



**At SiT we are committed to Trauma informed principles, which apply to all areas of our work and inform all of our policies and practice.**

## Safeguarding Adults Policy

*‘Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.’*

Care and Support Statutory Guidance, Department of Health

SiT is committed to Safeguarding Adults in line with national legislation and relevant national and local guidelines. We will safeguard adults by ensuring that our activities are delivered in a way that keeps all adults safe. We are committed to creating a culture of zero-tolerance of harm to adults which necessitates the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns.

This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person’s own home and in any other setting.

Overall SiT is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect.

**Safeguarding adults at risk** is defined in the Care and support statutory guidance issued under the Care Act 2014 as:

- protecting the rights of adults to live in safety, free from abuse and neglect
- people and organisations working together to prevent and stop both the risks and experience of abuse or neglect
- people and organisations making sure that the adult’s wellbeing is promoted including, where appropriate, taking their views, wishes, feelings and beliefs fully into account when deciding any action

- recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances and therefore potential risks to their safety or wellbeing.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Our local Safeguarding Adults Framework has been developed by multi-agency partners of the Suffolk Safeguarding Partnership in consultation with a number of organisations across Suffolk, but where services extend, Norfolk.

All adults should be able to live free from fear and harm. But some may find it hard to get the help and support they need to stop abuse. An adult may be unable to protect themselves from harm or exploitation due to many reasons, including their mental or physical incapacity, sensory loss or physical or learning disabilities. This could be an adult who is usually able to protect themselves from harm but maybe unable to do so because of an accident, disability, frailty, addiction or illness, and includes consideration of coercive control within relationships.

SiT adheres to the six principles of safeguarding adults, first introduced by the Department of Health in 2011, but now embedded in the Care Act:

- 1. Empowerment** People being supported and encouraged to make their own decisions and informed consent
- 2. Prevention** It is better to take action before harm occurs.
- 3. Proportionality** The least intrusive response appropriate to the risk presented.
- 4. Protection** Support and representation for those in greatest need.
- 5. Partnership** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- 6. Accountability** Accountability and transparency in safeguarding practice.



Team members should ensure that their work reflects the principles above and ensures that adults with care and support needs are involved in their decisions and informed consent is obtained whenever possible. SiT works to ensure that the safeguarding action agreed is the least intrusive response proportionate to the risk. SiT will be transparent and accountable in delivering safeguarding actions, and keeps a log of all actions related to safeguarding which clearly outlines rationale.

Team members commit to the concept of Person-Centred Safeguarding which means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety. The adult’s views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

### Mental capacity and decision making

Principles of the mental Capacity Act:



The Law says that to make a decision an individual needs to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate. Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves.

The consent of the adult deemed to be at risk will normally be sought, before information is shared, in line with the principles outlined above. In some cases, it may not be practical or safe to seek such consent, or the adult may lack capacity in relation to this issue. In these cases, a referral, or at least a discussion, may take place without active consent. In some circumstances an adult with capacity may refuse consent but a referral is still made because it is deemed either that the risk of physical harm is so serious that the withholding of their consent isn't reasonable, or because another adult or child is at risk, or where there is an overriding public interest (See Data protection policy for details)

### **Who do adult safeguarding duties apply to?**

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 of a vulnerable adult/adult at risk**

Adults aged 18 and over *have the potential* to be vulnerable (either temporarily or permanently) for a variety of reasons and in different situations.

An adult may be vulnerable if they:

- Have a learning or physical disability; or
- Have a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs; or
- Self neglect; or
- Have a reduction in physical or mental health capacity; or
- Is in receipt of any form of healthcare; or
- Is detained in custody; or

- Is receiving community services because of age, health or disability; or
- Is living in sheltered or residential care home; or
- Is unable, for any other reason, to protect himself/herself against significant harm, exploitation or abuse.

*It is recognised that people who meet one or more of the criteria above may not be vulnerable at some, or all of the time. However, until we have direct contact with people on an individual basis, it may be impossible to identify whether vulnerability exists in relation to an activity, intervention or event involving adults that we are planning to support.*

### **What constitutes abuse?**

Suffolk Safeguarding Board defines abuse as follows:

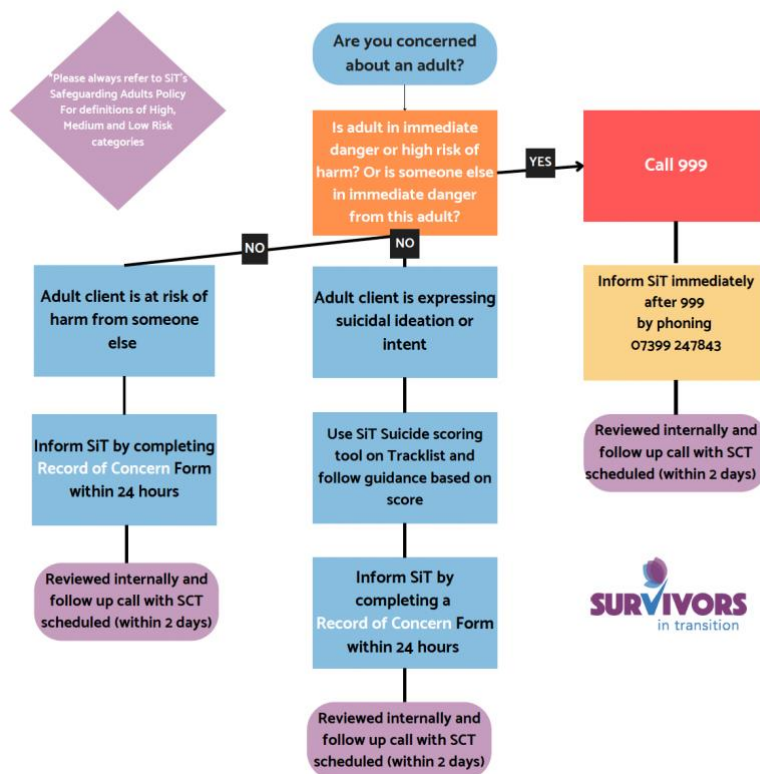
- Domestic violence – abuse that takes place between family members or intimate partners regardless of gender or sexuality. It can include psychological, physical, sexual, financial, emotional abuse and so called ‘honour’ based violence
- Sexual abuse – any sexual act that a person does not agree to
- Psychological or emotional – this is when someone makes threats of harm, abandonment, humiliation, intimidation or verbal abuse
- Financial - this includes stealing someone’s money or denying them access to their money, property or possessions
- Neglect or acts of omission – this can be both physical and emotional. It could be failing to keep an adult at risk clean or warm, not promoting optimum health, not providing adequate nutrition or medication. It could also mean preventing someone from making their own choices
- Discriminatory - abusive remarks or actions relating to a person’s age, race, religion, sex or abilities
- Organisational abuse - this happens when the routines in use force residents or service users to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider
- Modern slavery – such as human trafficking, forced labour and domestic servitude
- Radicalisation or extremist ideologies as defined in PREVENT
- Female genital mutilation (FGM)

Any adult at risk or deemed vulnerable can be at risk of abuse or harm. People can be abused in their own homes, in care homes, care homes with nursing, in day centres, at work, in hospitals, police stations and in public places.

## Responsibilities and processes

Actions taken by SiT will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

## Safeguarding Procedure for Adults (SCTs)



### Key contacts

Our designated adult safeguarding lead is: **Joss van Bruggen**

[joss.vanbruggen@survivorsintransition.co.uk](mailto:joss.vanbruggen@survivorsintransition.co.uk)

Phone: 07983 519523

Our safeguarding trustee is: **Vanessa Webb**

[Ness@themaslow.foundation](mailto:Ness@themaslow.foundation)

Phone: 07739 171911

We have introduced a **Safeguarding Lead Duty Day** which includes DSL trained individuals taking responsibility for safeguarding concerns on a rota so there is a named person available every day of the week to discuss concerns with, no matter how insignificant they may seem.

## Link to Record of Concern (ROC) Form

\*Complete Record within 24 hours

[https://www.cognitofrms.com/SurvivorsInTransition/\\_04SCTRecordOfConcern](https://www.cognitofrms.com/SurvivorsInTransition/_04SCTRecordOfConcern)

We acknowledge that adult safeguarding can be a difficult area and because of this recommend that you have an informal conversation with your Team Lead in the first instance and at your earliest opportunity. You may be concerned about a casual remark by a client or another party or a growing awareness on your part that something isn't right. Don't ignore this.

The following levels of safeguarding and actions / processes guidance have been developed for SiT Team members and should be used in conjunction with our Suicide Decision tool on Tracklist.

Risk level	Actions	Examples
1  <b>No / extremely low risk</b>	Resolutions can be sought by individuals themselves or with discussions amongst peers, without the need to refer to Team Leads or Safeguarding Leads.  Adult has capacity to make decisions specific to the risk or concern and is able to make decisions & implement actions / access support themselves.  No action/grey on SiT Suicide Decision Tool.	eg – the individual is self-harming but is doing so safely and self-harm is not life threatening or risky. The referrer is aware of the self-harm eg – the individual is having fleeting suicidal thoughts but has no plan or intention. The referrer is aware of this.
2  <b>Low risk</b>	Requires a discussion with the Team Lead and may involve informing the GP or another agency.  These are concerns that have been raised either:  - the quality of the care being delivered by formal / informal carers and requires escalation/reporting of concern, but is not considered abuse that requires specialist safeguarding response.  - Or, the individual may be at risk and is/may be vulnerable.  Staying safe action/green SiT Suicide Decision Tool	eg – the individual has suicidal ideas and has thought of a plan but has no intention today.
3  <b>Medium</b>	Concerns can be met via escalated discussion with Safeguarding Lead and possible discussion with MASH Professional helpline, GP contacted.  Adults present with complex / multiple needs.	eg - the client has stopped taking their

<p><b>Risk</b></p>	<p>Intermediate risk/amber on SiT Suicide Decision Tool</p> <p>Reasonable cause to suspect the client is at risk of neglect or abuse and is unable to protect themselves from either the risk or experience of abuse or neglect. Or is a risk to others.</p>	<p>medication and is at risk of deteriorating health as a result. They may or may not have capacity to make this decision.</p> <p>eg – the client is self-harming and the self-harm is severe, frequent and may need hospital treatment. The method or severity of self-harm is escalating.</p>
<p><b>4 High Risk</b></p>	<p>Incidents of abuse, harm to self or others, or vulnerability (either harm inflicted or harm experienced) that are criminal and/or may result in serious harm.</p> <p>Immediate MASH or Mental Health crisis referral required or 999 response if immediate danger. (s.42)</p> <p>Emergency action/red on suicidal ideation on Tracklist Tool.</p>	<p>eg – client has stated imminent intent to take their own life</p> <p>eg – client is in a life threatening or serious harm risk, domestic abuse situation</p> <p>eg – client is hearing voices instructing them to kill others</p>

- All level 3 and 4 concerns to be recorded on safeguarding spreadsheet, all other concerns below level 3 to be recorded on client file along with clear rationale.

We have introduced SiT's SiT's **Safeguarding Decision Making Group (SDMG)** which includes team members including the Safeguarding trustee, executive lead, practitioners and or external safeguarding professionals) brought together if / when:

- Level 4 issue
- Both adult & child/ren involved
- Referral meets MASH thresholds but needs internal discussion / learning / reflection
- Either safeguarding lead can't decide / grey area / unsure

**This process is designed to be:**


- Supportive / collaborative
- Non-judgmental & safe
- Learning / reflective space

## Recruitment & Training

SiT will follow Safer Recruitment processes including obtaining verified references and evidence of qualifications for successful job applicants and volunteers. SiT will also utilise the interview process and the probationary period to ascertain suitability and competence for working at SiT, including in relation to safeguarding adults. All successful (following interview) applicants will be required to complete a Disclosure and Barring Service (DBS) enhanced check whether or not they are directly delivering services. Team members are selected on their suitability to meet the job/role-related requirements and responsibilities and their ability to demonstrate that they can work safely with vulnerable adults.

During induction all team members will be required to attend mandatory training, including Suffolk County Council's Adult Safeguarding Training and further identification of training needs.

Awareness and identification of further training or support around vulnerable adult safeguarding practice will continue to be addressed via regular opportunities provided through clinical and management supervision, mandatory Continued Professional Development (CPD).

Policy Monitoring Matrix	
Original Policy Prepared by:	F Ellis
Policy ref:	P024
Date of 1 <sup>st</sup> Issue	6/2017
This Version	6.0 – supersedes all previous versions
Last Date Reviewed & Board Ratified	 <b>October 2025</b> <b>K Hughes (Chair)</b>
Short description of any changes / amendments since last review	<ul style="list-style-type: none"> <li>• Significant update to include new SiT safeguarding levels / SDMG</li> <li>• Rewritten through trauma informed principles lens, language / terminology &amp; roles updated</li> </ul>
Trauma Informed Principles:	<b>Safety</b> ☒ <b>Trustworthiness &amp; Transparency</b> ☒ <b>Peer Support</b> ☒ <b>Collaboration &amp; Mutuality</b> ☒ <b>Empowerment, Voice &amp; Choice</b> ☒ <b>Cultural, Historical &amp; Gender Issues</b> ☒
Further information and legislation to assist with	SiT seeks to ensure that its staff members work in line with national legislation and local Safeguarding Adult policies and procedures as set out by Suffolk Safeguarding Partnership.

<p>implementation of this policy</p>	<p>Additionally, this safeguarding policy complies with the following:</p> <p>Care Act 2014 <a href="https://www.legislation.gov.uk/ukpga/2014/23/contents">https://www.legislation.gov.uk/ukpga/2014/23/contents</a></p> <p>Care and support statutory guidance <a href="https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance">https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance</a></p> <p>Mental Capacity Act 2005 <a href="https://www.legislation.gov.uk/ukpga/2005/9/contents">https://www.legislation.gov.uk/ukpga/2005/9/contents</a></p> <p>The Human Rights Act 1998 <a href="https://www.legislation.gov.uk/ukpga/1998/42/contents">https://www.legislation.gov.uk/ukpga/1998/42/contents</a></p> <p>The Data Protection Act 2018 <a href="https://www.legislation.gov.uk/ukpga/2018/12/contents">https://www.legislation.gov.uk/ukpga/2018/12/contents</a></p> <p>General Data Protection Regulations 2018 <a href="https://www.gov.uk/data-protection">https://www.gov.uk/data-protection</a></p> <p><b>Suffolk Safeguarding Partnership</b> <a href="https://suffolksp.org.uk">https://suffolksp.org.uk</a> <a href="https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding">https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding</a></p> <p><a href="https://www.contextualsafeguarding.org.uk">https://www.contextualsafeguarding.org.uk</a></p>
<p>Distribution &amp; scope</p>	<p>The term ‘team members’ applies to all volunteers, employees, training placements, sub contracted therapists and trustees at SiT who have signed a compliance statement stating they have read and will adhere to this policy / procedure and acknowledge that failure to comply with SiT policies and procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.</p>