

BUXTON OPERA HOUSE & PAVILION ARTS CENTRE

SAFEGUARDING ADULTS AT RISK PROCEDURES

Everyone has a right to be treated with respect and dignity. Everyone deserves to be safe. (Ann Craft Trust)

Safeguarding adults at risk means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the capacity to make these decisions.

Adults at risk access and engage with Buxton Opera House (BOH) on a daily basis; as a visitor, audience member, participant, member of staff, freelancer, or volunteer. All staff, volunteers and freelancers play an important role in safeguarding adults at risk through the services they deliver.

The procedures outlined below should be followed if you have any concerns relating to the welfare of an adult engaging with BOH.

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1. DEFINITIONS OF ABUSE

Adults can be abused in many different ways. Some groups, such as vulnerable older people and disabled people, are at particular risk of abuse and harm.

Safeguarding adults is about protecting those at risk of harm from suffering abuse or neglect. We all have the right to live our lives free from abuse. It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe.

This may include:

- a learning disabled person, disabled person or sensory disabled person
- a person with a mental health condition or dementia
- person with an acquired brain injury
- a person with a drug or alcohol problem

Abuse can happen anywhere at any time to anyone – in the street, in the home, in a residential or nursing home, in a day care centre or hospital, on a computer or mobile phone, or in the work place.

Abuse may be committed by anyone – relatives, partners, friends, care workers, colleagues or strangers. Any adult experiencing abuse (whether in vulnerable categories or not) becomes an adult at risk.

Abuse can take many forms.

The Care Act 2014 statutory guidance provides definitions of ten types of abuse.

1. Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

2. Sexual abuse – including rape, indecent exposure, sexual harassment, sexual teasing or innuendo, inappropriate looking or touching, sexual photography, subjection to pornography or witnessing sexual acts, and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

3. Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, cyber bullying, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

4. Domestic Violence – Is a pattern of coercive control, which includes combinations of physical, sexual, psychological and financial abuse and isolation by a current or former partner, or family member. Including psychological, physical, sexual, financial, emotional, so called 'honour' based violence, FGM, forced marriage, sexual exploitation

5. Modern Slavery – encompasses slavery, human trafficking, debt bondage, sexual exploitation, 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. This might mean being forced to work long

hours for little or no pay; being forced into a life of abuse, exploitation and inhumane treatment; or people being trafficked or moved around.

6. Financial or material abuse – including theft, fraud, internet scamming, exploitation, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

7. Discriminatory abuse – including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment. This includes Hate Crimes.

8. Organisational abuse – including neglect and poor care practice within an institution or specific care setting like a hospital or care home, e.g. this may range from isolated incidents to continuing ill-treatment.

9. Neglect and acts of omission – including ignoring medical 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.

10. Self-Neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surrounding and includes behaviour such as hoarding. It is important to consider capacity when self neglect is suspected. Also consider how it may impact on other family members and whether this gives rise to a safeguarding concern.

Is self-neglect a safeguarding issue?

Self-neglect can be a complex and challenging issue to address, because of the need to find the right balance between respecting a person’s autonomy and fulfilling their duty to protect the adult’s health and wellbeing. Both perspectives can be supported by human rights arguments.

In some circumstances, where there is a serious risk to the health and wellbeing of an individual, it may be appropriate to raise self-neglect as a safeguarding concern.

It is vital to establish whether the person has capacity to make decisions about their own wellbeing, and whether or not they are able or willing to care for themselves. An adult who is able to make choices may make decisions that others think of as self-neglect.

If the person does not want any safeguarding action to be taken, it may be reasonable not to intervene further, as long as:

- no-one else is at risk
- their ‘vital interests’ are not compromised – that is, there is no immediate risk of death or major harm
- all decisions are fully explained and recorded
- other agencies have been informed and involved as necessary.

2. SIX KEY PRINCIPLES OF SAFEGUARDING ADULTS

The following six principles from the Care Act 2014 underpin all adult safeguarding work:

Empowerment

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

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention

It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality

The least intrusive response appropriate to the risk presented.

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

Protection

Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability

Accountability and transparency in delivering safeguarding.

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

3. INCIDENTS OR CONCERNS THAT MUST BE REPORTED

If any of the following occur, you should report this immediately to the appropriate DSO and record the incident or concern using the Safeguarding Concern Report Form:

- If an adult discloses anything to you that causes concern (see 4 below)
- If an adult seems distressed in any manner
- If an adult appears to be behaving inappropriately or makes you feel uncomfortable
- If you accidentally hurt an adult at risk
- If an adult at risk misunderstands or misinterprets something you have done.
- If physical intervention is required to manage challenging behaviour
- If you suspect abuse as defined by the Care Act 2014 (see 1 above)
- If you suspect a person is being radicalised

It is not our responsibility to judge whether abuse is taking place, but it is our responsibility to act and report on any suspicions or concerns that we may have.

Radicalisation

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.

The process of radicalisation may involve:

- being groomed online or in person
- exploitation, including sexual exploitation.
- psychological manipulation
- exposure to violent material and other inappropriate information
- the risk of physical harm or death through extremist acts.

It happens gradually so adults who are affected may not realise what it is that they are being drawn into.

If a person is being radicalised their day-to-day behaviour may become increasingly centred around an extremist ideology, group or cause. For example, they may:

- spend increasing amounts of time talking to people with extreme views (this includes online and offline communication)
- change their style of dress or personal appearance.
- lose interest in friends and activities that are not associated with the extremist ideology, group or cause
- have material or symbols associated with an extreme cause
- try to recruit others to join the cause

4. DISCLOSURE

It is possible that a person, who is suffering or has suffered from abuse will confide in you. This is something that you should be prepared for and must handle carefully.

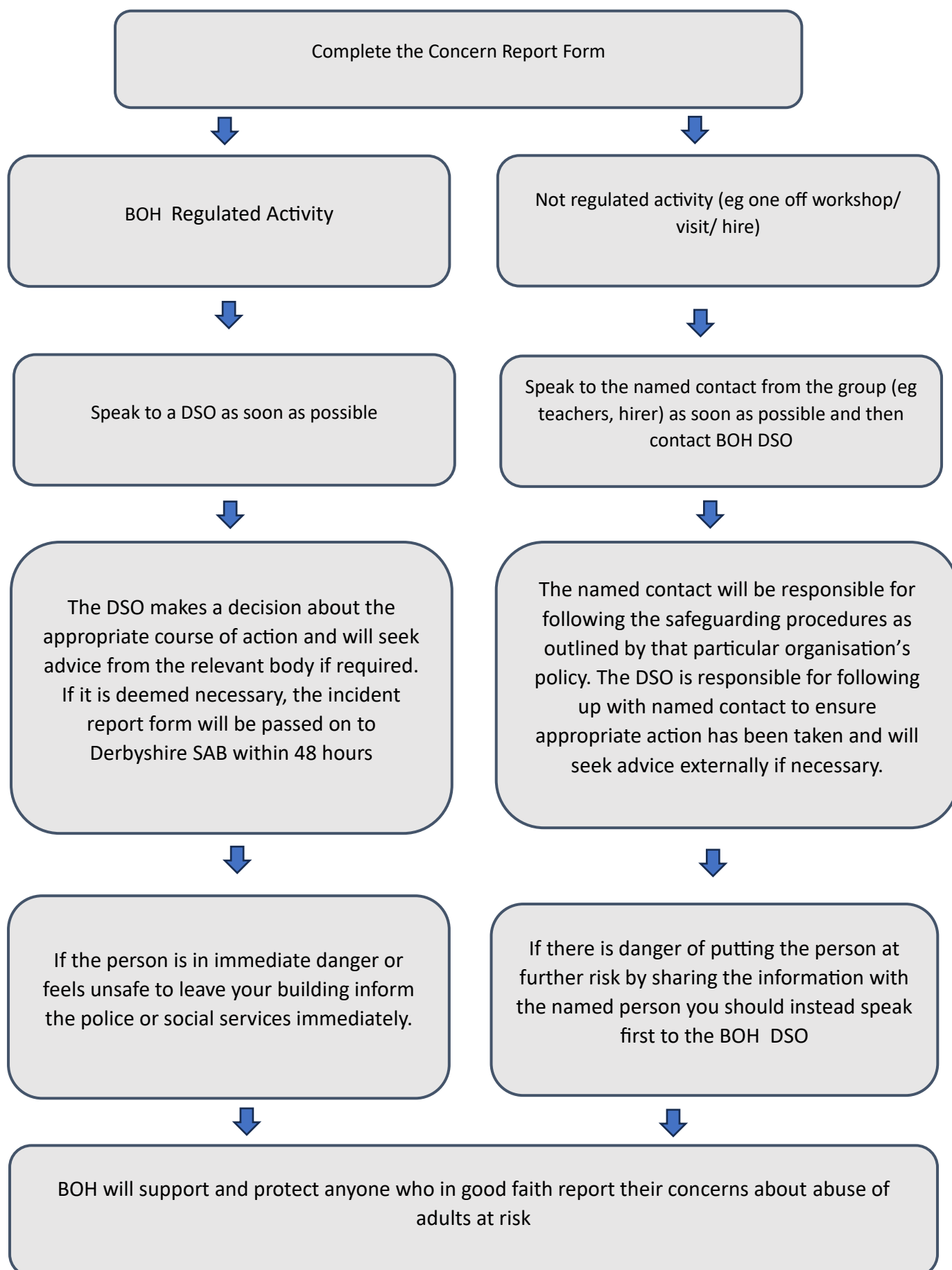
The following action should be taken in this instance:

1. Remain calm and in control – don't panic.
2. Listen carefully to what is being said – you need to remember as much as you can.
3. Reassure the person that they have done the right thing by talking to you
4. Make sure that the person feels safe
5. Find an appropriate, early opportunity to explain you will need to share information with others – do not promise to keep secrets
6. Don't give your own views or opinions
7. Only ask questions if you don't understand what is being said
8. Be aware of appearing judgemental, think about your questions, facial expressions and body language
9. Say what you will do next and who you will share information with*
10. Be very clear what you are able to do at this point and do not make promises that you are unable to keep
11. You must ensure that the information you receive remains confidential and is only shared with the people named in your policy and procedures
12. Make a record immediately afterwards on a concern report form

**With over 18s we cannot take action without the consent of the adult unless:*

- *in the event of a disclosure about fraud, drug trafficking or terrorism, we should not inform the disclosee that we will be passing on information.*
- *a child is involved in which case this would be a referral for the child*

6. REPORTING A CONCERN



6. CONFIDENTIALITY

Every effort will be made to ensure that confidentiality is maintained for all concerned. Information will not be shared without consent, except where required to do so by law or by court order, or where it is in the public interest to do so, for example in cases of suspected abuse.

Advice from Derbyshire SAB, DCC Designated Officer (formerly known as the LADO) will be followed carefully to ensure information is not shared unless completely necessary. Information will be stored in a secure place, will be password protected and with limited access for designated people (EG DSO and Safeguarding Lead), in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure).

7. RECORD RETENTION

Personal information should not normally be held for longer than 6 years after the subject's last contact with the theatre. Exceptions to the 6-year period will occur when records:

- Need to be retained because the information in them is relevant to legal action that has been started.
- Are required to be kept longer by law.
- Are archived for historical purposes (e.g. where the organisation was party to legal proceedings or involved in proceedings brought by a local authority). Where there are legal proceedings it is best to seek legal advice about the retention period of your records.
- Relate to individuals and providers of services who have, or whose staff, have been judged unsatisfactory.
- Are held in order to provide, for the subject, aspects of his/her personal history (e.g., where the person might seek access to the file at a later date and the information would not be available elsewhere).

When records are being kept for more than the 6-year period files need to be clearly marked and the reasons for the extension period clearly identified.

If an allegation is made against a BOH employee or volunteer a record will be kept until the person reaches normal retirement age, or for 10 years if that is longer. Such records will contain details of how the allegations were followed up and resolved, and of any action taken and decisions reached.

These records will be kept in a confidential personnel file and a copy should be given to the individual whom the allegation is against.

Appendix A: Useful Sources of Information

Care Act 2014	http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
Derbyshire Safeguarding Adults Board (DSAB)	https://www.derbyshiresab.org.uk/home.aspx derbyshiresab@derbyshire.gov.uk
DSAB Practice Guidance (Oct 2023)	https://www.derbyshiresab.org.uk/site-elements/documents/pdf/derbyshire-and-derby-safeguarding-adults-boards-practice-guidance.pdf
Disclosure and Barring Service	https://www.gov.uk/government/organisations/disclosure-and-barring-service
Homelessness	P3 provide rough sleeper outreach services across High Peak. Report a rough sleeper: www.p3charity.org/DOT . You can also call 0808 1968 199. Emergency homelessness: Outside of office hours or at the weekend, please telephone P3 on 0808 1692 333 or Email: outofhourshousing-derbys@p3charity.org .
Hate Crime Reporting	Stop Hate UK: Telephone: 0800 138 1625 Text: 07717 989 025 Email: talk@stophateuk.org
Sexual Abuse Helpline – Rape Crisis	0808 802 999 www.rapecrisis.org.uk/
Elder Abuse	Hourglass (wearehourglass.org) Action on Elder Abuse helpline on 0808 808 8141
Ann Craft Trust – Safeguarding Adults	https://www.anncrafttrust.org/
Social Care Institute for Excellence	https://www.scie.org.uk/safeguarding/adults/
Mental Capacity Act	https://www.legislation.gov.uk/ukpga/2005/9/contents

Appendix B – THE MENTAL CAPACITY ACT 2005 and Adults at Risk

When safeguarding and protecting adults at risk, it is important that you are aware of and understand the issues relating to consent.

The Mental Capacity Act (MCA) says that every adult, whatever their disability, has the right to make their own decisions wherever possible, and people should always support a person to make their own decisions if they can.

The MCA is also designed to protect and empower adults at risk who may lack the mental capacity to make their own decisions about their care and treatment.

It is a law that applies to individuals aged 16 and over.

5 main principles of the Mental Capacity Act

Always assume the person is able to make the decision until you have proof they are not.

Try everything possible to support the person make the decision themselves.

Do not assume the person does not have capacity to make a decision just because they make a decision that you think is unwise or wrong.

If you make a decision for someone who cannot make it themselves, the decision must always be in their best interests.

Any decisions, treatment or care for someone who lacks capacity must always follow the path that is the least restrictive of their basic rights and freedoms.

Examples of people who may lack the capacity include those with:

- Dementia
- A severe learning disability
- A brain injury
- A mental health condition
- Unresponsiveness caused by anaesthetic or sudden accident