



**The Sadie Centre**  
**Safeguarding Adults from Abuse**  
**Policy and Procedures**

**Designated Safeguarding Lead: Jenny Flynn: 01462 558422**

**Deputy Leads: Orli Gorenski: 07522 040778 & Steve Gibbs: 07702 537074**

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**If you believe you may be a victim or believe someone else is a victim of abuse:**

**Call – 0300 123 4042 / 0800 6444 101 (24 hours a day)**

**Or if the adult at risk is known to be receiving mental health services:**

**– 0300 777 0707**

**If there is a danger to life, a risk of injury or a crime is taking place,**

**call the Police on 999**

**PLEASE NOTE: FOR ACTION REQUIRED IN CASES OF SUSPECTED ABUSE GO TO APPENDIX 2**



## Contents

Safeguarding Procedure.....	3
Purpose .....	5
Scope.....	5
Context.....	5
2. Responsibilities .....	6
The Sadie Centre will ensure that:.....	6
All staff have a duty to: .....	6
3. Definitions and Recognition of Abuse.....	6
Who do adult safeguarding duties apply to?.....	6
What is harm /abuse?.....	7
How to recognise abuse?.....	7
Who may be the person causing harm? .....	8
Where can abuse occur?.....	8
When to take action?.....	8
4. Implementation Procedure.....	8
Role of The Sadie Centre Management .....	8
If information is received concerning possible or actual abuse .....	8
5. Publication .....	10
6. Approval.....	10
Appendix 1 Types of abuse, definitions and indicators .....	11
Appendix 2 Suspected adult abuse procedure .....	15
Appendix 3 Contact details for reporting abuse or suspected abuse.....	16
Appendix 4 Guidance for staff on handling communication .....	17
Appendix 5 Online Events Safeguarding Policy.....	19
Appendix 6 Glossary of Terms.....	21



## Safeguarding Procedure

If you have a safeguarding concern about a vulnerable adult, staff member or volunteer, here is what to do:

### **Daytime (9am-5pm Monday-Friday):**

Contact Jenny Flynn (Designated Safeguarding Lead) on **01462 558422**

or Deputy Leads: Orli Gorenski: 07522 040778 & Steve Gibbs: 07702 537074

### **Out of Hours**

Call Social Care on **0300 123 4042/3**

### **In an emergency**

Ring 999

### **Complete an incident report:**

## Incident Report

This report should be completed by the individual reporting the concern in cases of suspected abuse, even if no further action is taken. Please do so as soon as possible after an incident, and within 24 hours at the latest.

This report is strictly confidential: please keep it in a secure place at all times (e.g., a locked filing cabinet / password-protected if held in electronic format). The completed report should be countersigned by the Designated Safeguarding Lead or Deputy within 24 hours of the incident being reported.

<b>Date and time of incident:</b>	
<b>Place of incident:</b>	
<b>Vulnerable Adult (VA) details:</b>  Name  Date of Birth  Gender  Relationship with The Sadie Centre / Reporting Person	



<p>Has the VA been informed that their concerns may be shared with external organisations i.e., Social Services, Police?</p>	<p>Yes/No (please circle) If no, reasons why:</p>
<p><b>Parent / guardian / carer details (if appropriate):</b></p> <p>Name</p> <p>Address</p> <p>Telephone number</p>	
<p><b>Name and role of reporting person:</b></p>	
<p><b>Verbatim account of disclosure or incident:</b></p>	
<p><b>Observed behavioural concerns/ Description of injuries:</b></p> <p>(Where appropriate include diagram if agreed by VA)</p>	
<p><b>Discussion with DSL/Deputy DSL / agreed next steps:</b></p>	
<p><b>Date form passed to DSL/Deputy DSL:</b></p>	
<p><b>Action taken:</b></p> <p>For everyone contacted:</p> <p>Organisation</p> <p>Contact name</p> <p>Date and time</p> <p>Comments including any advice given</p>	
<p><b>Sign off:</b></p> <p>Reporting Person's name</p> <p>Reporting Person's signature</p> <p>Date and time of signature</p> <p>DSL/Deputy DSL name</p>	



DSL/Deputy DSL signature	
Date and time of signature	

## 1. Policy Statement

### Purpose

Safety from harm and exploitation is one of our basic needs. Being or feeling unsafe undermines our relationships and self-belief. Safeguarding can be defined as “a range of activities aimed at upholding a person’s right to be and feel safe”. Safeguarding vulnerable adults from harm is everyone’s business, a key part of health and social care practice and central to the values and service provided by The Sadie Centre.

The Statement of Government Policy on Adult Safeguarding 2013 sets out 6 key principles for safeguarding adults:

- Empowerment:** Person-led decisions and informed consent
- Protection:** Support and representation for those in greatest need
- Prevention:** Better to act before harm occurs
- Proportionality:** Proportionate and least intrusive response
- Partnership:** Local solutions through services working with their communities. *Communities have a part to play in preventing, detecting, and reporting neglect and abuse*
- Accountability:** Accountability and transparency in delivering safeguarding

### Scope

The aim of this policy and procedure is to provide the staff of The Sadie Centre with information on the appropriate action to take to safeguard vulnerable adults from abuse. It clearly sets out the responsibilities of the staff in the recognition and prevention of abuse, and the actions to take in the event that abuse is suspected or identified.

### Context

This policy and procedure is based on, and should be used in conjunction with Hertfordshire Safeguarding Adults Board (HSBA) Multi-Agency Safeguarding Adults Policy and Procedure [Hertfordshire Safeguarding Adults Board | Hertfordshire County Council](#) updated September 2023.



## 2. Responsibilities

The Sadie Centre will ensure that:

- robust staff and volunteer recruitment and selection processes are in place
- all staff and volunteers undergo appropriate vetting including DBS checks
- all staff are made aware of relevant policies, procedures and the reporting process as part of their induction
- all staff access appropriate training

All staff have a duty to:

- safeguard all adults at risk from significant harm and abuse
- report abuse or suspected abuse and to act on complaints of abuse
- be aware of, and work within the guidance laid down in this and related documents
- work in partnership with service users, families and carers in order to meet their identified needs and ensure service users are protected from harm
- accept the principle that agencies work together in order to ensure health and social care is appropriately co-ordinated and people are safeguarded from potential or actual abuse. Staff are expected to develop and maintain close links with statutory and other voluntary services to seek to achieve the safeguarding of vulnerable clients

## 3. Definitions and Recognition of Abuse

Who do adult safeguarding duties apply to?

In the context of the Care Act 2014 section 42, an enquiry will be carried out under the Safeguarding Adults at Risk Procedures when an adult:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs) and
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect



## What is harm /abuse?

- Harm is defined as the ill treatment or impairment of health and development
- Abuse is a violation of an individual's human and civil rights by another person or persons
- Abuse may consist of a single act or repeated acts
- Abuse occurs when a person or persons have caused harm, or may be likely to do so, to the physical, sexual, emotional, financial or material well-being of an adult at risk.

The main forms of abuse are grouped into seven categories:

- Physical
  - Sexual
  - Financial/ material
  - Neglect, including failure to act or to provide adequate care
  - Psychological, emotional and/or verbal abuse
  - Institutional / organisational
  - Discriminatory
- Harm may be caused by direct acts, or by failure to provide adequate care. It may be systematic and repeated or may consist of a single incident.
  - It could be abuse when an adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent.
  - Abuse can occur in any relationship, and may result in significant harm to, or exploitation of the person subjected to it.

## How to recognise abuse?

Abuse does not always present as a single incident, but more usually as a growing concern about the welfare of an adult at risk. It may be identified by a variety of people, e.g. representatives of statutory and non-statutory agencies, or members of the community.

See Appendix 1 for types of abuse, signs and symptoms.



### Who may be the person causing harm?

Adults at risk may be abused by a wide range of people including staff, carers, volunteers, other service users, family members, neighbours, friends and associates, other people with care and support needs, strangers or people who deliberately exploit vulnerable people.

### Where can abuse occur?

Anywhere – and may include within lodgings, the family home, day activities, residential or nursing homes, health services or in a public place i.e., within the grounds of the Centre.

### When to take action?

Where there is reason to believe that an adult at risk has suffered, is suffering or likely to suffer significant harm or serious exploitation, enquiries should be made in order to decide whether this is in fact the case and if so, what action should be taken to safeguard the person from such harm or exploitation.

Escalating or continuous concerns about an individual's welfare, rather than a serious incident, may also be an indicator of abuse.

**It is therefore very important to treat all cases of suspected or actual abuse seriously from minor to serious incidents.**

**A referral must be made as soon as possible when any concern of significant harm becomes known – the greater the level of perceived risk, the more urgent the action should be.**

## 4. Implementation Procedure

### Role of The Sadie Centre Management

Line Managers/DSL at The Sadie Centre are responsible for responding promptly and appropriately to any concerns raised and notifying the suspected case of abuse to the appropriate organisation – either to the Police or Hertfordshire County Council investigating team. All safeguarding documentation is saved on the server's shared folder – entitled Safeguarding - and is only accessible to the Director/DSL/Deputy DSLs. Emails are sent encrypted and where necessary initials are used to aid anonymity of the vulnerable person.

Contact details are given in Appendix 3.

### If information is received concerning possible or actual abuse

#### *Responding to a disclosure*

- Speak to the adult in a private and safe place
- Don't interview the person, but establish basic facts
- Do not make any promises
- Ask the adult what they would like to have happen





- Explain to the adult how he or she will be kept informed. This may be a case of informing that those services will be asked to update the individual directly, where the matter is referred beyond the scope of The Sadie Centre.

*Key Information to establish where possible:*

- Basic facts such as what happened, when and by who
- What the immediate risks are
- The mental capacity of the adult to understand the risks and consent to a safeguarding enquiry. The ability to consent is not material to reporting any concern to the line management/DSL
  - (a) The member of staff or volunteer **must** discuss their concern with their Manager/DSL regardless of the level of their concern
  - (b) If the member of staff or the volunteer is concerned that the alleged person causing harm is the manager, they should discuss their concerns with the DSL or either of the Deputy DSL's or the Centre Director or the Deputy Chair of Trustees, or contact the Safeguarding Adults team, either direct or via the call centre. (See Appendix 2)
  - (c) The manager/DSL, along with the member of staff should decide:
    - What is the nature of the actual / possible abuse?
    - What is the current risk to the vulnerable adult?
  - (d) Direct contact should be made with the Police by calling 999 if:
    - There is an immediate risk to life
    - There is a serious injury
    - A crime has been / is being committed
  - (e) Otherwise contact should be made with the Hertfordshire Health and Community Services via the Customer Service Centre on (0300 123 4042 – out of hours the call will be directed to the Emergency Duty Team) who will involve the Police if required. Once notified of the suspected case of abuse it is the responsibility of the investigating team to manage the adult safeguarding investigation. The Sadie Centre DSL/Deputy DSL or a nominated member of staff will be the main point of contact and will provide assistance as required.
    - i. The investigation team or emergency duty team will take the lead in considering the need and any arrangements for a safeguarding plan. Where the alleged person causing harm is an adult at risk, then duty of care considerations may apply to that person.



- ii. Information received should be recorded in as verbatim a format as possible, and any rough notes should be securely retained even after completion of an incident report (see Appendix 3). The considerations set out in paragraph 4.2.4. by the DSL/Deputy DSL and staff member should be similarly recorded.
- iii. Guidance for staff on a code of behaviour is in Appendix 4 and on handling communication on such issues is in Appendix 5.

**b. Allegations against members of staff**

- i. The Sadie Centre is responsible for following its own complaints procedures when an allegation of abuse is made against a member of staff or when an investigating team or the Police suggest that a member of staff is removed from working with a suspected victim of abuse.
- ii. The Sadie Centre DSL/Deputy DSL must ensure that any actions taken in such cases do not prejudice wider investigations by Hertfordshire County Council or the Police.

## 5. Publication

- c. This policy will be available on our website at: <https://www.sadiecentre.org> and will also be available on request from reception
- d. This policy will be issued (electronically or in hard copy) to current and new staff and volunteers

## 6. Approval

This policy is approved by the Board of Trustees of The Sadie Centre.



## Appendix 1 Types of abuse, definitions and indicators

Type of Abuse	Definition	Indicators
<b>Discriminatory</b>	Forms of harassment, slurs, or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.	Name calling; segregation; not how intended but how perceived.
<b>Domestic Violence – often someone in same household (family/spouse)</b>	Psychological, physical, sexual, financial, emotional abuse; so-called ‘honour-based’ violence.	Change in behaviour, physical symptoms.  Police can prosecute even if person does not consent.
<b>Cyber Bullying</b>	Takes place through mobile phones, emails, instant messaging, online gaming, social networking and much more. It can include hurtful text messages, name-calling on social networking pages, threats online, being targeted online because of who you are, or because someone thinks you are ‘different’.	Stops using the computer or turns off the screen when someone comes near; appears nervous or jumpy when using the computer or cell phone; is secretive about what they are doing on the computer; spends excessive amounts of time on the computer; becomes upset or angry when computer or cell phone privileges are limited or taken away.
<b>FGM</b>	Female Genital Mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non- medical reasons. The practice is illegal in the UK.	A girl or woman who has had FGM may have difficulty walking, sitting or standing, spend longer than normal in the bathroom or toilet, have unusual behaviour after an absence from school or college, be particularly reluctant to undergo normal medical examinations, may ask for help, but may not be explicit about the problem due to embarrassment or fear.
<b>Financial or Material</b>	Theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, to wills, property, inheritance or financial transactions, or the misuse or	Appearance: cold, unfed or unkempt.  Debt; homeless or about to be evicted or concerned about bailiffs; gambling; new best friend. Not able to pay usual



Type of Abuse	Definition	Indicators
	misappropriation of property, possessions, or benefits.	outgoings so cuts down on heating, lighting, food or other expenses.
<b>Forced Marriage</b>	A forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse, and a serious abuse of human rights.	Persistent absence from school/work, requests for extended leave, drop in performance, low motivation, decline in behaviour engagement, leaving work accompanied, surveillance by siblings or cousins at school, evidence of self-harm, depression, social isolation, eating disorders or substance misuse, evidence of family disputes, domestic abuse, or running away from home, unreasonable restrictions e.g. kept at home by parents and financial restrictions.
<b>Hate Crime</b>	Crimes committed against someone because of their disability, gender-identity, race, religion or belief, or sexual orientation are hate crimes and should be reported to the Police. Hate crimes can include threatening behaviour; assault; robbery; damage to property; inciting others to commit hate crimes; harassment.	Lack of confidence and self- esteem, anxiety, and unhappiness, withdrawal, subservient behaviour and a constant seeking of approval of so called 'friends'.
<b>Mate Crime</b>	Exploitation, abuse or theft from any vulnerable person by those they consider to be their friends. Those that commit such abuse or theft are often referred to as 'fake friends'.	
<b>Modern Slavery</b>	Slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.	Under or not paid; not seen or allowed to leave.



Type of Abuse	Definition	Indicators
<b>Neglect/Acts of Omission</b>	Ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating	<p>Unkempt or unwashed; malnutrition; soiled clothes or bed linen.</p> <p>Neglect is wilful – any of above; isolated; under/over-medicated; under/overweight; withholding medication.</p> <p>Act of omission – individual fails to act when see something occurring</p>
<b>Organisational</b>	Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes, and practices within an organisation.	<p>In organisational setting: not responding to requests for toilet; drink; food etc.</p> <p>Treating someone either physically, verbally or psychologically in a demeaning or belittling way.</p> <p>Organisation does things at set times i.e. toilet; bed; meals – lack of freedom; autocratic management style.</p>
<b>Physical</b>	Assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.	<p>On body: symmetrical bruising; burns; marks; cuts.</p> <p>Behaviours: wincing in pain; uncomfortable movement; flinching; limping; fabricated illness; underweight.</p> <p>Change in behaviour - anger</p>
<b>Psychological</b>	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.	Change in behaviour: anxious; nervous; fearful; not wanting to go out; low self-worth.

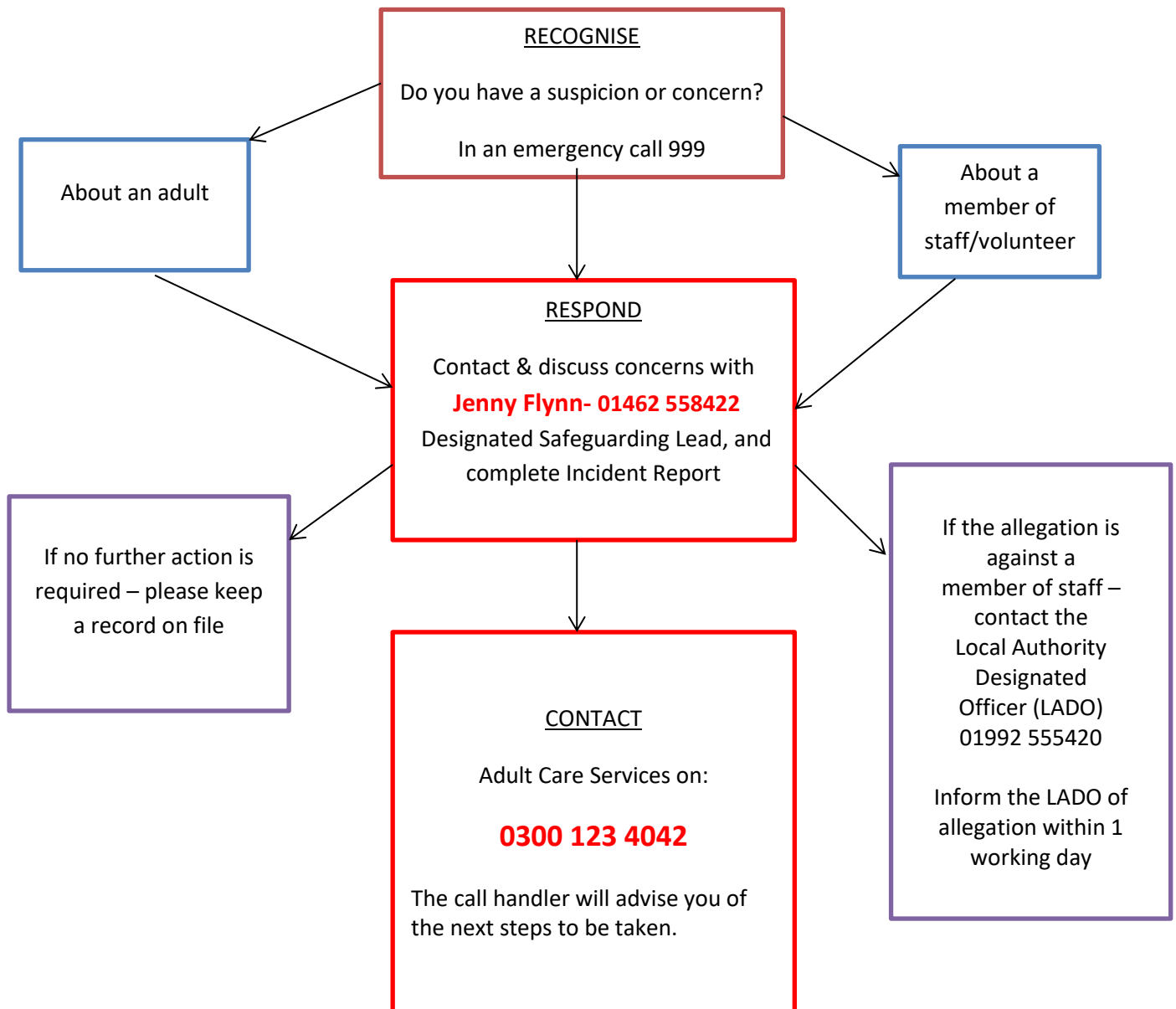


Type of Abuse	Definition	Indicators
<b>Radicalisation</b>	An individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or reject and/or undermine contemporary ideas and expressions of freedom of choice.	Self-identification, ‘them and us’ view, changes in the way individuals interact with society, changes in an individual's personality and expression of emotion, by association (with radical organisations).
<b>Self-neglect</b>	This covers a wide range of behaviour e.g. neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.	Self-harm; hoarding; unkempt; drug & alcohol abuse; not medicating; not attending appointments.
<b>Sexual</b>	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.	Physical: UTI’s; bed wetting; for women intimate bruising; pregnancy; STI’s; men – fecal incontinence  Change in behaviour- change in dress or presentation; either overt sexual behaviour or withdrawing from people; suddenly not wanting to be around or touched by certain genders.



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## Appendix 2 Suspected adult abuse procedure



**In an emergency event call the Police on 999**

Updated September 2023

15

Review Date September 2024



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## Appendix 3 Contact details for reporting abuse or suspected abuse

### Main contacts

#### Police

For incidents concerning an adult at risk, where there is danger to life, risk of injury or a crime is being committed – dial 999 and ask for the Police. For incidents taking place against an adult at risk where there is NO immediate risk to life or property, but a Police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence, call 101.

Partner agencies can make a referral to the Police team:

hqsafeguarding@herts.pnn.police.uk

01707 354556

#### Adult Care Services

Otherwise contact should be made with Adult Care Services via the Customer Service Centre on **0300 123 4042**, where specially trained staff are on hand to deal with all calls from 8am to 8pm Monday to Friday and 9am to 4pm on Saturdays (except public holidays). Outside these times, calls are automatically diverted to an agency, which can contact the Emergency Duty Team on your behalf and who will involve the Police if required.

#### Hertfordshire Partnership Foundation Trust (HPFT)

Adults receiving mental health services who are at risk of abuse or neglect:

hpft.spa@nhs.net

#### The Sadie Centre

Designated Safeguarding Lead (DSL) – Jenny Flynn [jennyflynn@sadiecentre.org](mailto:jennyflynn@sadiecentre.org) 01462 558422

Deputy Designated Safeguarding Lead – Orli Gorenski 07522 040778 and Steve Gibbs – 07702 537074





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## Appendix 4 Guidance for staff on handling communication

### Receive

- Listen to what is being said, display empathy and reassurance. Seek to reassure adult that they are in a safe place.
- Accept what is being said.
- Take notes (see Record below).

### Reassure

- Be reassuring, and honest.
- Don't make promises
- Don't promise confidentiality, you have a duty to refer. REMOVE as just said above no promises so no need to define them.
- Do reassure them that they were right to tell you and recognise how difficult it might have been to discuss their concerns.
- Remember that they may feel guilty or shameful and the perpetrator of any abuse may have threatened them if they disclose the abuse. Reassurance is important so that they feel they are safe and believed.

### React

- Do not interrogate them for full details. All you need to do is find out whether or not you need to refer this further.
- Do not ask leading questions. It is appropriate to listen and use invitations to conversation such as repeating any comments they have made and wondering how they feel.
- Do ask open questions, like "Anything else you feel you would wish to tell me?"
- Do not comment at all on the person the vulnerable person is talking about.
- Do not ask the person to repeat what they have said to a colleague.
- Explain what you have to do next and who you will have to talk to.



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## Record

- Make some brief notes as soon as possible. Do not destroy these in case they are needed by Social Services or Police. As soon as possible, complete an Incident Report (Appendix 2) and pass to their manager. A decision on the need to refer the matter to Police or the appropriate investigating team will be made by the manager in conjunction with the member of staff.

Initial notes should include:

- Name of person
- Parents/carer's details
- Their address and any relevant phone numbers
- What is said to have happened or was seen, in the words used by the person making the allegation (i.e., if the person uses 'pet' words, record the actual words used, rather than translating them into 'proper' words)
- The date and time it occurred
- Who else, if anyone, was present
- What was said by others present
- Any evidence of abuse, e.g., bruises, bleeding, unusual behaviour (draw a diagram to show the position of bruises or marks they show you, include the size, shape and colour). Do not touch the adult or ask them to remove clothing to examine any alleged injuries.

Where more than one person has been involved ensure that you write your report without reference to each other.

## Remember

- Ensure that you record, as accurately as possible, things that are really said, rather than your interpretations or assumptions.
- Follow this policy and refer any issues to the DSL/Deputy DSL as soon as possible.
- You may need support yourself: if so, please talk to DSL/Deputy DSL in the first instance.
- Confidentiality - in the case of suspected abuse, it is important to ensure as much confidentiality as possible. Allegations should not be openly discussed with others - this can be harmful for the person who made the allegation as well as the person against whom the allegation was made.

Updated September 2023

18

Review Date September 2024



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## Appendix 5 Online Events Safeguarding Policy

### Introduction

We are committed to protecting the vulnerable adults who use our services. The purpose of this policy is to provide users, practitioners, parents, and staff with the overarching principles that guide our approach to safeguarding vulnerable adults in general, particularly when using online video conferencing platforms.

### Format and Content

We frequently use cloud based online platforms to provide our online activities. MS Teams / Zoom is a widely used video conferencing platform. Users are invited via email to sign into MS Teams / Zoom meetings and utilise live video and audio to communicate directly. Online activities will generally be attended by a limited number of attendees, selected and allocated by us. In these sessions, any of the following things may happen:

- Users will be encouraged to ask questions via a live chat app, in which their messages will be visible to the rest of the attendees. They will also be able to send private messages to the Host/s
- Users will also be able to talk using their computer's microphone, both to the host and to all other students attending.
- Users' video and audio feeds will be visible to the rest of the workshop attendees unless audio is muted (which can be controlled by the attendee or the host) or their video is stopped (which can be controlled by the attendee).
- Hosts may share their screen with the attendees at any time to show presentations or video content. They can also send files (e.g., presentation slides or activity sheets) via the live chat function, which users can open on their computers.
- MS Teams / Zoom's online "polling" feature will be used to ask multiple choice questions to the group to gauge their thoughts on a range of subjects. The responses are anonymised, and this data is not recorded.

### Safeguarding Measures

The following measures will be used in all sessions to ensure that vulnerable adults are protected while taking part:

- First and foremost, abusive, or inappropriate behavior by students, staff, or any other attendee to the activity will not be tolerated and the offending person will be immediately

Updated September 2023

19

Review Date September 2024



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removed from the session and potentially referred to the appropriate authorities. (See behaviour section below for more details on this).

- At minimum one of our staff will hold a valid DBS Certificate.
- Where possible and numbers allow, we will ensure that “Breakout room” group sessions contain at least three students.
- Users should find a quiet, comfortable place to sit while attending the session, and we appreciate that in many cases this may be a bedroom. If there is anything in the background that they would be more comfortable not showing on screen for any reason, they are free to use MS Teams / Zoom’s “Virtual Background” feature by clicking on the arrow next to the “Stop Video” button at the bottom of their screen. This will allow them to use a computer-generated image as their backdrop for the duration of the workshop.
- Users will be advised that they should not take screenshots or photographs of their screens on their smartphones. Any relevant presentations or worksheets will be provided in digital format.

## **Behaviour**

The Sadie Centre’s commitment to protecting vulnerable adults in our online activities includes protecting users from others who may seek to engage in abusive or inappropriate behaviour. We understand online platforms which offer video and audio functionality are open to many varieties of abuse, and we are clear that we have a zero-tolerance policy to abusive or inappropriate behaviour. The following activities are considered abusive or inappropriate and will result in banning from our platform and all future online or in-person events.

- Posting abusive or inappropriate messages in public chat
- Sending abusive or inappropriate messages to the host via live chat
- Using abusive, insulting, or offensive language over voice call
- Sharing inappropriate images via chat or as a virtual background
- Attempting to address or contact other students or staff outside of the workshop

## **Recording & Data Management**

We use MS Teams / Zoom’s Cloud Recording function to create a record of some online workshops. Recording does not take place in breakout rooms unless a Host is present.

Updated September 2023

20

Review Date September 2024



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This data is held electronically and will only be referred to if an incident is reported. After a period of time has elapsed any data stored by us will be deleted.

### Reporting an Incident

We want all users to feel that they are in a safe, comfortable, and professional environment when taking part in any of our activities, including those held online. If any user, practitioner, parent, or staff member feels that anything has taken place such as those detailed above, they should feel free to contact us directly at [healthyliving@sadiecentre.org](mailto:healthyliving@sadiecentre.org). We will respond to all messages within two working days and, if necessary, involve the relevant authorities as soon as possible.

## Appendix 6 Glossary of Terms

**Abuse** includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse.

**ACMHS (Adult Community Mental Health Services)** are made up of professionals and support staff that provide specialist mental health services to people within their community.

**ADASS (Association of Directors of Adult Social Services)** is the national leadership association for directors of local authority adult social care services.

**Adult at risk** the Care Act 2014, defines the person who should be subject of a safeguarding enquiry as an adult who:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs) and:
  - is experiencing, or at risk of, abuse or neglect; and;
  - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

**Advocacy** is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

**Concern** is a worry that an adult at risk is or may be a victim of abuse or neglect. A concern may be a result of a disclosure, an incident, or other signs or indicators.

**Capacity** is the ability to make a decision about a particular matter at the time the decision needs to be made.

**Care setting/services** includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services *and* services provided in someone's own home.



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**Carer** refers to unpaid carers, for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

**Case conference** is a multi-agency meeting held to discuss the outcome of the investigation and to put in place a protection or safety plan.

**Clinical governance** is the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

**Consent** is the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

**CPA (Care Programme Approach)** was introduced in England in the joint Health and Social Services Circular HC(90)23/LASSL(90)11, 'The Care Programme Approach for people with a mental illness, referred to specialist psychiatric services', published by the Department of Health in 1990. This requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill health in the community.

**CPS (Crown Prosecution Service)** is the government department responsible for prosecuting criminal cases investigated by the Police in England and Wales.

**CQC (Care Quality Commission)** is responsible for the registration and regulation of health and social care in England.

**CQUIN** – Commissioning for Innovation and Improvement. A payments framework introduced by the Department of Health so that a proportion of health and care providers income is based on demonstrating improvements in patient care. Areas of action are set nationally by the Department of Health and by CCGs.

**DASH (domestic abuse, stalking and harassment and honour-based violence)** risk identification checklist (RIC) is a tool used to help front-line practitioners identify high-risk cases of domestic abuse, stalking and harassment and honour-based violence.

**DAISU** (Domestic Abuse, Investigation and Safeguarding Unit) – Herts Police Team investigation allegations of domestic abuse where there is an intimate relationship.

**DoLS (Deprivation of Liberty Safeguards)** are measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 using the principles of the Mental Capacity Act 2005 and apply to people in care homes or hospitals where they may be deprived of their liberty.



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**DBS (Disclosure and Barring Service)** The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with at risk groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

**Enquiry** establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken.

**Enquiry Lead** is the agency who leads the enquiry described above.

**Enquiry Officer** is the member of staff who undertakes and co-ordinates the actions under s42 enquiries.

**HSE (Health and Safety Executive)** is a national independent regulator that aims to reduce work-related death and serious injury across workplaces in the UK.

**Independent Domestic Violence Advisor** - Adults who are the subject of domestic violence may be supported by an Independent Domestic Violence Advisor (IDVA). IDVA's provide practical and emotional support to people who are at the highest levels of risk. Practitioners should consult with the adult at risk to consider if the IDVA is the most appropriate person to support them and ensure their eligibility for the service.

**IMCA (Independent Mental Capacity Advocate)** established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

**Independent Mental Health Advocate** - under the Mental Health Act 1983 certain people known as 'qualifying patients' are entitled to the help and support from an Independent Mental Health Advocate. If there is a safeguarding matter whilst the IMHA is working with the adult at risk, consideration for that person to be supported by the same advocate should be given.

**Independent Sexual Violence Advocate (ISVA)** - is trained to provide support to people in rape or sexual assault cases. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the Police and the importance of forensic DNA retrieval.

**Intermediary** is someone appointed by the courts to help an at-risk witness give their evidence either in a Police interview or in court.

**LGBT (lesbian, gay, bisexual and transgender)** is an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.



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**MAPPA (Multi-agency Public Protection Arrangements)** are statutory arrangements for managing sexual and violent offenders.

**MARAC (Multi-agency Risk Assessment Conference)** is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence.

**Making Safeguarding Personal** is about person centred and outcome focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them.

**Mental Capacity** refers to whether someone has the mental capacity to make a decision or not.

**Modern Slavery** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**NHS (National Health Service)** is the publicly funded healthcare system in the UK.

**OPG (Office of the Public Guardian)**, established in October 2007, supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

**PALS (Patient Advice and Liaison Service)** is an NHS body created to provide advice and support to NHS patients and their relatives and carers.

**Person alleged to cause the harm** is the person or adult who is alleged to have caused the abuse or harm.

**Public interest** – a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

**Safeguarding adults** is used to describe all work to help adults at risk stay safe from significant harm. It replaces the term 'adult protection'.

**Safeguarding adults lead** is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults. The role may be combined with that of manager, depending on the size of the organisation.

**Safeguarding adult's process** refers to the decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting or discussion, an investigation, a case conference, a care/protection/safety plan and monitoring and review arrangements.





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**Safeguarding adults review** is undertaken by Hertfordshire Safeguarding Adult Board when a serious case of adult abuse takes place. This is a requirement of the Care Act 2014 and the aim is that agencies and individuals to learn lessons to improve the way in which they work.

**SafeLives** is a national charity supporting a strong multi agency response to domestic violence. They were originally known as CADDA.

**SI (Serious Incident)** is a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the NHS requiring investigation. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

**Significant harm** is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

**SOCA (Serious Organised Crime Agency)** is a non-departmental public body of the government and law enforcement agency with a remit to tackle serious organised crime.

**Enquiry Planning/ Strategy/ Meeting or discussion** is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral. It can be face to face, by telephone or by email.

**Vital interest** is a term used in the Data Protection Act (DPA) 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

**Wilful neglect** is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.