTIONS AND CONSIDERATIONS

THE FIRST PRIORITY SHOULD ALWAYS BE TO ENSURE THE SAFETY AND PROTECTION OF ADULTS AT RISK. TO THIS END, IT IS THE RESPONSIBILITY OF ALL STAFF TO ACT ON ANY SUSPICION OR EVIDENCE OF ABUSE OR NEGLECT AND TO PASS ON THEIR CONCERNS IN THE FIRST INSTANCE TO THEIR MANAGER.

Staff should take all reasonable immediate action to safeguard the service user at risk.

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g., Police, ambulance, GP).
- Remember to have regard for your own safety.
- It may be necessary and appropriate to separate the alleged abuser from the service user and others who may be at risk - seek advice from your manager.
- Listen to the adult at risk, offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example, staff must make it clear that they will have to discuss the concerns with their supervisor.
- Where an 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 the service user's wishes

must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the adult at risk's wishes may be overridden in favour of considerations of safety.

- Decisions to override the adult at risk's wish not to take the matter further should, if possible, be the product of discussion with appropriate line management and local safeguarding team if necessary.

Action on disclosure of abuse/making a referral

There should always be the opportunity to discuss concerns with, and seek advice from, managers and other agencies, but:

- never delay emergency action to protect an adult at risk
- where possible always involve the adult at risk and / or their representative
- always record any concerns and / or action taken
- the Adult Protection Team should be notified, and a safeguarding concern submitted within 24 hours of the occurrence taking place
- you should always discuss the concern with the designated protection person or deputy designated protection person
- if the suspicions relate to the designated person, then the deputy, North Lincolnshire Adult Protection Team or the Police should be contacted.
- suspicions should only be discussed with the appropriate persons such as those named above.
- any person may report a concern to the Adult Protection Team irrespective of the opinion of others.

It is important to make written records of any incidents or concerns as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also important to make a record of conversations with the adult using the same language especially names of body parts or sexual acts.

- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the appropriate line manager without delay.

Remember you should not investigate or seek further evidence unless agreed with senior management and / or local safeguarding team.

By supporting the adult at risk and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation

Understand the need to preserve evidence and not to contaminate any evidence if a crime may have been committed.

Designated person/s and contacts:

Laura Bassenger (Manager) – 07971915068 Laura.bassenger@starlightarts.co.uk

Chris Bassenger (Deputy Manager) – 07710047676 Chris.bassenger@starlightarts.co.uk

Rebecca Budd (Senior Leader) – 07986742946 Bex.Budd@starlightarts.co.uk

Tamara Powell (Senior Arts Leader) – 07761531418 Tamara.Powell@starlightarts.co.uk

Ian Moss (Arts Leader) – 07746393058 Ian.Moss@starlightarts.co.uk

Amy Shiret (Arts Leader) – 07522670535 Amy.Shiret@starlightarts.co.uk

Victoria Sapphire (Arts Leader) – 07568235125 Victoria.Sapphire@starlightarts.co.uk

North Lincolnshire Council Adult Protection Team – 01724 297000

Police

Police Non-Emergency – 111

Police Emergency - 999

5.0 THE SIX KEY PRINCIPLES OF ADULT SAFEGUARDING

The following safeguarding principles and values that govern how the adult safeguarding procedure should be implemented. These principles and values are based upon national guidance on achieving good outcomes for adults at risk.

Principle 1: Empowerment

Empowerment is the principle that adults should be in control of their lives and consent is needed for decisions and actions designed to protect them. The purpose of safeguarding is to enable people to live a life free from abuse and neglect. Capacitated adults have the right to make their own decisions and maintain control over their lives. Professionals should be supporting their decision-making throughout the process.

This includes:

- Working towards the outcomes the person wants
- Listening to the individual and ensuring their voice is heard
- Taking actions with a person's consent, unless there is a clear justification for acting contrary to the person's wishes, such as for reasons of public interest or lack of capacity as detailed within the procedure
- Ensuring the adult receives support to participate in all decisions about them (for example, with the support of friends/family/advocacy, personal assistants, translators) and due regard is given to issues of accessibility, equality and diversity
- Enabling people to make informed decisions (for example, sharing assessments of risk, sharing information on available support options to reduce those risks, and providing support to weigh up risks and solutions)
- Respecting the choices and decisions that people make
- Allowing people to change their mind if their views or circumstances change.

In the event that a person lacks capacity to make a particular decision for themselves, a best interest's decision should be made in line with current Mental Capacity Legislation and related Codes of Practice. The adult should continue to be involved to the fullest extent possible, and

decision making must recognise their wishes, feelings, beliefs and values and ensure that they are appropriately represented.

Principle 2: Protection The adult safeguarding procedure provides a framework by which adults can be supported to safeguard themselves from abuse, or protected, where they are unable for reasons of capacity to make decisions about their own safety. Assessments of capacity and best interest decisions in relation to those lack capacity must always be in accordance with current Mental Capacity Legislation and related and Codes of Practice.

Protection encompasses each and every person's duty of care and/or moral responsibility to act upon suspicions of abuse within the context of this procedure; and ensure that adults at risk as citizens receive the protection afforded to them in law.

Principle 3: Prevention

Prevention of abuse is the primary goal and members of the public, agencies, service providers, individual employees or volunteers and communities all have a role in preventing abuse from occurring. Prevention involves promoting awareness and understanding and supporting people to safeguard themselves from the risk of abuse. This includes helping people to identify and make informed decisions about risks and develop forward plans that keep them safe.

Prevention also refers to the actions of organisations to ensure they have systems in place that minimise the risk of abuse. Prevention is associated with a broad range of responsibilities and initiatives; each associated with making adult safeguarding a core responsibility within the context of providing high quality services.

Principle 4: Proportionality

The principle of proportionality concerns the responsibility to ensure that responses to safeguarding concerns are proportional to assessed risk and the nature of the allegation/concern. Proportionate decisions need to take into account the principles of empowerment and protection.

This principle of proportionality is also encompassed within the current capacity legislation, where a person lack capacity to make specific decisions it must be made in the person's 'best interests. This includes the responsibility to consider if the outcomes can be achieved in a way that is 'less restrictive of the person's rights and freedoms.

Principle 5: Partnerships

Partnership means working together to prevent and respond effectively to incidents or concerns of abuse. Partnership means working together effectively to support the adult at risk in making informed decisions about identified risks of harm and helping them to access sources of support that keep them safe.

Partnership also includes working with relatives, friends, unpaid carers or other representatives such as advocates as partners, as appropriate, to achieve positive outcomes for the adult at risk.

Partnership also means working cooperatively with other agencies to prevent, investigate and end abuse. Statutory, private, voluntary and specialist or mainstream services and their representatives should be considered partners within this procedure.

Principle 6: Accountability

The principle of accountability involves transparency and decision making that can be accounted for. This involves each individual and organisation fulfilling their duty of care, making informed

defensible decisions, with clear lines of accountability. It involves organisations, staff (and volunteers) understanding what is expected of them, recognising and acting upon their responsibilities to each other, and accepting collective responsibility for safeguarding arrangements.

6.0 MAKING SAFEGUARDING PERSONAL (MSP)

The adult at risk and/or their representative should be as involved as possible and to the extent to which they would like. MSP should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation, in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

MSP is about seeing people as experts in their own lives and working alongside them.

7.0 ISSUES OF MENTAL CAPACITY AND CONSENT

The consent of the adult at risk must be obtained except where:

- The adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests.
- Others may be at risk.
- A crime has been committed.

8.0 INFORMATION, IF KNOWN, WHICH WILL BE REQUIRED WHEN YOU MAKE A REFERRAL OR REPORT YOUR CONCERNS

Referrals should be made in the way prescribed by the Local Safeguarding Board and on the forms provided by them.

<https://www.northlincsab.co.uk/wp-content/uploads/2022/05/Safeguarding-Adults-Concern-Form-FINAL-24.05.2022-1.docx>

The Manager should ensure that staff are familiar with the procedures for reporting suspected or actual abuse in their area. It is therefore important that appropriate information is gathered to facilitate the referral process. Such information will include:

- Details of alleged victim - name, address, age, gender, ethnic background including principal language spoken, details of any disability.
- Details of GP and any known medication.
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there any concerns/doubts about this?)
- If appropriate advice agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.

Also, any relevant information, for example:

- Reasons for concerns and therefore this referral.
- Details of how these concerns came to light.
- Specific information relating to these concerns.

- Details of any arrangements which have already been made for the protection of the adult at risk or any immediate action taken.
- Details of anyone else to whom this referral has also been made.
- Details of the alleged perpetrator and if they are an adult at risk.
- Details of alleged abuse and information about suspicions.
- Details of any other background information.
- An impression of how serious the situation might be.
- Details of any other professional involved.
- Details of carers and any significant family members, neighbours, friends.

INFORMATION PASSED ON MUST BE RELEVANT, NECESSARY AND UP TO DATE. CONFIRM IN WRITING INFORMATION GIVEN VERBALLY.

9.0 RESPONSIBILITIES FOR REPORTING

Following any notable event or issue of concern raised, staff must ensure all obligations regarding reporting internally and/or externally are met in accordance with statutory procedures within timeframes where necessary using the appropriate regulatory forms and in line with Local Safeguarding Board and Adult Protection Threshold Guidance. If in any doubt, staff members should consult with the manager.

Local Safeguarding Boards Safeguarding Procedures may vary according to Local Authority policy (in which the person resides). It is therefore essential that the correct local safeguarding procedures are adhered to. Links to Local Safeguarding Policy and Procedures:

NORTH LINCOLNSHIRE: <https://www.northlincssab.co.uk/professionals/>

REPORT SAFEGUARDING CONCERNS; the following links can be used to access details on how to local authorities:

NORTH LINCOLNSHIRE: www.northlincssab.co.uk/reporting-abuse/

Regulators

CQC (England) and CIW (Wales) require safeguarding concerns to be reported to them, via the procedure below.

- CQC <http://www.cqc.org.uk/guidance-providers/notifications/allegations-abuse-safeguarding-notification-form>

NORTH LINCOLNSHIRE COUNCIL CONTACT INFORMATION

North Lincolnshire Council

Adult Protection Team

Church Square House

Church Square

DN15 6XQ

10.0 PRACTICE GUIDES

Dos and Don'ts

Staff members should:

- Stay calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain what you are going to do
- Report to Manager
- Write a factual account of what you have seen, immediately

Staff members should not:

- Appear shocked, horrified, disgusted or angry
- Press the individual for details (unless requested or relevant to do so as long as this does not increase risk to any party or risk contaminating evidence)
- Make comments or judgements other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

Discuss with the Manager who will:

- Ascertain whether the situation might fall within the definitions of abuse outlined in this policy
- Consider the adult at risk's capacity to make decisions.
- Ascertain any immediate action required.
- Ascertain whether the matter meets the threshold to report to the local safeguarding team
- Report the matter to the local safeguarding team, internally via the notifiable events procedure and appropriate regulatory body.