SILOMARG LTD
Pledging to deliver excellence

Policy Name	Module
Safeguarding Adults at Risk	**Safeguarding**

Statement of purpose

This policy, procedure and guidance outline the approach of Silomarg Ltd to the safeguarding of adults at risk and the prevention of abuse and neglect. Information on child safeguarding and protection information and guidance is also given within this policy and accompanying procedure.

Silomarg Ltd recognises that it is the human right of all adults and children to live a life that is free from abuse and neglect. Adults at risk and children are more likely to be subjected to various forms of abuse, which can be committed by anyone and there is a duty to do everything possible to prevent, report and tackle abuse wherever it is found.

The organisations policy of zero tolerance towards abuse, maltreatment or neglect of any kind requires everyone who is employed or engaged with Silomarg Ltd to accept a personal responsibility to ensure that any action, by anyone, which may be considered to be abusive is reported without delay in order that it may be properly investigated, and appropriate action taken.

The aim of this policy, which includes guidance and procedures, is that our staff can:

- ✓ Recognise the signs and symptoms of harm and abuse;
- ✓ Prevent and reduce the likelihood of abuse or other forms of exploitation of Clients who may be at risk of harm;
- ✓ Take prompt action to respond to risks and concerns and make sure that Clients are safe and that their rights are protected;
- ✓ Support Clients to maintain control over their lives and to make their own choices as far as possible.

This policy is based on:

- ✓ The Care Act 2014
- ✓ Equality Act 2010
- ✓ Human Rights Act 1998
- ✓ Mental Capacity Act 2005
- ✓ Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- ✓ Care Quality Commission Fundamental Standards
- ✓ Safeguarding Vulnerable Groups Act 2006
- ✓ Sexual Offences Act 2003
- ✓ Protection of Freedoms Act 2012
- ✓ Public Interest Disclosure Act 1998
- ✓ Domestic Abuse Act 2021

Silomarg Ltd will:

- ✓ Actively promote the empowerment and well-being of any adult at risk through sensitive and responsive service provision.
- ✓ Support the autonomy and independence of the individual, including the recognition that such rights can involve risk, which is understood by all concerned and minimised wherever practicable.
- ✓ Ensure that staff are aware of statutory requirements relating to adults at risk and that they behave accordingly.

- ✓ Implement procedures that recognise and manage 'risk factors' associated with the abuse of individuals.
- ✓ Work in accordance with local arrangements and systems for safeguarding adults and children.
- ✓ Implement procedures that recognise and manage 'risk factors' associated with the abuse of individuals.
- ✓ Implement appropriate procedures for the recruitment and selection of staff.
- ✓ Ensure all staff working with vulnerable children and adults have Enhanced DBS checks with suitable clearance.
- ✓ Ensure that all staff are trained to fully understand their responsibilities and their duty to escalate allegations or suspicions of abuse and neglect.
- ✓ Regularly monitor staff performance and conduct.
- ✓ Make the dignity, privacy and safety of Clients paramount. Respect their choices as far as possible and only take action that is in their best interests.
- ✓ Keep written records of any allegation of abuse, neglect or other harm, and the action taken in response following local guidelines.
- ✓ Identify lessons to be learned from incidents where any person supported has experienced abuse or neglect.

On completion of training, responsibility for following the Safeguarding Adults at Risk Policy rests with the individual staff member. Failure to comply with policy, procedure or guidance may lead to disciplinary proceedings.

Detailed procedures and guidelines which must be followed by staff are provided alongside this policy document that all staff must also read.

It is the overall responsibility of the Registered Manager to ensure that all staff have read and signed (as understood) this Safeguarding Policy & Procedure for Silomarg Ltd, and that it is implemented consistently in daily practice.

A current copy of the policy will be available electronically and in the Office. Safeguarding procedures are available on request. Clients and their representatives can request more information from any member of staff or by calling the office.

This policy will be reviewed at least annually, or more frequently if significant changes occur.

The person accountable for this Policy/Procedure is Leah Margolis.
This Policy / Procedure was last updated on 20/07/2026.
This Policy / Procedure is due to be reviewed on 19/07/2027 by Leah Margolis.

(Add internal & External Safeguarding contacts. Including Local Authorities)

Name & Job title of person to contact	Contact details
Leah Margolis – Designated Safeguarding Lead	07454 232181, 07454 232181 – Available Mon-Fri 9am to 5pm 07454 232181, 07454 232181 – Available out of hours and in emergencies admin@silomarg.co.uk
Leah Margolis – Nominated Individual	07454 232181, 07454 232181 – Available Mon-Fri 9am to 5pm admin@silomarg.co.uk
Derby City Council- Adults Children & young Adults	01332 642855 (09.00- 17.00) 01332 01332 956606 (out of hours) 01332 641172 (9.00-17.00) 01332 956606 (out of hours)

Lincolnshire County Council- Adults Children and young Adults Adults and Children (URGENT CONCERNS)	01522 782155 01522 782111 01522 782333
Norfolk Safeguarding Team (Adults) Children (CADS) LADO	0344 800 8020 0344 800 8021 01603 223 473
Derbyshire County Council (24/7) Children and Adults	01629 533190
The Care Quality Commission (CQC)	03000 61 61 61 enquiries@cqc.org.uk Complete the statutory notification form (available here) and email to HSCA_notifications@cqc.org.uk (for Registered Managers)
Emergency Services	**101** non-emergency **999** emergency and/or crime has been committed

Policy & Procedure

What is safeguarding adults?

Safeguarding adults is defined in the Care Act 2014 as *'protecting an adult's right to live in safety and free from abuse and neglect'.*

Safeguarding children is defined in The Working together to Safeguard Children 2018 guidance by HM Government as:

- ✓ *providing help and support to meet the needs of children as soon as problems emerge*
- ✓ *protecting children from maltreatment, whether that is within or outside the home, including online*
- ✓ *preventing impairment of children's mental and physical health or development*
- ✓ *ensuring that children grow up in circumstances consistent with the provision of safe and effective care*
- ✓ *promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children*
- ✓ *taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.*

Child Protection

Child protection and safeguarding is everyone's responsibility. A child is defined as anyone who has not yet reached their 18th birthday**.** It is not only childcare workers that have a duty to promote the welfare of children and protect them from harm.

Silomarg Ltd employees will not directly care for children or young children, however, if any employee comes into contact with children in their day to day work settings, it is their responsibility to ensure that their wellbeing is safeguarded and rights are respected.

Staff are to follow the reporting procedures and guidelines as set out alongside this policy if there are any concerns relating to a child.

👉 *Please see Appendix 2 for other categories of abuse that relate more to children.*

Safeguarding duties apply to:

Section 42 of The Care Act 2014 sets out that adult safeguarding duties apply to *any* adult who:

- ✓ Has care and support needs, and
- ✓ Is experiencing, or is at risk of, abuse and neglect, and
- ✓ Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

Definition

The term **'adult at risk'** has replaced **'vulnerable adult'**. The term 'adult at risk' is detailed in the Care Act 2014 and focuses on the situation causing the risk, rather than the characteristics of the adult concerned.

'Abuse' is "*a violation of an individual's human and civil rights by any other person or persons."* (The Care Act 2014). It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse may:

- ✓ Consist of a single act or repeated acts;
- ✓ Be physical, verbal or psychological;
- ✓ Be an act of neglect or omission to act;
- ✓ Occur when an 'adult at risk' is persuaded to enter into financial or sexual transaction to which he or she has not consented or cannot consent.

Categories of abuse

All Silomarg Ltd staff will be vigilant regarding the welfare of fellow staff and people we support. Staff involved in any way with care provision will be trained to recognise the signs of abuse when they occur. Within the Care Act 2014 there are 10 elements of abuse:

- ✓ Physical abuse
- ✓ Sexual abuse
- ✓ Psychological abuse
- ✓ Financial and Material abuse
- ✓ Organisational abuse
- ✓ Domestic abuse
- ✓ Discriminatory abuse
- ✓ Modern slavery
- ✓ Self-neglect and acts of omission
- ✓ Neglect

👉 *Please view Appendix 1 for the description of the different categories of abuse and the signs and symptoms of each, and also further definitions of harm and abuse.*

Adult Exploitation

Exploitation is the deliberate manipulation or abuse of power. Exploitation is usually linked to some form of vulnerability in another person, their vulnerability is taken advantage of and used for another person's gain. This can be for a range of reasons including personal, financial or sexual gain. Exploitation is rooted into certain types of abuse and behaviours, such as:

- ✓ Human trafficking;
- ✓ Sexual violence and abuse;
- ✓ Domestic violence and abuse;
- ✓ Forced labour, domestic servitude and slavery;
- ✓ Radicalisation;
- ✓ Cuckooing and county lines;
- ✓ Scamming, fraud and blackmail.

Who abuses and neglects adults and children?

Abuse can happen anywhere, even in somebody's own home. Most often abuse takes place by others who are in a position of trust and power. It can take place whether the person lives alone or with others. Anyone can carry out abuse or neglect, including:

- ✓ Spouse/ Partner;
- ✓ Other family members;
- ✓ Neighbours;
- ✓ Friends;
- ✓ Acquaintances;
- ✓ People who deliberately exploit adults they perceive as 'vulnerable' to abuse;
- ✓ Paid staff or professionals; and
- ✓ Volunteers and strangers.

Principles

Silomarg Ltd and all employees have a responsibility to follow the **'six principles'** enshrined within the Care Act 2014. These key principles underpin all adult safeguarding work and they aim to reduce the likelihood of abuse occurring and to promote Clients right's when responding to allegations.

Principle	Description in the Care Act	How we will implement
Empowerment	"Personalisation and the presumption of person-led decisions and informed consent. Adults are encouraged to make their own decisions and are provided with support and information."	✓ Ensure Clients are given clear information about our service and what to do if they have any concerns or a complaint. ✓ Create detailed care and support plans with each Client that focuses on their individual goals, needs and preferences. This includes an assessment of risks and the agreed actions to manage this. ✓ Ensure our staff are trained to respect Clients dignity, privacy and wishes when providing care and support. ✓ Assume that Clients have the mental capacity to make informed decisions about their lives. If someone has been assessed as not having capacity, the organisation will work as part of a multi-disciplinary team to act in their best interests.
Prevention	"It is better to take action before harm occurs. Strategies are developed to prevent abuse and neglect and promotes resilience and self-determination."	✓ Follow rigorous recruitment procedures to make sure that all of our staff are suitable to work with our Clients. ✓ Make sure that our staff are competent to carry out their roles effectively and follow our procedures for delivering care and support and for reporting concerns. ✓ Provide regular support and supervision for all staff so that they can share concerns and discuss issues as they arise. ✓ Regularly seek feedback from our Clients to make sure that they are satisfied with the service that we provide and that it meets their needs.

		✓ Only use restraint if it is legally and ethically justified, the least restrictive intervention and in the Clients best interests. This will always be agreed with other professionals and documented in the Clients care plan. ✓ Use information from safeguarding concerns to improve our services.
Proportionality	"A response that is proportionate, least intrusive and appropriate to the risk presented."	✓ Take account of our Clients preferred outcomes, however, we will always refer safeguarding concerns to the local authority safeguarding teams and follow our multi-agency adult safeguarding procedures to protect individuals. ✓ Balance the rights of our Clients to take risks with the need to safeguard them where necessary.
Protection	"Support and representation for those greatest in need. Adults are offered ways to protect themselves."	✓ Support Clients to report abuse and to be involved in the safeguarding process as far as they are able. ✓ Provide clear and accessible complaint procedures. ✓ Ensure staff are fully trained to recognise if a Clients is at risk of being/ or has been abused and to respond appropriately. ✓ Take into account the different beliefs and values of our Clients when responding to safeguarding concerns. ✓ Have clear reporting procedures for employees where they can pass on any concerns and seek advice. ✓ Support Staff to understand they are required to report any concerns about abusive practice under our 'Whistleblowing' Policy and procedures and are made aware of their rights in line with the Public Interest Disclosure Act 1998. ✓ Provide our Clients with information about advocacy services. ✓ Actively work with other organisations to protect adults in the multi-agency framework.
Partnership	"Local solutions through services working with communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse."	✓ Work with our Clients and statutory agencies to find the best response to any situation to ensure the best outcome for Clients. ✓ Ensure sensitive information is shared on a 'need to know' basis to maintain confidentiality and work in the best interest of our Clients.
Accountability	"Accountability and transparency in delivering safeguarding."	✓ Ensure that the care team fully understands their role and responsibility towards safeguarding adults at risk.

		✓ Ensure management and staff are clear with Clients on how their disclosed reports of abuse and neglect will be handled and by whom. ✓ Complete on-going assessments and audits to identify areas of improvements in service delivery. ✓ Ensure care and treatment decisions are based on a fair and objective assessment of individual needs, in partnership with the Clients, and not on assumptions about age or disability. ✓ Inform Clients, their family or other representatives when things go wrong and what will be done to prevent a recurrence.

Wellbeing within the Care Act

'Wellbeing' is described within the Care Act as relating to the following areas in particular:

- ✓ Personal dignity (including treatment of the individual with respect);
- ✓ Physical and mental health and emotional wellbeing;
- ✓ Protection from abuse and neglect;
- ✓ Control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- ✓ Participation in work, education, training or recreation;
- ✓ Social and economic wellbeing;
- ✓ Domestic, family and personal;
- ✓ Suitability of living accommodation;
- ✓ The individual's contribution to society.

The Care Act acknowledges that 'wellbeing' is an incredibly broad concept, and will mean something different to each individual. Therefore Silomarg Ltd recognises the need to identify what is important to each individual in order to effectively promote their well-being. This often involves providing holistic care which encompasses more than just the individual's physical health.

Safeguarding Procedures for ALL Employees

The Role and Accountability of Staff in Relation to Abuse

Silomarg Ltd insists that all staff have a responsibility to:

- ✓ Provide Clients with the best possible care.
- ✓ Empower individuals to take action and raise concerns.
- ✓ Recognise when there is a safeguarding concern and always take action whenever abuse is suspected, including when a legitimate concern has not been acted upon by the appropriate staff.

- ✓ Not act in any way that may be abusive or harmful to others.
- ✓ Report anything they witness which is or might be abusive or harmful within a timely manner.
- ✓ Complete documents to evidence concerns.
- ✓ Record accurate, factual and clear information.
- ✓ Co-operate in every possible way in any investigation into alleged abuse.
- ✓ Reassure the individual and make sure they are not in any immediate danger.
- ✓ Participate in training activities relating to abuse and harm and protection from harm.
- ✓ Follow internal procedures for reporting of concerns.

The Role and Accountability of the Registered Manager & Management Team

- ✓ Make arrangements to safeguard Clients and employees against abuse or neglect.
- ✓ Encourage a culture and ethos that is hostile to any sort of abuse or harm.
- ✓ Ensure that all staff are trained to fully understand their responsibilities and their duty to report allegations or suspicions of abuse.
- ✓ Produce and review policies and procedures to prevent and deal with abuse or harm.
- ✓ Prioritise safeguarding concerns and report without delay.
- ✓ Investigate any evidence of abuse/harm speedily and sympathetically.
- ✓ Make referrals to the statutory safeguarding leads in the local area.
- ✓ Liaise with the relevant safeguarding adults/children authority teams and follow their guidance and instructions where applicable, including the issues arising from multi-agency involvement.
- ✓ Make the dignity, privacy and safety of Clients paramount. Respect their choices as far as possible and only take action that is in their best interests.
- ✓ Keep written records of any allegation of abuse, neglect or other harm, and the action taken in response.
- ✓ Notify the Care Quality Commission of all instances of abuse, alleged or suspected abuse.
- ✓ Create person-centred care and support plans.
- ✓ Review care plans and risk assessments regularly.

Specific Responsibilities of the Designated Safeguarding Lead (D.S.L)

The Designated Safeguarding Lead for Silomarg Ltd is Leah Margolis

- ✓ Provide information and advice to the management team and all staff on all safeguarding matters.
- ✓ Ensure all staff working with adults at risk fully understand this safeguarding policy and how to respond to concerns for any child's or adult's welfare.
- ✓ Work with the management team to ensure all staff receive safeguarding training as part of their induction and as an on-going basis.
- ✓ Ensure all people who receive support under Silomarg Ltd are provided with information and guidance around who they can talk to if they have any welfare concerns and what the organisation will do in response of such concerns.
- ✓ Managing referrals/cases reported and working with management to ensure prompt resolutions.
- ✓ Carrying out referrals to the relevant local authority social care team where abuse of a child or adult at risk is reported or suspected.
- ✓ Be familiar with issues relevant to child and adult protection and abuse, keeping up to date with new developments in the area.
- ✓ Attend regular training and share knowledge and any new practice with the team.
- ✓ Monitoring the implementation of this policy.

The D.S.L has responsibilities for deciding whether to refer any reported matters onto the police or to the relevant local authority (e.g. Local Safeguarding Children or Adult Social Services).

Where possible, referrals should be made on the same working day and certainly within 24 hours. It is the responsibility of the D.S.L to decide whether the family or representatives (if applicable) of the individual should be informed of that referral.

The Care Quality Commission (CQC)

CQC must be notified by Silomarg Ltd of any abuse or allegations of abuse concerning a person using the service, where any of the following apply:

- ✓ The person is affected by abuse;
- ✓ They are affected by alleged abuse;
- ✓ The person is an abuser;
- ✓ They are an alleged abuser.

Silomarg Ltd must notify the relevant local safeguarding authority when notification is made to CQC about abuse or alleged abuse.

Notification forms are provided via CQC's website at: https://www.cqc.org.uk/guidance-providers/notifications/allegations-abuse-safeguarding-notification-form

If concern is received via the whistleblowing procedure, Silomarg Ltd must notify the relevant local safeguarding authorities and the Care Quality Commission (CQC).

The Police

Staff must call 999 if a child or adult is at immediate risk of harm. If Staff know (has evidence) that a child or adult is in danger, the Police must be contacted.

All Staff notifying the police must inform the Registered Manager/Designated Safeguarding Lead or On-Call immediately after contacting emergency services. Accurate records must be taken using the Safeguarding Incident Log and any other relevant documentation.

Strategy Meeting/ Case Conference

Following an investigation or at any time during the process, a case conference with relevant agencies may be called to make decisions about future actions to address the needs of the person. Any agency involved in the case may ask for a case conference to be held, but final decision to hold a conference is with the Local Safeguarding Teams. Silomarg Ltd must ensure that it attends this meeting when invited and that all relevant information about the incident is available. A timeline of events is a useful document to prepare in complex cases.

Concerns may arise from situation(s) such as the following:

- ✓ Any child or adult's welfare and/or wellbeing;
- ✓ Any colleague or the practice of any colleague;
- ✓ Any other persons' working with the individual child or adult;
- ✓ Any other person who has contact with the child or adult;
- ✓ Any other concerns.

Responding to a Safeguarding Concern

All staff have a duty to report all safeguarding concerns and will be fully supported by Silomarg Ltd when doing so. Staff are reminded that failure to report concerns identified or witnessed, will necessitate disciplinary action.

It is also very important that Staff are always alert to possible signs of abuse or neglect, whilst not jumping to any conclusions.

The Registered Manager and/or the Designated Safeguarding Lead within Silomarg Ltd must be informed of any concerns, issues or incidents regarding any Client. Both the Registered Manager and the Designated Safeguarding Lead has a responsibility to promote the safety and welfare of all those supported by the organisation at all times.

The Registered Manager / Designated Safeguarding Lead will co-ordinate a response to any concerns or incidents that may have occurred with any Client. This will include notifying the relevant agencies to facilitate early, better quality information sharing, analysis and decision- making, to safeguarding adults at risk more effectively.

Following a report of evident abuse, allegation or disclosure, the Registered Manager or Designated Safeguarding Lead should first take into account:

- ✓ The individual's wishes and preferred outcome;
- ✓ Whether the individual has the mental capacity to make an informed decision about their own and others safety;
- ✓ The safety and wellbeing of others, including children and others with care and support needs;
- ✓ Whether there is a person in a position of trust involved i.e. employees;
- ✓ Whether a crime has been committed.

All Staff should bear in mind the following principles at all times:

- ✓ The welfare of the adult at risk is paramount;
- ✓ The organisations' policy and procedure, local authority guidance and multi-agency working practices must be followed at all times;
- ✓ Where possible, the cooperation of the family/representatives should be obtained unless there is a risk to the person supported in taking this course of action;
- ✓ All records must state the facts, written in black ink, dated and signed by the responsible staff member completing the documents. All completed safeguarding incident logs and relevant documentation must be completed and received by the Designated Safeguarding Lead and Registered Manager within Silomarg Ltd on the same day of a concern or incident. All documentation must be stored securely and in line with data protection legislation.

Responding to a Safeguarding Concern - Immediate Risk of Harm

- ✓ Where a staff member believes a Client is in immediate risk of harm or abuse, and/or a criminal offence is taking place, they must take immediate steps to protect that person by calling 999.

- ✓ The staff member must then contact the Registered Manager or Designated Safeguarding Lead to inform them of what has happened and take advice on the next steps.

- ✓ If an emergency arises outside of Silomarg Ltd usual working hours (evening and weekends), Staff must inform the person in charge for providing out-of-hours support On-Call. On-Call must then inform the Registered Manager.

- ✓ Staff must then record the safeguarding incident within the Safeguarding Incident Log as soon as possible. If there is any barrier to being able to do this, Staff must discuss this with the Registered Manager / Designated Safeguarding Lead on the same day, to agree who will make the record.

Responding to a Safeguarding Concern - No Immediate Risk of Harm

- ✓ Staff must consult with the Registered Manager or Designated Safeguarding Lead as soon as possible on the same working day of the safeguarding concern.
- ✓ If the concern arises outside of Silomarg Ltd usual working hours (evening and weekends), Staff must inform the person in charge for providing out-of-hours support On-Call. On-Call must then inform the Registered Manager.
- ✓ Staff must then record the safeguarding concern within the Safeguarding Incident Log as soon as possible. If there is any barrier to being able to do this, Staff must discuss this with the Registered Manager / Designated Safeguarding Lead on the same day, to agree who will make the record.

Recording Safeguarding Concerns

Staff must record safeguarding concerns in the following ways:

- ✓ Records must be factual, including the exact words used by the Client or exactly what has been observed.
- ✓ Do not include any opinions or what you think has happened.
- ✓ Records must be completed using the Safeguarding Incident Log as soon as possible after the concern or incident (on the same day).
- ✓ All Staff are accountable for their actions or omissions. Those completing the Safeguarding Incident Log must include the date, time, place and observations or behaviour and statements.
- ✓ Staff must include what they did and why, to demonstrate transparent, defensible decision making.

If Staff fail to record accurately, or if they write down their interpretation of the Client account (as opposed to a factual account), this may lead to inadmissible or unusable evidence should the information be required for court processes.

Those staff members raising a concern or allegation must not contact any individual about whom an allegation or concern is being raised. This could be putting the person making the allegations in serious danger, for example, where domestic violence is taking place. It could also prejudice an investigation.

If the Registered Manager or Designated Safeguarding Lead decides that a referral to the Local Authority for Safeguarding Adults (or Children) agencies is not warranted, this decision must be recorded by the Registered Manager / Designated Safeguarding Lead as a 'Decision not to make a referral' (with evidence to support decision making). The Registered Manager / Designated Safeguarding Lead must be sure to include the reasons why this decision was reached.

All records about safeguarding concerns are to be kept confidential and in a location where the alleged abuser will not have access to the record. Access should not be given to any unauthorised person for accessing confidential information including the sharing of passwords.

Desired Outcomes Identified by the Client

Silomarg Ltd are committed to the Principles of 'Making Safeguarding Personal' and aims to ensure that safeguarding is always person-led and focused on the outcomes that the Client wants to achieve. The Client will take part in the safeguarding process to the extent that they wish, or are able to, having regard for their decisions and opinions.

The organisation will engage the Client in conversations about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control, as well as improving quality of life, wellbeing and safety.

The desired outcome by the Client at risk must be clarified and confirmed at the end of the conversation(s), to:

- ✓ Ensure the outcome is achievable;
- ✓ Manage any expectations that the person at risk may have;
- ✓ Give focus to the enquiry;
- ✓ Support realistic outcomes, but must not restrict or unduly influence the outcome that the person would like. Outcomes must make a different to risk and, at the same time, satisfy the person's desire for justice and enhance their wellbeing;
- ✓ Consider that the person's wishes, needs and desired outcomes may change throughout the course of the enquiry process.

There must be an ongoing dialog and conversations with the person to ensure that their views and wishes are gained as the process continues and enquires re-planned if the person changes their views. The process of any enquiry must be explained to the individual, in a way they will understand. If possible, their consent must be gained.

The Client will be informed of the progress and outcome of any investigation, but guidance will be sought from the Local Adult Safeguarding Authorities, before any outcome is shared.

Arrangements will be made to have a relative, representative of independent advocate present wherever the Client's wishes. The relative, representative or independent advocate must not be an individual suspected of being in any way involved or implicated in the abuse.

A review of the person's person-centred care and support plan must be undertaken to ensure Individualised care and support following an incident.

Good Practice in Preserving Evidence

The priority of the person supported when abuse is suspected or has taken place must always be first and foremost.

Under no circumstances can a staff member take photographs of a Client as a way of preserving evidence in the event of suspected, alleged, disclosed or witnessed.

Evidence is important to support any investigation or enquiry into abuse or harm undertaken by those with authority, such as the Police.

- ✓ Where possible Staff should leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- ✓ Staff must not clean up, touch anything they do not have to or throw anything away which could be used as evidence;

- ✓ Staff must not wash anything or in any way remove fibres, blood etc.;
- ✓ Staff should try to preserve the clothing and footwear of the individual;
- ✓ Preserve anything used to comfort or warm the individual, e.g. a blanket;
- ✓ Note in writing the state of the clothing of both the individual and alleged perpetrator (if present).
- ✓ Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- ✓ Take steps to secure the room or area where the incident appears or has been alleged in taking place. Do not allow anyone to enter until the police arrive.

Making a Referral

Every Local Authority in the country has to have Multi-Agency Safeguarding Arrangements in partnership with the Police and Health Services. Contact details for each county Safeguarding Arrangements, can be found within each county's website.

Referrals must be made on the same day where harm or risk of harm has been identified. If concerns arise out of office hours, referrals must be made to the local authority out of hour's service.

The Registered Manager or Designated Safeguarding Lead will usually lead on decision-making. Where such support is unavailable, consultation with another senior member of staff will take place.

Staff must take action without the immediate authority of the Registered Manager or Designated Safeguarding Lead if:

- ✓ Discussion with the Registered Manager/Designated Safeguarding Lead would involve delay in an apparently high-risk situation;
- ✓ The staff member has raised concerns with the Registered Manager/Designated Safeguarding Lead and they have not taken appropriate action (whistleblowing).

If the Client consents to safeguarding procedures and a referral, Staff must follow the local Safeguarding Adults Board (SAB) procedures.

If the Client does not consent to contacting other agencies, and has the mental capacity to make that decision, the Registered Manager or Designated Safeguarding Lead must provide information and advice to the Client. This must include a summary of the concerns and advice of other services that the Client may choose to access.

If a Client at risk of abuse is perceived to lack the mental capacity to make the decision regarding a referral, the Registered Manager and Designated Safeguarding Lead must consider what is in the Client's best interests.

A referral without consent must be made in cases where:

- ✓ there is an emergency or life-threatening situation;
- ✓ other people are, or may be, at risk – including children;
- ✓ sharing the information could prevent a serious crime;
- ✓ a serious crime has been committed.

If a referral has been made, but the Client at risk is reluctant to continue with an investigation, Silomarg Ltd must record this and bring it to the attention of the local Safeguarding Adult Board. This will enable a discussion on how best to support and protect the adult at risk. However, a professional case discussion will still need to take place and must be recorded appropriately.

If a serious crime has been committed, the Registered Manager or Designated Safeguarding Lead must also contact the police following the local SAB procedures. This must happen on the same working day the concern was noted.

Adult social care services do not have a statutory obligation to respond within a specified timeframe. Local response timeframe targets may operate; these are available on the individual local authority Safeguarding Adult Board website. Responses may include:

- ✓ no further action;
- ✓ an enquiry under Section 42 of the Care Act

Where the circumstances are deemed not to trigger the Section 42 safeguarding duty, the local authority may choose to carry out proportionate safeguarding enquiries in order to promote the adult's wellbeing, and to support preventative action. This could include signposting.

If no response has been received within 72 hours, Silomarg Ltd must contact the local authority adult's social care again and, if necessary, ask to speak to a line manager to establish progress.

If the local authority's response is inadequate, or doesn't sufficiently address the risk of abuse, Silomarg Ltd must then review the details on the same day and make a decision to take action regarding any escalation required.

(The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom).

Confidentiality and Information Sharing

Silomarg Ltd expects all staff to maintain confidentiality at all times. In line with Data Protection Act 2018 and UK GDPR, Silomarg Ltd does not share information if not required.

It should however be noted that information should be shared with authorities if a child or adult is deemed to be at risk of immediate harm. Sharing the right information, at the right time, with the right people can make all the difference in preventing harm.

In seeking to sharing information for the purposes of protecting individual's at risk, Silomarg Ltd are committed to the following principles:

- ✓ Personal information will be shared in a manner that is compliant with the statutory responsibilities of Silomarg Ltd.
- ✓ People who use the services of Silomarg Ltd will be fully informed about the information that is recorded about them and as a general rule, be asked for their permission before information about them is shared. However, there will be justifications to override this principles if the person supported is at risk.
- ✓ Staff will receive appropriate training on confidentiality and information sharing.
- ✓ All staff will fully comply with the Data Protection, Confidentiality and with Caldicott Principles.

Seven Golden Rules for Information-Sharing

- ✓ **Remember that the Data Protection Act and the General Data Protection Regulation (GDPR) is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.

- ✓ **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- ✓ **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- ✓ **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- ✓ **Consider safety and wellbeing:** base your information-sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.
- ✓ **Necessary, proportionate, relevant, accurate, timely and secure:** ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
- ✓ **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

  - 👉 *Source:- HM Government – Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers July 2018*
  - 👉 *https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf*

  - 👉 *Please view additional information and guidance within the 'Confidentiality & Data Protection' Policy & Procedure.*

Making Safeguarding Personal and Risk Enablement

In adult social care, alongside the Care Act 2014, there is the 'Making Safeguarding Personal' initiative led by the Association Directors of Adult Social Services and the Local Government Association.
Making safeguarding personal means it 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.

Silomarg Ltd aims to empower our Clients and provide them with the information they need to make decisions around how to be safe from abuse and reduce risks.

We encourage and support our Clients to identify and assess their own risks, enabling them to take the risks they choose. This is a key part of person-centred care and puts the individual at the centre of all decisions.

We recognise that adults may make decisions that might be perceived as risky or unwise.
Adults must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats an individual as not being able to make their own decisions. 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.

- ✓ *Please view additional information and guidance around Advocacy in Appendix 4*

Risk Assessment & Management

It is vital as part of devising a person-centred support plan to achieve a balance between individual rights and preferences and ensuring adequate protections are in place to safeguarding individuals.

This can be challenging tasks at times. The assessment of the risk of abuse, neglect and exploitation of adults at risk, will be integral in all assessments and planning processes.

Assessments of risks are dynamic and ongoing, and must be reviewed throughout. This is to ensure that where adjustments are required, these can be completed in response to changes on the levels of or nature of risk.

All assessments and details of how to protect safety and wellbeing will be documented within the Client's person-centred support plan.

Mental Capacity Act 2005

The MCA applies to individuals who are 16 years and over. Mental capacity is present if a person can understand information given to them, retain the information given to them long enough to make a decision, can weigh up the advantages and disadvantages of the proposed course of care and treatment in order to make a decision, and can communicate their decision. The deprivation of liberty safeguards within the Mental Capacity Act 2005 (MCA) do not apply to under 18s.

Five Key Principles of the Mental Capacity Act that everyone must follow when using the act:

- ✓ Start off by thinking that the individual can make their own decisions;
- ✓ Give all practicable support to enable the person to make their own decisions;
- ✓ Never say someone cannot make their own decisions just because someone else thinks it's bad or wrong;
- ✓ When an individual can't make their own decisions someone has to make it in the best way for them;
- ✓ When someone makes a decision for an individual they must consider whether there is a less restrictive option i.e. one that does not limit their rights or freedom more than necessary.

👉 *Please view additional information and guidance from the 'Mental Capacity & Best Interest' Policy and Procedure.*

Deprivation of Liberty Safeguards (DoLS) Liberty Protection safeguards (LPS)

The Mental Capacity Amendment Act (2019) has now replaced the DoLS with the Liberty Protection Safeguards (LPS). The intention was for the new LPS system to come into force in April 2022. When it does, the safeguards will apply to those aged 16 or over, instead of 18 and over.

👉 *Further information around capacity for a range of ages can be found here: https://www.cqc.org.uk/sites/default/files/Brief_guide_Capacity_and_consent_in_under_18s%20v3.pdf*

👉 *Please view additional information and guidance from the 'Mental Capacity & Best Interest' Policy and Procedure.*

Reporting

All staff at Silomarg Ltd have a responsibility to safeguard and promote the well-being of all Clients, by being responsible for the quality, efficiency and effectiveness of their work.
It is important for the organisation and all employees to share safeguarding information to:

- ✓ Prevent death or serious harm.
- ✓ Coordinate effective and efficient responses.
- ✓ Enable early interventions to prevent the escalation of risk.
- ✓ Prevent abuse and harm that may increase the need for care and support.

- ✓ Maintain and improve good practice in safeguarding adults.
- ✓ Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse.
- ✓ Identify low-level concerns that may reveal people at risk of abuse.
- ✓ Help people to access the right kind of support to reduce risk and promote wellbeing.
- ✓ Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour.
- ✓ Reduce organisational risk and protect reputation.

All contact details can be viewed at the start of this policy, whom staff will need to contact in the event of any suspicions or allegations of abuse and neglect has taken place.

Staff are required to complete a 'Safeguarding Incident Log' when they have concerns or when a safeguarding incident has occurred.

Any employee who knows or believes that abuse or neglect is occurring has an obligation to report it without delay, to:

- ✓ The Registered Manager
- ✓ The Designated Safeguarding Lead (DSL)
- ✓ On-Call

If the concern is with the Registered Care Manager, then the concern **MUST** be reported directly to the Director. Where concerns relate directly to the Director, this must be reported to the Local Authority Safeguarding Team, the Care Quality Commission (CQC) and, where a criminal act is suspected, the Police. An appropriate course of action will then be taken in line with Local Authority and National procedures and guidance.

If staff report a concern but are not satisfied that is has been dealt with properly, then staff have a duty of care and a responsibility to raise the matter again using the '*Whistleblowing' Policy & Procedure.*

False allegations: If the organisation concludes that a 'whistle-blower' has made a false allegation maliciously or with a view of personal gain, the whistle-blower may be subject to disciplinary action.

Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Client is not required. However, informing the Client of the concerns and the referral is good practice unless it would put the staff member or colleagues at risk or it would place the person supported at further risk.

When reporting to local authorities of any allegations or concerns about any Client, the Local Authority must be informed whether the person being supported is aware of the report. In reporting all suspected or confirmed cases of harm, an employee has the responsibility to act in the best interest of the Client at all times, but still operate within relevant legislation and within the codes and standards of practice.

Behaviour Management

All Clients have the right to be treated with respect and dignity, including in those circumstances where they display behaviours that challenge. Silomarg Ltd ensure that robust assessments are undertaken and person-centred support plans are in place to enable to Clients make positive choices and ensures safety.

👉 Please view further information and guidance around promoting positive behaviour within the '*Positive Behavioural Support & Restrictive Intervention' Policy & Procedure*.

Personal Care

All staff are expected to be sensitive, responsive and maintain Clients dignity when supporting personal care tasks. This includes taking into account the Clients cultural and religious needs, as well as physical and emotional ones. Personal care involves physical care or treatment that is an invasion of bodily privacy and that may be a potential source of exposure or embarrassment to the individual receiving the care.

Personal care tasks can include:

- ✓ Washing
- ✓ Dressing
- ✓ Oral care
- ✓ Toileting
- ✓ Assisting with eating and drinking
- ✓ Administration of medication
- ✓ Catheter or Stoma Care
- ✓ Treatments such as enemas and suppositories
- ✓ Supervision of a person involved in intimate care

On the initial assessment of a new Client, the Registered Manager or Care Co-ordinator will discuss the arrangements regarding the provision of personal care with the Client (if appropriate). The care plan will detail at what level of support staff should assist, when and how these tasks are to be carried out, the number of staff required for that Client, their communication needs and whether the staff member is to be male or female depending on the preferences of the Client.

👉 Please view additional information and guidance from the *'Personal Care & Hygiene' Policy & Procedure.*

Pressure Ulcers

Pressure ulcers represent a major burden of sickness and reduced quality of life for individuals, their carers and families. It is believed many pressure ulcers can be prevented when the right interventions are utilised and could be avoided through simple actions by staff, individuals and their carers.

Where concerns are raised regarding skin damage as a result of pressure there is a need to raise it as a safeguarding concern within the organisation. However, where it is believed that a pressure ulcer has been caused by neglect, it must be reported as an adult safeguarding concern. This is whether the pressure ulcer was acquired in a hospital setting, care setting or in the Client's own home.

Silomarg Ltd must ensure that all staff are aware of each Clients who may be at risk of developing pressure ulcers and the interventions in place in the prevention of such skin damage and deterioration. This information will be documented Client care and support plans.

Staff are to record any skin changes or the development of pressure ulcers within the organisations Body Map, care and support plan notes and reported to the Registered Manager as soon as possible.

Silomarg Ltd will refer to and follow the Safeguarding Adults Protocol Pressure Ulcers and Interface with a Safeguarding Enquiry: https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol to seek advice and further guidance where required.

Self-Neglect & Refusal of Care

Silomarg Ltd must ensure that staff understand the importance of delivering care as detailed within the person-centred support plans. Where any person we support refuses care, this must be respected and always documented.

Where refusal occurs repeatedly, it must be escalated by the Silomarg Ltd as a safeguarding concern and a request for a review of the support plan will be instigated.

All individuals have the right to take risks and to live their life as they choose. These rights, including the right to privacy will be respected and weighed up when considering duties and responsibilities towards them.

Where it appears that the person may meet criteria for an assessment under the Mental Health Act, appropriate referral processes must be followed. Where the individual's ability to make informed/relevant decisions appears to be questioned, the principles of the Mental Capacity Act must be followed.

If there are circumstances which indicate a capacity assessment is appropriate, all methods of support should be provided to maximise the individuals' decision making, highlighting the risks directly associated with their behaviour.

👉 *Please see Appendix 3 for additional information and Guidance Self-neglect & Hoarding.*

Abuse in Positions of Trust

People can be considered to be in a 'position of trust' where they are likely to have contact with children and adults at risk as part of their employment or voluntary work, and

- ✓ Where the role carries an expectation of Trust; and
- ✓ The person is in a position to exercise authority, power or control over a children or adult(s) at risk (as perceived by the child or adult at risk).

Abuse of trust can occur in a number of settings, for example, in an education establishment, a residential establishment, a foster home, a social club or other activity;

- ✓ Relates to all relationships where one person is in a position of responsibility (and power) in relation to another person, who is either under 18 years or is a vulnerable adult, whether the relationship is of a heterosexual or homosexual nature;
- ✓ Relates to paid employees, ex-employees, unpaid staff (for example trainees and students), volunteers, foster carers, consultants and contractors;
- ✓ Occurs where the person in a position of trust betrays the trust and enters into a relationship, particularly a sexual relationship, but also other abusive relationships, with a child/young person or vulnerable adult, for whom they have responsibility.

Basic Principles

- ✓ The need to safeguard and promote the welfare of vulnerable adults and protect them from sexual activity from those supporting them within a relationship of trust is paramount;
- ✓ All staff have a duty to raise concerns about behaviour by staff, managers, volunteers or others which may be harmful to a child or adult, without prejudice to their own position;
- ✓ This applies to all staff, regardless of gender, race, religion, sexual orientation or disability.

Actions to be Taken in the Event of Abuse of Trust

- ✓ Silomarg Ltd must ensure that a referral is made to the Disclosure and Barring Service if any employee is found to have caused harm to any person supported.
- ✓ If the person who is alleged to have caused the harm is a member of a professional group, Silomarg Ltd must act under the relevant Code of Conduct for the profession, as well as taking action under this policy.
- ✓ Where the person who is alleged to have caused harm or neglect is a volunteer or a member of a community group, Silomarg Ltd must work with children or adult social services to support any action under this policy.
- ✓ Where the person alleged to have caused the harm or neglect the public, a stranger or a person who deliberately targets vulnerable people, in many cases the policy and procedures will be used to ensure that the person at risk receives the services and support they may require. This will include reporting to the police.
- ✓ In all cases, issues of consent, confidentiality and information sharing must be considered.

Sexual Safety

Silomarg Ltd recognises that culture, environment and processes can support the Client's sexuality and keep them and staff safe from sexual abuse. As such. Silomarg Ltd will encourage Clients to discuss their sexuality, as part of their plan of care and support. All discussions around sexuality will treated with sensitively and area addressed positively to support people to raise concerns where necessary.

Silomarg Ltd will refer to the Care Quality Commission (CQC) publication on sexuality and sexual safety for further guidance in this area.

- 👉 This resource can be found here: https://www.cqc.org.uk/sites/default/files/20200225_sexual_safety_sexuality.pdf

Medication Errors and Neglect

A medication error is any preventable event that may cause or lead to inappropriate medication use or harm, therefore it is classed as an example of physical abuse.

Any medication error must be reported without delay to the Registered Manager or On-Call for appropriate action to be taken to ensure the safety and welfare of the Client.
Errors which are deliberately withheld or 'covered up' will be immediately dealt with under the disciplinary procedure.

Medication errors include:

- ✓ Failing to give appropriate medication at the required time.
- ✓ Giving the wrong medication and/or failing to follow correct medication protocols.
- ✓ Failing to complete the required administration processes correctly, which directly or indirectly leads to an error occurring.

Indications of medication abuse may include:

- ✓ Medical conditions not responding to treatment.
- ✓ Chronic medical conditions failing to stabilise.
- ✓ Lack of pain relief.
- ✓ Over medication may result in drowsiness, or accidental poisoning.

☞ Please view additional information and guidance within the *'Medication Management & Administration' Policy & Procedure.*

Complaints procedure

Silomarg Ltd is registered with the Care Quality Commission and therefore all staff have a legal 'Duty of Candour' to give a full and honest explanation to people about when things go wrong.

If staff are unhappy with the organisation's decisions or wish to raise a complaint, they should be referred to organisation's *'Grievance'* Policy & Procedure.

Silomarg Ltd *'Compliments & Complaints'* Policy & Procedure is for the Clients, their family/representatives or any other persons and professionals to raise their complaints towards the organisation, give their suggestions or provide compliments.

Any complaint or expression of concern by any staff member, Client or their representatives will be listened to and acted upon to safeguard the wellbeing of a Client.

Disclosure & Barring Service (DBS) Referral

There is a statutory requirement for providers of support to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if it is considered that the worker is guilty of misconduct, such that a vulnerable adult or child was harmed or placed at risk of harm. This requirement covers both existing employee and those who leave their employment, and whose conduct comes to light at a later date.

It is illegal for anyone barred by the DBS to work or apply to work with the sector (children or adults) from which they are barred. It is also illegal for an employer to knowingly employ a barred person in the sector from which they are barred.

All workers involved in the provision of care must be checked against the Enhanced Disclosure and Barring lists for both adults and children, prior to their employment commencing (or prior to them taking up the relevant duties if the worker is already employed in some other capacity).

☞ Please view additional information and guidance within the '*Safer Recruitment & Selection'* Policy & Procedure *and the 'Recruitment of Ex-offenders'* Policy & Procedure.

Equality & Diversity

Silomarg Ltd is committed to providing employment opportunities for our employees and services to our Clients on an equal and fair basis, and commits to following the codes of practice published by the Equality and Human Rights Commission in respect of its legal obligations. These obligations protect people from unlawful behaviour, such as discrimination, harassment, or victimisation on the grounds of:

- ✓ Age;
- ✓ Disability;
- ✓ Gender reassignment;
- ✓ Marriage and civil partnership;
- ✓ Pregnancy and maternity;
- ✓ Race;
- ✓ Religion and belief;
- ✓ Sex;
- ✓ Sexual orientation.

The above are defined as “protected characteristics”, and the organisation will seek to establish and maintain fair treatment for everyone who works for Silomarg Ltd and those to whom the organisation provides services to. Silomarg Ltd expects everyone associated with the organisation to behave entirely within the law, and gives zero tolerance to inappropriate behaviour. Everyone must be treated fairly, with dignity and with respect.

- 👉 Please view additional information and guidance within the *‘Equality, Diversity & Inclusion’* Policy & Procedure *& ‘Equal Opportunities & Diversity’* Policy & Procedure.
- 👉 Please view additional information and guidance within the *‘Anti-Harassment & Bullying’* Policy & Procedure.

Responding to Allegations & Disclosures

It is extremely important for Staff to understand the differences between an allegation and a disclosure.

A ‘disclosure’ has “sufficient factual content and specificity.” In contrast, an ‘allegation’ is a claim that someone has committed a crime or perpetrated wrongdoing, though the person making the claim has not submitted any proof of the assertion.

For the avoidance of doubt, in both cases Staff must take allegations and disclosures very seriously, and reported to the Registered Manager and Designated Safeguarding Lead without delay.

The procedures for dealing with allegations need to be applied with common sense and judgement. However, Staff are to never make their own assumptions or judgements as to what may be the truth or not regarding any disclosure or allegation.

Some allegations may be so serious they require immediate intervention by the Local Child or Adult Safeguarding Authorities and/or the Police as appropriate to the circumstances.

These definitions should be used when determining the outcome of allegation investigations:

- ✓ **Substantiated:** There is sufficient evidence to prove the allegation;
- ✓ **Malicious:** There is sufficient evidence to disprove the allegation or a deliberate act to deceive;
- ✓ **False:** There is sufficient evidence to disprove the allegation;
- ✓ **Unsubstantiated:** There is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence;
- ✓ **Unfounded:** For cases where there is no evidence or proper basis which supports the allegation made.

Action in Respect of Unfounded or Malicious Allegations

If an allegation is determined to be unfounded or malicious, the Investigating Manager / Designated Safeguarding Lead must consider if any further action is required to include:

- If the safeguarding allegation was made by a Client then there is a need to consider if a referral to relevant social services is required to determine if that person is in need of services, or may have been abused by someone else.
- If the safeguarding allegation was deliberately invented or raised maliciously by a Client then this could be discussed with the police and advice sought.
- Whether disciplinary action is required; if the person making the malicious or unfounded allegation is a member of staff.
- The support needs of the person that was the subject of the safeguarding allegation.

Managing Allegations Against Silomarg Ltd Staff

Any allegation made against Staff, that might indicate that a staff member poses a risk of harm if they were to continue to work in regular or close contact with children and adults at risk in their present position, or in any capacity, will be immediately reported to Local Authorities.

Allegations that an Silomarg Ltd staff member has abused or harmed a Client will be taken very seriously. Such allegations will be thoroughly investigated and appropriate action taken. Such action may include:

- Suspension of the worker pending completion of the investigation.
- Referral to social services.
- Referral to CQC.
- Reporting the matter to the police (where a criminal act is suspected).
- Disciplinary action and/or instant dismissal without notice.

In all cases, the Police must be contacted if any illegal activity is suspected or if it is an emergency. This includes historical allegations, as well as allegations against a former colleague.

In accordance with the disciplinary procedure, a full and thorough investigation should be undertaken as soon as possible which must not interfere with any investigations carried out by third parties.

Silomarg Ltd have the legal duty to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if it is considered that the worker where the criteria for making a DBS referral is met.

Silomarg Ltd will follow Government guidance on Making Barring Referral to the DBS found here: https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs

Allegations Against People who are Relatives or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission. In which case, the same principles and responsibilities for reporting to the policy apply.

In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical and mental health needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk within the same home or other setting.

In these situations, the aim is to protect Clients from harm, work to support the relative to provide support and help make changes in their behaviour in order to decrease the risk of further harm to they may be caring for.

A Carer's assessment will take into account a number of factors and a referral to the Local Authorities to either Adult or Child Social Services will be made as part of the safeguarding process.

In all cases, the Police must be contacted if any illegal activity is suspected or if it is an emergency.

What to do if an individual makes an allegation or a disclosure

It is often difficult to believe that abuse or neglect can occur. Staff must remember, it may have taken a great amount of courage for the person to report that something has happened and fear of not being believed can cause people not to tell.

The following explains what to do if child or adult makes a disclosure indicating that significant harm has taken place, or s/he is at risk of harm:

- ✓ Listen and take seriously what the person says and never express disbelief;
- ✓ Be calm and reassuring and do not make assumptions;
- ✓ Try to speak with the individual in a private and quiet space;
- ✓ Do not make any suggestions about what has taken place, or how it came about, or question the person except to clarify what they are saying. Never ask any leading questions;
- ✓ Allow the person time to express themselves, but do not press for detail beyond what is minimally necessary to be clear that some form of abuse has taken place;
- ✓ Avoid making judgements about what is being said, but reassure the person that they are not responsible for what may have happened;
- ✓ Do not ask the person to repeat what has been said to anyone else before referring to the Designated Safeguarding Lead / Registered Manager;
- ✓ Do not promise to keep information secret. Inform the person of your duty to share information, explaining what information will be shared and to whom;
- ✓ Reassure the individual that the allegation/disclosure is being taken seriously, that they will be involved in decisions about what happens next (wherever possible);
- ✓ Write down what has been said, using the person's exact words and what was said in response. Be factual, sign and date the report and send to the Designated Safeguarding Lead or Registered Manager without delay;
- ✓ Continue to maintain a full record of subsequent events thereafter;
- ✓ All relevant information is to be recorded on the Safeguarding incident log which is stored in electronically and in the Office. All information recorded must be must be factual, accurate, legible and completed as soon as possible.

Staff **MUST NOT** at any time:

- ✓ Directly challenge the person accused of harm or abuse.
- ✓ Be dismissive of the concern or ignore the allegation or disclosure.
- ✓ Promise to keep abuse a secret, as this may conflict with the need to ensure the safety and welfare of the person.
- ✓ Pass comment or opinion when a person discloses an allegation of abuse.
- ✓ Undertake their own investigation, which could harm evidence or alert the perpetrator.
- ✓ Disturb or destroy potential evidence.
- ✓ Make assumptions.
- ✓ Panic.

It is very important for Staff to understand that it is not their responsibility to decide whether abuse has taken place or not, even if they were the staff member to witness or have allegations disclosed to them. This task is for competent and professional adult or child protection agencies, following a referral from the Designated Safeguarding Lead or Registered Manager.

It is essential that when an allegation is made, all Staff involved make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. Gossip and/or assumptions about the allegation(s) can (and will) compromise the process.
Staff are reminded that any inappropriate comments or discussions will be taken extremely seriously in the event of an allegation.

Concerns Raised by Relatives or General Public

Relatives of Clients, other professionals or members of public may also raise their safeguarding concerns with Silomarg Ltd. This may be for a number of reasons, including allegations against the organisation's Staff.

Silomarg Ltd encourages all individuals to raise their concerns or complaints via its formal complaints procedure. However, they may also wish to telephone the organisation to raise their concern.

Where any concern is received via telephone, Silomarg Ltd Staff must:

- ✓ Listen to the concern and take the concern seriously;
- ✓ As soon as possible during the call, Staff are to advise the caller that their concern will be passed on to the Registered Manager and Designated Safeguarding Lead for the organisation.
- ✓ Take the caller's contact details and ensure this information is received by the Registered Manager and Designated Safeguarding Lead.

Prevent Strategy

The purpose of the 'Prevent Strategy' is to stop people from becoming radicalised or supporting violent extremism.
'Prevent' is included in the performance framework for local authorities, the police and other partners. It forms part of a wider Government strategy to prevent terrorism.

Radicalisation and extremism of adults with care and support needs is a form of emotional/psychological exploitation. Radicalisation can take place through direct personal contact, or indirectly through social media.

If staff are concerned that an adult or child with care and support needs are at risk of being radicalised and drawn into terrorism, they should treat it in the same way as any other safeguarding concern.

👉 *Please see Appendix 2 for signs and symptoms of Radicalisation.*

General Rules for Social Media Use

Online abuse is any type of abuse that happens on the web, whether through social networks, such as playing online games or using mobile phones. Children and any adults at risk, in particular, may experience cyberbullying, grooming, sexual abuse, sexual exploitation or psychological abuse.

Silomarg Ltd considers any staff member involved in such activities as gross misconduct, which will ultimately lead to possible dismissal and referral for police investigation.

All staff should take care when communicating with others online, particularly when identifying themselves as Silomarg Ltd staff members.

Basic Principles & Responsibilities of Staff

- ✓ Ensure they keep data safe and secure;
- ✓ Always conduct themselves professionally online;
- ✓ Never take pictures of any Client without their permission and the authorisation of the manager;
- ✓ Never view or possess inappropriate or indecent images of any Client. If a person discloses or alleges a concern, do not encourage the person to show [you] the image. A description will be adequate, and the device will need to be handed over to the Police. Additionally, the gender of the person should be a serious consideration. For example, a female making a disclosure will likely feel more at ease with a female member of staff;
- ✓ Not allow people to access to their data through social networking sites such as Facebook (Staff are advised to decline "friend requests" from all Clients as this is not appropriate);
- ✓ Inform a senior member of staff of any issues of concern; and
- ✓ Report any illegal or suspicious internet activity to the Police.

👉 Please view additional information and guidance within the *'Social Media Acceptable Use'* Policy & Procedure.

Whistleblowing

Whistleblowing is an important aspect of the support and protection of adults at risk of harm. Silomarg Ltd always encourage staff to report poor practice, safeguarding concerns or concerns around a fellow colleague's behaviour. This includes concern of practice towards a member of the management team or the organisation.

Silomarg Ltd have clear whistleblowing policies and procedure in place, which staff are frequently reminded about and with which they must be familiar with. This includes how to escalate and report concerns.

👉 Please view further information and guidance within the '*Whistleblowing*' Policy & Procedure.

Training

All staff will complete the organisation's induction programme, which will include the completion of The Care Certificate that provides standard 10 Safeguarding adults and Standard 11 Safeguarding Children.
Staff will be trained in recognising abuse and in carrying out their responsibilities under this policy and the accompanying procedure and guidance.
Training will be updated at least annually and Safeguarding will be discussed regularly during staff Supervision and Annual Appraisals meetings.

Audit & Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that Silomarg Ltd is constantly doing all that it can to safeguard those receiving its services. The audit of this policy will be completed through a systematic audit of:

- ✓ Recruitment procedures and Disclosure and Barring checks;
- ✓ Audit of incident reporting, frequency and severity;
- ✓ Audit of training processes, including reviews of uptake of training and supervisions;
- ✓ Audits of Complaints and grievances relating to safeguarding issues or concerns.

Safeguarding concerns and incidents will be reviewed by the Registered Manager as part of the root cause analysis with the following terms of reference:

- Review incident themes;
- Reports from the D.S.L responsible for safeguarding within Silomarg Ltd;
- Look in detail at specific cases to determine staff development or organisational learning
- Ensure the consistent implementation of this safeguarding policy and procedures.

This policy should be read in conjunction with the several other policies of the organisation which relate to aspects of abuse or protection of individuals. These include:

- Whistleblowing Policy & Procedure
- Positive Behavioural Support & Restrictive Interventions Policy & Procedure
- Duty of Candour Policy & Procedure
- Equality, Diversity and Inclusion Policy & Procedure
- Anti-Harassment & Bullying Policy & Procedure
- Code of Conduct for Staff Policy & Procedure
- Medication Administration & Management Policy & Procedure
- Grievance Policy & Procedure
- Compliments & Complaints Policy & Procedure
- Safer Recruitment & Selection Policy & Procedure
- Recruitment of Ex-offenders Policy & Procedure
- Social Media Acceptable Use Policy & Procedure

KEY PRINCIPLES

Never ignore the signs that an individual may be at risk of harm or abuse. This may place them in more danger or prolong their pain and distress.

Always ensure the individual's safety by reporting your concerns, suspicions or allegations without delay to the Designated Safeguarding Lead or Registered Manager.

Always fully complete the required documentation and ensure this is sent as possible to the Designated Safeguarding Lead or Registered Manager to allow the designated person to take the necessary actions to safeguard the individual.

Record all required documentation with full details. Ensure what is recorded is only the facts of what you have observed, or what an individual has disclosed in their own words.

Relevant Legislation

http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
- Care Act 2014

http://www.legislation.gov.uk/ukpga/1998/42/contents
- Human Rights Act 1998

http://www.legislation.gov.uk/ukpga/2005/9/contents
- Mental Capacity Act 2005

http://www.legislation.gov.uk/ukpga/1983/20/contents
- Mental Health Act 1983

http://www.legislation.gov.uk/ukpga/2007/12/contents
- Mental Health Act 2007

http://www.legislation.gov.uk/ukpga/2010/15/contents
- Equality Act 2010

http://www.legislation.gov.uk/ukpga/2006/47/contents
- Safeguarding Vulnerable Groups Act 2006

http://www.legislation.gov.uk/ukpga/2008/23/contents
- Children and Young Persons Act 2008

http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted
- Data Protection Act 2018

https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation
- General Data Protection Regulation 2018

http://www.legislation.gov.uk/ukpga/1998/23/contents
- Public Interest Disclosure Act 1998

http://www.legislation.gov.uk/ukpga/2015/2/section/20
- The Criminal Justice and Courts Act 2015- Section 20-25

http://www.legislation.gov.uk/ukpga/2012/9/contents
- Protection of Freedoms Act 2012

http://www.legislation.gov.uk/ukpga/2003/31/contents
- Female Genital Mutilation Act 2003

http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted
- Modern Slavery Act 2015

https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet
- Domestic Abuse Act 2021

Quality Statements

- We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.
- We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.
- We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.
- We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.
- We make sure that everyone can access the care, support and treatment they need when they need it.

- We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.
- We foster a positive culture where people feel that they can speak up and that their voice will be heard.
- We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.
- We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.
- We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

Relevant Regulations

https://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 19: Fit and proper persons employed

http://www.legislation.gov.uk/uksi/2015/64/pdfs/uksi_20150064_en.pdf
- The Health and Social Care Act 2008 (Regulated Activities) amendment Regulations 2015

https://www.skillsforhealth.org.uk/images/services/code-of-conduct/Code%20of%20Conduct%20Healthcare%20Support.pdf
- Code of Conduct for Healthcare Support Workers and Adult Social Care Workers England

https://www.gov.uk/government/publications/prevent-duty-guidance
- Prevent guidance and information

https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/keymessages.asp
- Information sharing

https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation
- General Data Protection Regulation 2018

https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice
- Mental Capacity Act Code of Practice

https://www.scie.org.uk/self-neglect/at-a-glance
- Social Care Institute for Excellence guidance on Self-Neglect & Hoarding

https://www.scie.org.uk/mca/dols/practice/lps
- Liberty Protection Safeguards (LPS)

https://www.scie.org.uk/mca/dols/at-a-glance
- Deprivation of Liberty Safeguards (DoLS)

https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
- The Working together to Safeguard Children 2019

Key Lines of Enquiry KLOE

SAFE: How do systems, processes and practices safeguard people from abuse?
- How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
- How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?
- How well are people protected by the prevention and control of infection?
- How does the provider ensure the proper and safe use of medicines?
- Are lessons learned and improvements made when things go wrong?

Effective: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

- Is consent to care and treatment always sought in line with legislation and guidance?
- How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?

Caring: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?

- How are people's privacy, dignity and independence respected and promoted?

Responsive: How do people receive personalised care that is responsive to their needs?

- How are people's concerns and complaints listened and responded to and used to improve the quality of care?

Well-led: How are the people who use the service, the public and staff engaged and involved?

- How does the service work in partnership with other agencies?

Appendix 1

TYPES OF ABUSE AND ALERTING SIGNS AND SYMPTOMS (THIS IS NOT AN EXHAUSTIVE LIST)

Physical Abuse	Signs/ Indicators
This is defined as pain or injury which is either caused deliberately or through lack of care. **Physical injury can include:** ✓ Hitting ✓ Slapping ✓ Pushing ✓ Kicking ✓ Shaking ✓ Force feeding ✓ Forcible administration of medication ✓ Misuse of medication ✓ Involuntary isolation or confinement ✓ The use of inappropriate moving and handling techniques ✓ The use of inappropriate methods of restraint	**Signs may include, but are not limited to:** ✓ A history of unexplained falls or minor injuries ✓ Bruising in well protected areas, such as on the inside of the upper arms or thighs, behind the ears, on face, buttocks, breasts, lower abdomen, genital or rectal area, in the shape of hand or object ✓ Markings from pinching, gripping, biting. ✓ Clusters of bruises from repeated injury (different discolouration of bruises in the same area may indicate on-going abuse) ✓ Unexplained burns and / or scalds particularly to feet, back or palms of the hands ✓ Unexplained fractures or broken bones ✓ Signs of over or under use of medication, for example over-sedation ✓ Rope or cigarette burns ✓ Pressure sores, ulcers, bed sores (which may indicate neglect) ✓ Lacerations ✓ Unexplained loss of clumps of hair

Sexual Abuse	Signs/ Indicators
This is when a person becomes involved in sexual relationships or activities that they do not want to be involved in. They may have said that they do not want to be involved or they may be unable to give consent. Sexual abuse includes 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 to.	**Signs may include, but are not limited to:** ✓ A change in usual behaviour ✓ Torn, stained or bloody underclothing ✓ Bleeding abrasion or pain in the genital / rectal area ✓ Disturbed sleep pattern ✓ Overt sexual behaviour / language ✓ Sexually transmitted diseases ✓ Unexplained pregnancy

Domestic Abuse	Signs/ Indicators
This is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. It includes psychological, physical, sexual, financial and emotional abuse, and so-called 'honour-based' violence. Female genital mutilation (FGM) will also come under this category. Please see Appendix 2 for more information on this.	**Others signs may be:** ✓ Lack of friends and social interaction. ✓ Lack of money ✓ Fear of partner ✓ Unexplained injuries ✓ Controlling behaviour ✓ Feeling of helplessness ✓ Constantly watching what you say and who you talk to.

Psychological abuse	Signs/ Indicators
Results in a person feeling worthless, unloved or uncared for. It includes 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.	**Signs may include, but are not limited to:** ✓ Anxiety ✓ Low self-esteem ✓ Lack of confidence ✓ Changes to normal sleep patterns, for example insomnia ✓ Change in appetite ✓ Unusual weight gain / loss ✓ Tearfulness ✓ Appearing withdrawn, agitated or anxious ✓ Appearing fearful of making choices or expressing their wishes ✓ Unexplained paranoia

Financial and material abuse	Signs/ Indicators
This is the use of a person's funds and belongings without their permission. This could be theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.	**Signs may include, but are not limited to:** ✓ Unexplained / sudden inability to pay bills ✓ Unexplained withdrawal from bank or building society accounts ✓ Unexplained disappearance of financial documents ✓ Disparity between assets and living conditions and/or services

Organisational abuse	Signs/ Indicators
Happens where services provided are focused on the needs of the organisation. For example, not providing choice over meal times or bed times because this is easier for the organisation. It includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home 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 the structure, processes, policies and practices of the organisation.	**Signs may include:** ✓ Poor communication between individuals and staff ✓ Poor training and understanding of policies/procedures ✓ Lack of awareness of rights ✓ Individuals unable to exercise choice and no use of advocate

Discriminatory abuse	Signs/ Indicators
Refers to an individual or group being treated unequally because of characteristics identified in the Equality Act 2010. It involves ignoring a person's values, beliefs and culture and includes forms of harassment, slurs or similar treatment because of race, sex, gender reassignment, age, disability, sexual orientation, religion or similar belief, marital or civil partnership status, pregnancy or maternity.	**Signs may include:** ✓ Poor service that does not meet the person's needs ✓ Verbal abuse and disrespect ✓ Exclusion of people from activities and/or services

Modern slavery	Signs/ Indicators
This encompasses slavery, human trafficking, and 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.	**Signs may include:** ✓ Individuals may show signs of physical or psychological abuse. ✓ May be malnourished or unkempt ✓ Can appear withdrawn ✓ Never on their own ✓ Poor living conditions ✓ Few or no personal effects

Self-neglect and acts of omission	Signs/ Indicators
This is a person's failure or refusal to take care of their own basic needs. Neglecting to care for one's personal hygiene, health or surroundings can include a wide range of behaviours such as hoarding	**Indicators of neglect by others and of self-neglect are similar.** They include: ✓ Malnutrition ✓ Dehydration ✓ Bed sores ✓ Dirty clothing and bedding ✓ taking the wrong dosage of medication. ✓ Not receiving treatment

Neglect	Signs/ Indicators
This can include: ✓ Deliberate refusal to meet basic needs including withholding food and fluids, heating or medication ✓ Ignoring medical or physical care needs ✓ deprivation of nutrition resulting in impairment of health or bodily functions ✓ Failing to provide access to appropriate health, social or educational services	**Signs may include, but are not limited to:** ✓ Hunger ✓ Poor physical condition including weight loss and malnutrition ✓ Soreness / chafing due to lack of assistance with personal hygiene ✓ Pressure sores, ulcers, bed sores ✓ Clothing in poor condition or wet ✓ Wet bedding

Appendix 2

Although it is not the case that all of following forms of abuse are exclusively associated with children, they often are:

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people don't understand that they have been groomed or that what has happened is abuse.

☞ *Definition adapted from the NSPCC website- https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/grooming/#what-is*

Child Trafficking and Modern Slavery

Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold.

Children are trafficked for:

- ✓ Child sexual exploitation;
- ✓ Benefit fraud;
- ✓ Forced marriage;
- ✓ Domestic servitude such as cleaning, childcare, cooking;
- ✓ Forced labour in factories or agriculture;
- ✓ Criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft.

Female Genital Mutilation (FGM)

FGM is a criminal offence, as it is a form of violence against girls and women. It involves removing, constricting or otherwise disfiguring a girl's labia or clitoris for non-medical reasons, in most cases FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

UK communities most at risk of FGM include Kenyan, Somalian, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African countries that practise FGM include Yemen, Afghanistan, Kurdistan, Indonesia, Malaysia, Turkey, Thailand (South) and Pakistan.

Signs and symptoms could range from severe pain and bleeding and chronic infections to psychological, mental health and sexual problems or damage to the reproductive system and infertility.

👉 *See the Female Genital Mutilation Act 2003 for more information.*

Radicalisation

This is where children and young people are taught extreme, often violent ideas based on political, social or religious beliefs.

Signs of exposure to radicalisation could be behaviour changes, changes in the way they speak with others or having a new circle of friends, use of extremist terminology, reading material or messages.

Bullying and Cyberbullying

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

👉 *Please see the following website for additional information: https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/*

Honour Based Violence

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- ✓ become involved with a boyfriend or girlfriend from a different culture or religion
- ✓ want to get out of an arranged marriage
- ✓ want to get out of a forced marriage
- ✓ wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' may include:

- ✓ domestic abuse
- ✓ threats of violence
- ✓ sexual or psychological abuse
- ✓ forced marriage
- ✓ being held against your will or taken somewhere you don't want to go
- ✓ assault

👉 *With thanks and acknowledgements to the Metropolitan Police Service from which Honour based violence information came from:* *https://safe.met.police.uk/crimes_of_honour/get_the_facts.html*

Appendix 3

Self-Neglect and Hoarding

Hoarding

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for what they are designed for. Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them. Hoarding is widely considered as a mental health disorder, usually relating to disorders such as Obsessive Compulsive Disorder (OCD).

Hoarding and self-neglect do not always go hand in hand and one does not necessarily cause the other.

Where an adult at risk is believed to be self-neglecting or showing hoarding behaviour which puts them at risk of harm. All employees must monitor the situation by observing the environment, the behaviour, health and wellbeing of the individual and record details within their care and support plan.

Significant harm

- Ill-treatment including physical, emotional and sexual abuse and other forms of exploitation
- The impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
- The individuals' life could be or is under threat
- There could be a serious, chronic and/or long-lasting impact on the individual's health physical/emotional/psychological well-being.

Indicators associated with self-neglect / hoarding: (this list is not exhaustive)

- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- Portraying eccentric behaviour/lifestyles
- Excessive and/or obsessive hoarding
- Poor diet and nutrition. For example, evidenced by little or no fresh food in the fridge, or what is there being mouldy
- Declining or refusing prescribed medication and/or other community healthcare support
- Refusing to allow access to health and / or social care staff in relation to personal hygiene and care
- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity)
- Repeated episodes of anti-social behaviour –either as a victim or perpetrator
- Being unwilling to attend external appointments with professional staff, whether social care, health or other organisations (such as housing)
- Poor personal hygiene, poor healing/sores, long toenails
- Isolation

Appendix 4

Advocacy

At every stage of the safeguarding process consideration must be given to whether the person at risk would benefit from the support of an independent advocate, including an Independent Mental Capacity advocate to express their views. There are two types of non-statutory advocacy than can be commissioned;

- Instructed advocates take instructions directly from the person and can support at meetings and with communication. If the person decides they do not require the support of an advocate then support will be withdrawn.
- Non-instructed advocates work with people who may lack capacity or have severe communication challenges. A non-instructed advocate will work with the person and those around them. An independent report will be produced that will ask relevant questions and can support the safeguarding decision-making process.

Throughout the safeguarding procedure the decision to instruct an advocate must be considered and recorded.

It is important that people involved in the safeguarding adult's process are aware of which type of advocate is representing the person and supporting them to express their views.