

Safeguarding Adults at Risk Policy & Procedures

Background

Down Syndrome Cheshire works with disabled children, young people and vulnerable adults (Down Syndrome Cheshire members), including those with physical and learning disabilities and complex medical conditions. Down Syndrome Cheshire also engages non-disabled young people as Young Volunteers, and disabled adults as Supported Volunteers, and Office Volunteers. This means that the majority of individuals we work with are from vulnerable groups, and we have a commitment and duty to keep them safe from harm.

Principles

Down Syndrome Cheshire ("DSC") is committed to safeguarding and protecting adults at risk and fully accepts its responsibility for the safety and welfare of all adults at risk who engage with Down Syndrome Cheshire. Simple flowcharts on how to respond to a safeguarding concern and what constitutes abuse and neglect can be found in Appendices 1, 2, 3 and 4.

The welfare of adults at risk is of paramount importance and all adults at risk have a right to be protected from abuse regardless of their gender, race, disability, sexual orientation, religion, belief or age. Through the application of policy, procedures and best practice, Down Syndrome Cheshire promotes the safety, welfare and well-being of all adults at risk enabling them to participate in any Down Syndrome Cheshire activity in an enjoyable, safe, inclusive and child-centred environment. This equally applies to the safety and security of those working with and who are responsible for the activities involving adults at risk.

Employees, workers, consultants, agency staff and volunteers who come into contact with adults at risk in Down Syndrome Cheshire related activities should be positive role models and display high moral and ethical standards in line with the Down Syndrome Cheshire vision and values.

This Policy and Procedures takes into account the procedures and practices of Cheshire as part of the inter-agency safeguarding procedures set up by the Cheshire West and Chester (CWCSCP) it is compliant with legislation including but not limited to the Care Act 2014, Mental Capacity Act 2005, Safeguarding Groups Act 2016, statutory guidance, Cheshire West and Chester Local Safeguarding Adults Board (LSAB) Multi Agency Guidance on Prevention and Early Intervention in Adult Safeguarding (2024).

[New Multi Agency Guidance on Prevention and Early Intervention in Adult Safeguarding \(cheshirewestandchester.gov.uk\)](https://www.cheshirewestandchester.gov.uk/new-multi-agency-guidance-on-prevention-and-early-intervention-in-adult-safeguarding)

This Policy and Procedure should be read in conjunction with related Down Syndrome Cheshire policies and procedures, a list of which are available in Appendix 5.

Scope

This Policy is for use across Down Syndrome Cheshire and is to be observed by all those working and coming into contact with adults at risk to ensure best practice in safeguarding is promoted and adhered to. All Down Syndrome Cheshire provision on site at the Hub or at external locations are under the remit of this policy.

All employees and workers are made aware of the Policy and Procedures through induction and where appropriate their work with adults at risk will be supported by a comprehensive on-going safeguarding training programme.

Definition of an Adult at Risk

An adult at risk is defined as someone who is aged 18 or over, who may be described as vulnerable due to disability, age or illness and:

- Has needs for care and support (whether or not the local authority is meeting any of those needs).
- Is experiencing, or is at risk of, abuse or neglect.
- As a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

Care Act 2014, Section 14.2

Safeguarding adults at risk is defined as:

- Protecting their rights to live in safety and to be free from abuse and neglect.
- People and organisations working together to prevent the risk of abuse or neglect, and to stop these from happening.

Care and Support Statutory Guidance 2020, Chapter 14

Recruitment and disclosure

As part of Down Syndrome Cheshire's recruitment and selection process, offers of work for positions which come into contact with adults at risk are subject to a satisfactory self-declaration and a criminal record check ("DBS Check") as relevant, CV checks, appropriate references, right to work in the UK checks and a qualification check, if applicable. All offers of work are subject to a satisfactory outcome to the rigorous screening process and until such time that all background checks are deemed as acceptable by Down Syndrome Cheshire, the person concerned is not permitted to commence work.

All employees, workers, consultants, agency staff and volunteers in a position of trust are required to undergo regular DBS checks, normally every three years or earlier if required.

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Should any person's DBS check reveal any cautions, convictions, community resolutions, warnings or final reprimands Down Syndrome Cheshire will consider whether the nature of the offence/offences renders the person concerned unsuitable for working with adults at risk. In such circumstances, when the nature of any disclosure has to be considered, a risk assessment is carried out to evaluate the information contained within the disclosure certificate. The person may also be required to attend a risk assessment meeting with Down Syndrome Cheshire's Safeguarding Team prior to a recruitment decision being made. Further information can be found in Down Syndrome Cheshire Recruitment Policy and Safer Recruitment Guidance available on Down Syndrome Cheshire website.

All new employees, workers, consultants, agency staff and volunteers working with adults at risk at Down Syndrome Cheshire required to complete a self-declaration on commencement of duties.

When the Down Syndrome Cheshire uses suppliers or agencies to undertake its work, they are be subject to rigorous vetting and safeguarding checks and required to adhere to Down Syndrome Cheshire policy and procedures as set out in their contracts or service level agreements where relevant.

When Down Syndrome Cheshire engages with schools and organisations in connection with adults at risk related activities, where appropriate the Down Syndrome Cheshire writes to the school or organisation to state Down Syndrome Cheshire policy and procedures in relation to criminal record checks and safe recruitment. Down Syndrome Cheshire only discloses the name, date of birth, disclosure and issue numbers of the employees, workers, consultants, agency staff or volunteers criminal record checks. Disclosure information in relation to checks will not be divulged. Schools and organisations are required to comply with Down Syndrome Cheshire safeguarding arrangements as set out in contracts and/or service level agreements.

Induction and training

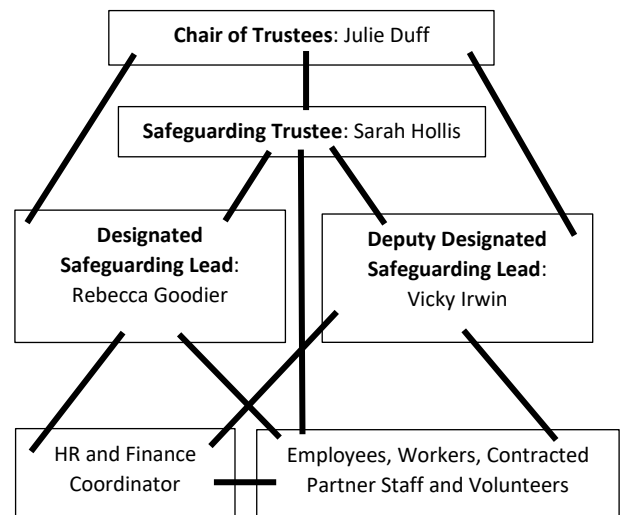
During the induction process, employees who work with or come into contact with adults at risk are required to attend Down Syndrome Cheshire safeguarding and protection training. Employees also receive a copy of this Policy and Procedures as well as other Down Syndrome Cheshire policies and are required to sign an acknowledgement that they have read and agree to abide by them.

Workers, consultants, agency staff and volunteers who have roles that work with or come into contact with adults at risk undertake both Down Syndrome Cheshire training. They also receive copies of Down Syndrome Cheshire Safeguarding Policies and Procedures and are expected to read and abide by them as set out in their Agreements.

Refresher safeguarding training is provided every three years or earlier as required.

Roles and responsibilities

Down Syndrome Cheshire has a comprehensive safeguarding structure which ensures the safety and welfare of all adults at risk who engage with Down Syndrome Cheshire. For the purpose of this Policy and Procedure the Safeguarding Team consists of the Designated Safeguarding Lead, Deputy Designated Safeguarding Lead, Safeguarding Trustee and Chair of Trustees.



The Down Syndrome Cheshire **Chair of Trustees** is responsible for ensuring that safeguarding is a key priority at the Charity and for providing charity-wide strategic leadership that assists Down Syndrome Cheshire to deliver the safeguarding strategy, vision, values, priorities, policies, promoting the welfare of vulnerable groups and communicating at Executive level.

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The Down Syndrome Cheshire **Safeguarding Trustees** is responsible for ensuring that the safeguarding policy and procedures are fit for purpose for the provision of services delivered at Down Syndrome Cheshire to deliver the safeguarding strategy, vision, values, priorities, policies, promoting the welfare of vulnerable groups, communicating at Executive level and being the immediate support for the **Designated Safeguarding Lead, Deputy Designated Safeguarding Lead** and all other Down Syndrome Cheshire **Employees, Workers, Contracted Partner Staff and Volunteers** as they need.

Down Syndrome Cheshire's **Designated Safeguarding Lead** is responsible for embedding safeguarding across the charity. The Designated Safeguarding Lead is also lead point of contact should safeguarding concerns arise and the Lead Disclosure Officer. If the Designated Safeguarding Lead is absent from work for an extended period or the position becomes vacant, the Deputy Designated Safeguarding Lead will assume the positions of Designated Safeguarding Lead and Lead Disclosure Officer. Should this situation arise, the new arrangement will be clearly communicated across the Charity.

Down Syndrome Cheshire's **Deputy Designated Safeguarding Lead** will assume the positions of Designated Safeguarding Lead and Lead Disclosure Officer if the Designated Safeguarding Officer is absent from work for an extended period or the position becomes vacant or there is a conflict of interest, whether that be about the Designated Safeguarding Lead or the individual there is a concern around.

The HR and Finance Coordinator is responsible for ensuring all vetting checks including criminal record checks adhere to Down Syndrome Cheshire's Recruitment Policy as well as legislation and governing body rules.

Employees, Workers, Contracted Partner Staff and Volunteers are responsible for familiarising themselves with the charity's policy and procedures, ensuring the safety and welfare of all adults at risk as well as promoting best practice and creating a safe and inclusive environment to prevent harm occurring through awareness of what constitutes abuse and neglect.

Abuse and neglect

There are 10 recognised categories of abuse under the Care Act 2014:

1. Neglect and acts of omission
2. Sexual abuse
3. Physical abuse
4. Psychological/emotional abuse
5. Discriminatory abuse which includes hate crime
6. Financial or material abuse
7. Organisational abuse
8. Domestic violence when the victim is an adult at risk
9. Modern slavery
10. Self-neglect which includes hoarding.

Full descriptions of each category of abuse and neglect can be found in Appendix 4.

Adults at risk may be at additional risk of abuse and neglect through some of the additional vulnerabilities they may face.

Additional vulnerabilities

Some adults at risk may have additional vulnerabilities and therefore when coming into contact with Down Syndrome Cheshire further safeguards may need to be put in place to reduce the potential risk of abuse and neglect.

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, adults at risk experience of significant harm beyond their families. The different relationships that adults at risk form in their local communities, peer groups, college or further education and online can feature violence and abuse, and parents and carers have little influence over these contexts. Down Syndrome Cheshire is therefore committed to understanding these risks and engaging with adults at risk to help keep them safe.

Online world

Although the online world provides many benefits to adults at risk, there are also a number of potential associated risks:

- Inappropriate language or images.
- Online grooming.
- Cyberbullying.
- Sexting.

Further information about the online risks is contained in the Down Syndrome Cheshire Social Media Policy.

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Radicalisation and extremism

Radicalisation and extremism of adults at risk is a form of emotional abuse. HM Government states that the aim of radicalisation is to attract adults at risk to a particular extremist ideology. In many cases it is with a view to inspiring adults at risk eventually to become involved with harmful or terrorist activities. Radicalisation can take place through direct personal contact, or indirectly through social media. Extremism is defined as vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Adults at risk with a disability

The Equality Act (2010) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Adults at risk with a disability may be vulnerable to abuse for a number of reasons:

- Increased likelihood of social isolation
- Dependency on others for practical assistance in daily living (including intimate care)
- Impaired capacity to resist, avoid or understand abuse
- Speech and language communication needs may make it difficult to tell others what is happening
- Limited access to someone to disclose to
- Particular vulnerability to bullying

Adults at risk with disabilities may also feel less valued than their peers and poor care may be observed but tolerated by others. This might include such things as not speaking directly to the adult at risk; not offering choices; not moving and handling them safely; not respecting their privacy and dignity; not treating him/her according to their age; allowing physical restraint to occur; or using derogatory language.

There is no single route to ensure that adults at risk are protected, especially those with additional vulnerabilities. However, the safest environments are those that help adults at risk to protect themselves by helping them to speak out and do their best to stop any abuse and neglect from happening and take responsibility for observing, challenging and reporting any poor practice and suspected abuse and neglect.

Safe environments for adults at risk with additional vulnerabilities are also safer for all adults at risk.

Mental Health

Adverse experiences, like abuse and neglect, can have a lasting impact on an adult at risk mental health, behaviour and education.

While only professionals should diagnose mental health problems, staff must be alert to identifying behaviour which may indicate that an adult at risk is experiencing mental health problems or is at risk of developing one.

Staff should immediately raise any mental health concerns which are / may be also safeguarding concerns with the Safeguarding Team via completion of a MyConcern form (Appendix 8).

Use of photography and film

All images are taken by Down Syndrome Staff and approved stakeholders have been briefed by the Down Syndrome Cheshire Safeguarding Team. Parent/carer consent is sought in writing when the Down Syndrome Cheshire member begins their journey with the Charity. Down Syndrome Cheshire adhere to the following principles when using photography or film:

- All adults at risk featured in Down Syndrome Cheshire publications are appropriately dressed.
- Where possible, the image will focus on the activity taking place and not a specific adult at risk.
- Adults at risk who are the subject of a court order will not have their images published in any charity document.
- No images of adults at risk featured in Down Syndrome Cheshire publications are accompanied by personal details such as their home address.
- No images of adults at risk featured on the Down Syndrome Cheshire website are accompanied by personal details such as their home address.
- Recordings of adults at risk for the purposes of legitimate coaching aids are only filmed by Down Syndrome Cheshire staff or approved stakeholders and are stored safely and securely on the Charity's online workspace; OneDrive.
- Any instances of inappropriate images in Down Syndrome Cheshire outlets and material should be reported to a Designated Safeguarding Lead or the Safeguarding Team.

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Good practice and code of conduct

To ensure all adults at risk have the most positive and safe experience when engaging with Down Syndrome Cheshire, all employees, workers, contracted partner staff and volunteers should adhere to the following principles and action (to ensure they role model positive behaviours and so reduce the risk of allegations, abuse and neglect occurring):

- Listen carefully to adults at risk about their needs, wishes, ideas and concerns and take them seriously.
- Treat all adults at risk equally not showing favouritism.
- Always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Make the experience fun and enjoyable.
- Promote fairness, confront and deal with bullying.
- Maintain a safe and appropriate distance with adults at risk and avoid unnecessary physical contact.
- Where any form of manual/physical support is required, it should be provided openly and with the consent of the adults at risk.
- If adults at risk have to be supervised in changing rooms always ensure coaches etc. work in pairs.
- Request written consent if Down Syndrome Cheshire are required to transport adults at risk using the Down Syndrome Cheshire's Member Agreement Form (Appendix 6) for any activities, events or significant travel arrangements e.g. overnight stays.
- Employees and workers should maintain their qualifications and professional development.
- A qualified first aider is in attendance or readily available.
- Maintain appropriate professional relationships with adults at risk including only engaging with them online with prior approval and through the Down Syndrome Cheshire social media channels.
- On trips, ensure that adults should not enter a adults at risk's room unless there is a safety concern, in which case two adults should enter and should not invite adults at risk into their rooms.
- Be a good role model, this includes not swearing, smoking or drinking alcohol in the company of adults at risk
- Always give enthusiastic and constructive feedback rather than negative criticism.
- Promote the Down Syndrome Cheshire's vision and values and be an ambassador for those values.
- Ensure adults at risk adhere to the relevant code of conduct and Down Syndrome Cheshire member rules at every session/event.

- Secure written consent for Down Syndrome Cheshire to administer emergency first aid or other medical treatment if the need arises.
- Secure written consent for Down Syndrome Cheshire to support Down Syndrome Cheshire members to the toilet, including changing nappies and underwear as needed, working in pairs.
- Reward effort as well as performance.
- Challenge unacceptable or inappropriate behaviour.
- Encourage adults at risk to take responsibility for their own behaviour and performance.
- Keep a written record of any incident or injury that occurs, along with details of any treatment given or action taken using the Down Syndrome Cheshire Accident and Incident Report Form (Appendix 7).
- Recording safeguarding concerns on the MyConcern or the Safeguarding Concern Form (Appendix 8).

This list is not exhaustive

Unacceptable practice

The following are regarded as unacceptable practice and should be avoided by all employees, workers, consultants, agency staff and volunteers (*list not exhaustive*):

- Unnecessarily spending excessive amounts of time individually with an adult at risk away from others.
- Being alone in changing rooms, toilet facilities or showers used by adults at risk.
- Taking adults at risk alone in a car or journey unless written consent is sought from the Down Syndrome Cheshire Safeguarding Team for emergency situations.
- Taking adults at risk to your home or places where they will be alone with you.
- Sharing a room with adults at risk.
- Engaging in rough, physical or sexually provocative games, including horseplay.
- Allowing or engaging in inappropriate touching of any form.
- Allowing adults at risk to use inappropriate language unchallenged.
- Making sexually suggestive comments to adults at risk, even in fun.
- Reducing adults at risk to tears as a form of control.
- Allowing allegations made by adults at risk to go unchallenged, unrecorded or not acted upon.
- Doing things of a personal nature that adults at risk can do for themselves.
- Not recording safeguarding concerns on MyConcern or the Safeguarding Concern Form.

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- Sending inappropriate text messages or social media messages to adults at risk.
- Having adults at risk engaged with Down Syndrome Cheshire as 'friends' or 'followers' within social networking sites such as Facebook, Twitter and Instagram
- Engaging with adults at risk on 'one to one' personal electronic communications.

List is not exhaustive

Lost or missing adults at risk

During Down Syndrome Cheshire activities every effort is made to ensure adults at risk remain with their parents/carers or the activity leaders. Should an adult at risk become lost or go missing during Down Syndrome Cheshire activity every effort will be made to locate the adult at risk as quickly as possible. Should a adult at risk not be located within a reasonable timeframe, contact will be made with their parents/carers and the police to file a missing adult report.

Adults at risk who are not picked up on time

All parents and carers should collect their adult on time in line with the instructions given by Down Syndrome Cheshire. Should the adult at risk not be collected on time a minimum of two appropriate adults will wait at the venue until the parent or carer arrives. Should the adult at risk not be picked up at all, a Down Syndrome Cheshire employee or worker will contact the Designated Safeguarding Lead or the charity's Safeguarding Team. Should sufficient time pass, Down Syndrome Cheshire may contact the police and/or social services to take care of the adult at risk until their parent or carer is contacted.

Risk assessments

For all Down Syndrome Cheshire activities including, trips, residential, events and activities, thorough risk assessments are completed to identify and minimise potential risks. Down Syndrome Cheshire's Health and Safety Policy outlines the process to undertake when completing risk assessments as well as how to capture information regarding accidents and incidents and how Down Syndrome Cheshire learns from such matters. Where an adult at risk is involved in a trip, activity or event, a risk assessment must take account of their particular vulnerabilities, disabilities and needs whilst in Down Syndrome Cheshire's care. The risk assessment will set out what arrangements are in place for their care and supervision and how risks will be minimised. Activity leaders will be required to continually monitor and amend the controls within the risk assessments whilst leading such activities.

Supervision of adults at risk

Down Syndrome Cheshire adheres to best practice guidance set out by Cheshire West and Chester /CWCSGP in relation to the supervision of adults at risk. However particular activities may require more or less adult to adults at risk ratios due to:

- Age, needs and ability of adults at risk.
- Needs and capacity of the adults at risk.
- Nature of the activity and environment.
- Risk assessments or intelligence information identifying potential behavioural or other issues.
- Expertise and experience of the staff involved.
- Mixed gender adults at risk activities will require adults of both genders to supervise where possible.

Should the ratio not be suitable, the Down Syndrome Cheshire Safeguarding Team and Project Manager will decide whether the activity or event takes place.

Working with external partners

Down Syndrome Cheshire always ensures external partners and organisations we engage with promote the safety and welfare of adults at risk and this is outlined in contracts and/or service level agreements. External partners and organisations are required to demonstrate competencies in safeguarding and Down Syndrome Cheshire assesses this through its own safeguarding audits. Where organisations do not have their own satisfactory safeguarding arrangements, they will be expected to comply with Down Syndrome Cheshire's standards.

Referrals

If Down Syndrome Cheshire has safeguarding concerns in relation to an adult at risk or their parents/carers, Down Syndrome Cheshire may refer these concerns to external agencies. External agencies include, but are not limited to, adult social care, the police, health agencies (Appendices 1, 2 and 3).

Confidentiality

Every effort should be made to ensure that confidentiality of safeguarding cases is maintained for all concerned. Information should be handled and disseminated on a need-to-know basis only which would not normally include anyone other than the following:

- The Safeguarding Team.
- The adult at risk or the person raising the concern.
- The employees, workers, contracted partner staff and volunteers who received the concern or disclosure.
- The parents/carers of the adult at risk who is alleged to have been abused, where appropriate.
- Local Authority and Police.

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Employees, workers, contracted partner staff and volunteers may have access to confidential information about adults at risk in order to undertake their responsibilities. In some circumstances, employees, workers, contracted partner staff and volunteers may be given highly sensitive or private information. Confidential or personal information about an adult at risk or their family should not be used for their own or others advantage. Confidential information about an adult at risk should never be used casually in conversation or shared with any person other than on a need-to-know basis. In circumstances where the adult at risk's identity does not need to be disclosed, the information should be handled anonymously. There are some circumstances in which an employees, workers, contracted partner staff and volunteers may be expected to share information about an adult at risk, for example when abuse is alleged or suspected.

In such cases, employees, workers, consultants, agency staff and volunteers have a duty to pass information on without delay, but only to those with designated safeguarding responsibilities (Designated Safeguarding Lead and Safeguarding Team). If an employee, worker, contracted partner staff and volunteer is in any doubt about whether to share information or keep it confidential, guidance should be sought from the Down Syndrome Cheshire Safeguarding Team. The storing and processing of personal information about adults at risk is governed by the Data Protection Act 2018.

Information sharing

The Down Syndrome Cheshire abides by the seven guiding principles as set out by HM Government on sharing information:

1. The Data Protection Act 2018, the General Data Protection Regulation 2018 and human rights laws are not barriers to justified information sharing, but provide a framework to ensure that personal information about adults at risk is shared appropriately.
2. Openness and honesty with the adult at risk (and/or their parents/carers or family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek agreement, unless it is unsafe or inappropriate to do so.
3. Advice is sought from Down Syndrome Cheshire's Safeguarding and/or Legal Team if there is any doubt about sharing the information concerned, without disclosing the identity of the adult at risk where possible.
4. Information is shared with informed consent where appropriate and, where possible, there is respect for the wishes of those who do not consent to share confidential information. Information will still be shared without consent if, in Down Syndrome Cheshire's judgement, there is good reason to do so, such as where safety may be at risk. Judgement will be based on the facts of the case.
5. Safety and well-being of the adult at risk is always considered.

6. Information is only shared when it is necessary, proportionate, relevant, adequate, accurate, timely and secure to do so.
7. Records of Down Syndrome Cheshire's decision to share information in relation to any reported concerns, with whom and the reasons are always recorded on the Safeguarding Concern Form (Appendix 8).

Down Syndrome Cheshire will share information with the relevant statutory agencies, where appropriate in relation to safeguarding cases.

Review

Down Syndrome Cheshire shall review this Policy and Procedures at the end of every academic year or whenever there is a change in legislation, guidance, governing body rules or learning from safeguarding cases.

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Procedures

Consent

The first priority in safeguarding should always be to ensure the safety and welfare of the adult at risk. If concerns arise consent must be obtained from the adult at risk concerned before a referral is made to Local Authority Safeguarding Adults Team or the Police. If the adult at risk refuses to give consent, the employee, worker, consultant, agency staff or volunteer should seek advice and support from the Designated Safeguarding Lead or the Safeguarding Team. Information should not be given to carers or other adults involved without the consent of the adult at risk. There are a number of circumstances whereby an external referral can be made without consent and these include:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act (see Appendix 9).
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.
- Other people are, or may be, at risk, including adults at risk
- Sharing the information could prevent a serious crime.
- A serious crime has been committed.
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral.
- Employees, workers, consultants, agency staff and volunteers are implicated.
- There is a court order or other legal authority for taking action.

Responding to disclosures and concerns

It is not the responsibility of anyone within Down Syndrome Cheshire to decide whether or not abuse has taken place. However, there is a responsibility to act on any concerns. Down Syndrome Cheshire assures all employees, workers, contracted partner staff or volunteers that it will fully support and protect anyone, who in good faith reports their concern that a colleague or another is, or may be, abusing an adult at risk. If an adult at risk informs you directly that they are concerned about another person's behaviour towards them, this is known as a disclosure. In this situation the following steps should be taken:

- Take the adult at risk to a safe and quiet place.
- React calmly so as not to frighten the adult at risk.
- Tell the adult at risk that they are not to blame and that they were right to tell you

- Take what the adult at risk says seriously and do not be judgmental.
- If emergency medical treatment is needed, telephone for an ambulance.
- Avoid leading the adult at risk in discussion and keep any questions to the absolute minimum. Ask only what is necessary to ensure a clear understanding of what has been said.
- Reassure the adult at risk but do not make promises of confidentiality or outcome.
- No contact should be made with the alleged abuser, particularly if this is another adult at risk or the carer of the alleged victim.
- Do not commence an investigation into the incident.
- Refer the concern to the Safeguarding Team immediately.
- Make a record using MyConcern or Down Syndrome Cheshire's Safeguarding Concern Form.

For a flowchart of the process to follow, please see Appendices

Preserving the evidence

Your first concern is the safety and welfare of the adult at risk. However, your efforts to preserve evidence may be vital. In all cases the preservation of evidence is crucial especially if any police investigation is required to be effective. What you do or do not do in the time whilst you are waiting for the police to arrive may make all the difference. Below are some helpful points:

In situations of physical and/or sexual assault:

- In physical abuse cases, where an adult at risk wishes to show you an injury, only observe what he/she consents to show you and what is appropriate.
- Do not touch what you do not have to. Wherever possible leave things as they are. Do not clean up, do not wash anything or in any way remove fibres, blood etc. If you do have to handle anything at the scene keep this to a minimum.
- Do not touch any weapons unless they are handed directly to you. If this happens, keep handling to a minimum. Place the items/weapons in a clean dry place to hand to the police.
- Preserve anything that was used to comfort the abused adult at risk, for example a blanket.
- Secure the room. Do not allow anyone to enter unless strictly necessary to support you or the abused adult at risk and/or the alleged perpetrator, until the police arrive.

Prior to the arrival of the police and medical examination:

- Ensure that no one has physical contact with both the abused adult at risk and the alleged perpetrator as cross contamination can destroy evidence.
- Encourage the victim not to shower.
- Encourage the victim not to change clothing.

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- Even when the adult at risk says they do not want police involvement, preserve items anyway as the adult at risk may change their mind later or you may be legally obliged to inform the police.
- Encourage the adult at risk not to eat or drink if there is a possibility that evidence may be obtained from the mouth.

Managing allegations against employees, workers, consultants, agency staff and volunteers

Allegations against members of staff working with adults at risk are managed in a similar manner as allegations against adults working with adults at risk. These processes are applicable in instances where there is an allegation or concern that a member of staff or volunteer has:

- Behaved in a way that has harmed or may have harmed an adult at risk.
- Possibly committed a criminal offence against or related to an adult at risk.
- Behaved towards an adult at risk in a way that indicates he/she is unsuitable to work with an adult at risk
- Demonstrated behaviour in their personal life that might indicate unsuitability to work with adults who are at risk of harm.

Should a concern arise about an employee, worker, contracted partner staff or volunteer's conduct in relation to an adult at risk, this should be reported to the Down Syndrome Cheshire Safeguarding Team who will take such steps as considered necessary to ensure the safety of the adult at risk in question and any other person who may be at risk. The employee, worker, contracted partner staff or volunteer raising the concern should raise a Concern on MyConcern or complete Down Syndrome Cheshire's Safeguarding Concern Form (Appendix 8). When managing an allegation against an employee, worker, contracted partner staff or volunteer the Safeguarding Team will follow this process:

- The allegation will be referred to the Local Safeguarding Adults Team and/or the Police.
- The carers of the adult at risk will be contacted as soon as possible, if applicable, following advice from statutory agencies.
- Senior Management will be notified
- If the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead is the subject of an allegation, the report must be made to the Safeguarding Trustee who will refer the allegation to the appropriate statutory agencies.
- If required, a full investigation and possible disciplinary action in accordance with Down Syndrome Cheshire's Disciplinary Policy for employees will follow. Workers or contracted partner staff may have their Agreements terminated.
- Referrals as appropriate will be made to the Disclosure and Barring Service (DBS).

For a flowchart of the process to follow, please see Appendix 3.

Managing concerns for an adult at risk

Any concern relating to the abuse of an adult at risk by another adult at risk must be dealt with through this Policy and Procedures. Any such concern should be reported immediately to the Designated Safeguarding Lead who will inform the Safeguarding Team

Making a referral

All employees, workers, contracted partner staff and volunteers should raise a new Concern on MyConcern or complete the Down Syndrome Cheshire Safeguarding Concern Form (Appendix 8) after referring any case to the Designated Safeguarding Lead and/or Safeguarding Team. The Safeguarding Team will contact the relevant Local Authority Services Team completing their Referral Form and update the Safeguarding Concern Form for Down Syndrome Cheshire's records.

What to do if an adult at risk is in danger of immediate harm

The first priority is to ensure the adult at risk is in a safe place away from the alleged perpetrator. Emergency services should be summoned whenever a situation is felt to be beyond the control of employees, workers, contracted partner staff or volunteers. In addition, employees, workers, contracted partner staff and volunteers should have, readily available, all the contact numbers of the Down Syndrome Cheshire Safeguarding Team, colleagues, or other services which can assist in an emergency or urgent situation (Appendix 9). Report the matter to the Safeguarding Team at the earliest opportunity. In the absence of the Safeguarding Team, contact Cheshire East: 0300 123 5010 or Cheshire West and Chester: 0300 123 7034 or out of hours 01244 977 277 and/or the police on 101 for help and to ensure the correct procedure is followed.

When to call the Police

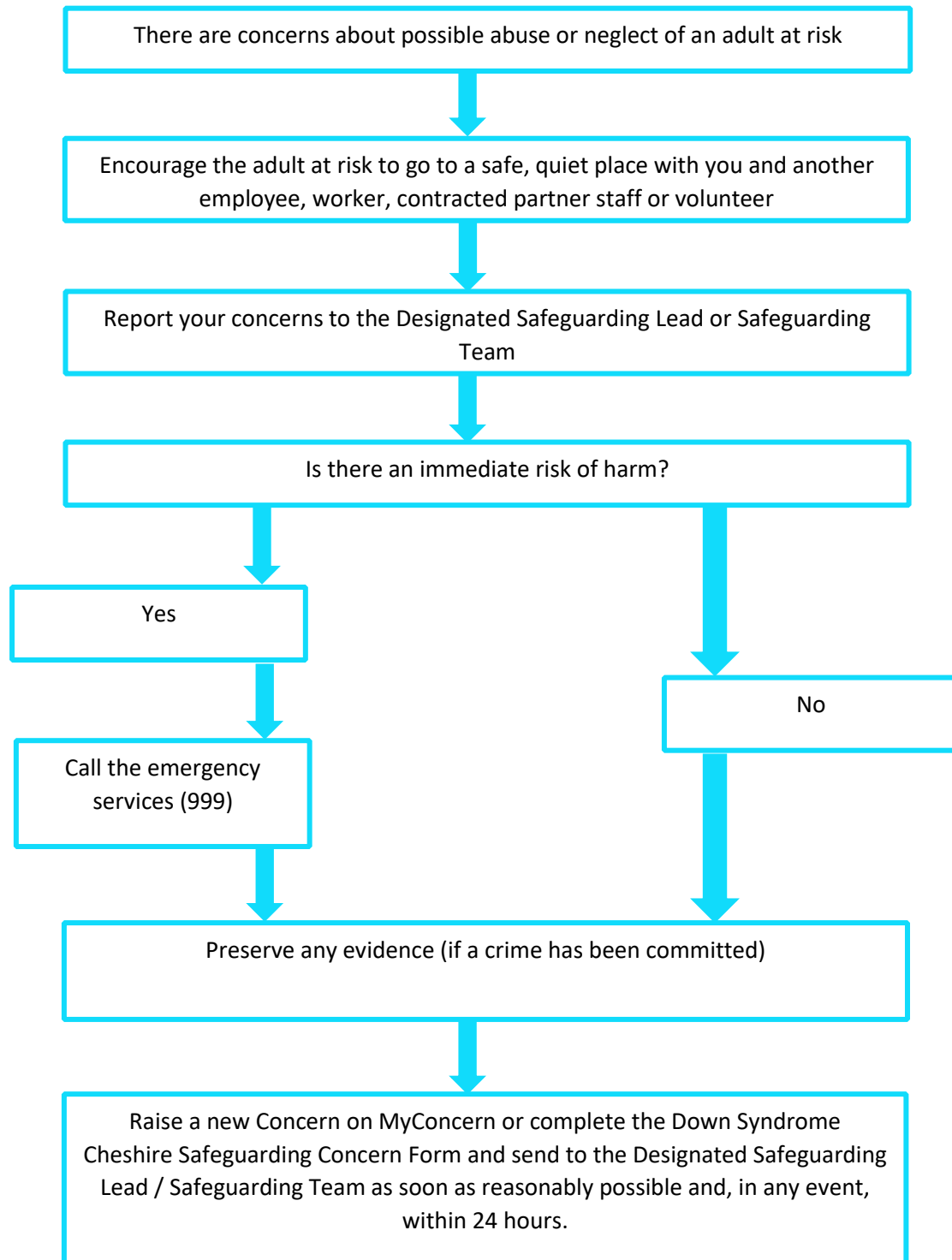
Even when a matter is not an emergency (e.g. no risk of immediate harm), consideration must still be made on whether to make a Police report and when liaising with the Police on any safeguarding matters.

The National Police Chief's Council (NPCC) have [created guidance](#) which helps to clarify when to consider calling the Police and what to expect when a report is made.

Safeguarding Adults at Risk Policy & Procedures

Appendix 1

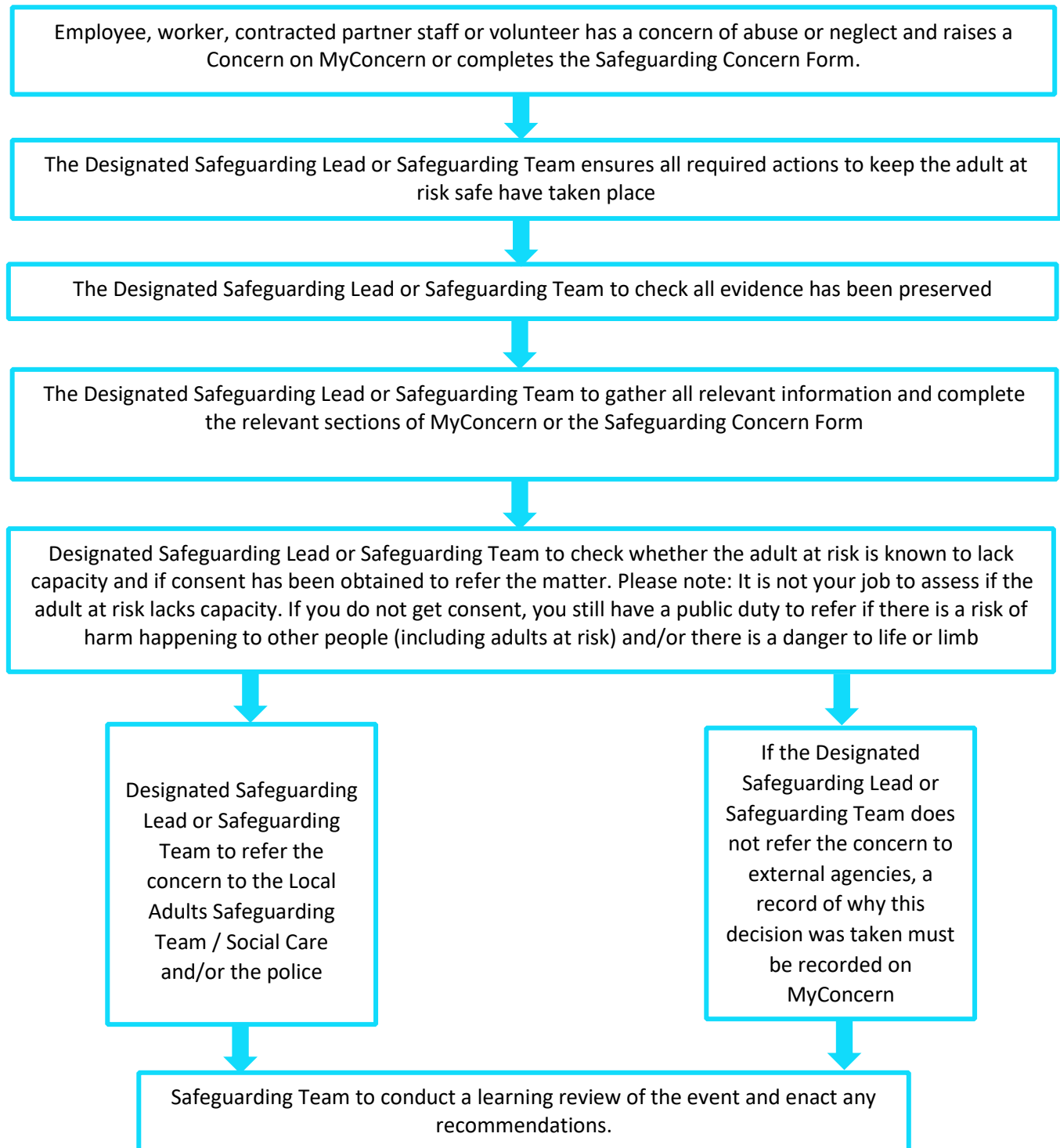
Flowchart for employees, workers, contracted partner staff and volunteers who raise a concern about an adult at risk



Safeguarding Adults at Risk Policy & Procedures

Appendix 2

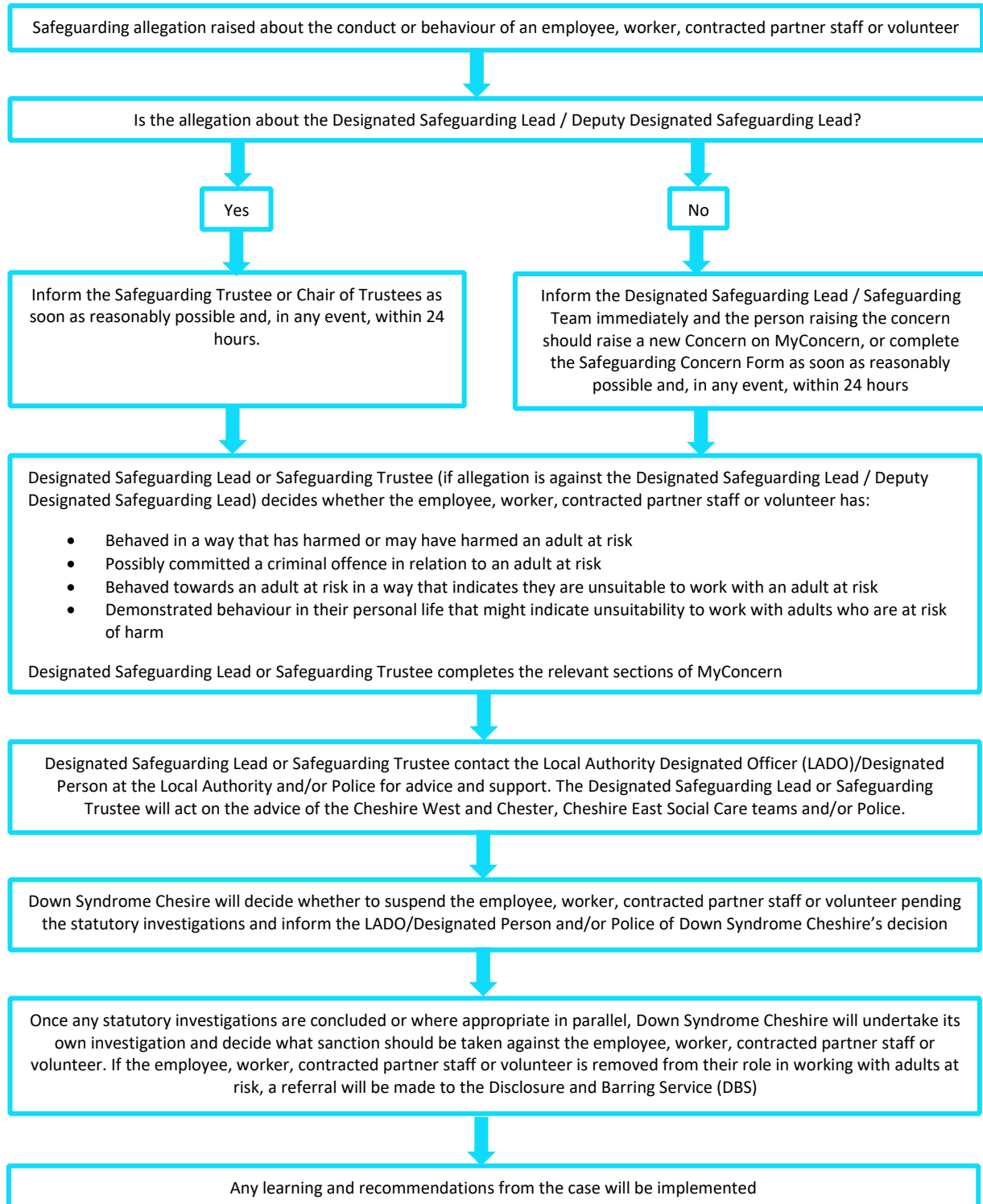
Flowchart for Designated Safeguarding Lead and Safeguarding Team making a referral



Safeguarding Adults at Risk Policy & Procedures

Appendix 3

Allegations against employees, workers, contracted partner staff or volunteers flowchart



Safeguarding Adults at Risk Policy & Procedures

Appendix 4

Categories of abuse and neglect as defined in Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2025

Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused by other children or adults, in a family or in an institutional or community setting by those known to them or, more rarely, by others.
Physical abuse	A form of abuse that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.
Sexual abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Females can also be abusers as can other children. The sexual abuse of children by other children is a specific safeguarding issue (also known as child-on-child abuse) in education and all staff should be aware of it and their school or colleges policy and procedures for dealing with it.
Emotional abuse (including bullying)	The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
Neglect	The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs
Child Sexual Exploitation (CSE)* *KCSIE 2025 Update	Child sexual exploitation is a form of child sexual abuse (above). It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
Child Criminal Exploitation (CCE)* *KCSIE 2025 Update	Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.

Safeguarding Adults at Risk Policy & Procedures

Appendix 4 (continued)

Categories of abuse and neglect as defined in Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2025

Category of abuse and neglect	Physical Signs	Behavioural Signs
Physical abuse	Unexplained and unusual bruising, finger and strap marks, injuries, cigarette burns, bite marks, fractures, scalds, missing teeth	Fear of contact, aggression, temper, running away, fear of going home, reluctance to change or uncover body, depression, withdrawal, bullying or abuse of others
Sexual Abuse	Genital pain, itching, bleeding, bruising, discharge, stomach pains, discomfort, pregnancy, incontinence, urinary infections or STIs, thrush, anal pain on passing motions	Apparent fear of a person, nightmares, running away, sexually explicit knowledge or behaviour beyond their years, masturbation, bed-wetting, eating problems, substance abuse, unexplained money or gifts, acting out with toys, self-harm
Emotional Abuse	Weight change, lack of growth or development, unexplained speech disorders, self-harm, clothing inappropriate for child's age, gender or culture etc.	Unable to play, fear of mistakes, fear of telling parents, withdrawn, unexplained speech and language difficulties, few friends
Bullying	Weight change, unexplained injuries and bruising, stomach pains and headaches, bed-wetting, disturbed sleep, hair pulled out	Difficulty making friends, anxiety over other environments, truancy, withdrawn, anger, moodiness, suicide attempts, reduced performance, money and possessions reported as lost, stealing from within the family, distress and anxiety on reading texts or e-mails
Neglect	Constant hunger, ill-fitting or inappropriate clothes, weight change, untreated conditions, continual minor infections, failure to supply hearing aids, glasses and or inhalers (where appropriate)	Always being tired, early or late, absent, few friends, regularly left alone, stealing, no money, parent or carer not attending or supportive

Safeguarding Adults at Risk Policy & Procedures

Appendix 5

Applicable Down Syndrome Cheshire policies and procedures

Anti-Bullying Policy	IT and Computing Policy
Bullying and Harassment Policy	Missing or Lost People Policy
Disciplinary Policy	Recruitment Policy (and Safer Recruitment Guidance)
Domestic Abuse Policy	Safeguarding Children and Young People Policy & Procedures
Equal Opportunities Policy	Smoking, Alcohol and Drugs Policy
GDPR Policy	Social Media Policy
Grievance Policy	Searching Children and Young People Policy
Health and Safety Policy	Transport Policy
Human Rights and Modern Slavery Policy	Unaccompanied Adult at Risk Policy
Intimate Care Policy	Whistleblowing Policy

Relevant legislation, guidance and regulations

Achieving Best Evidence 2002	HM Government Information Sharing Guidance for Practitioners 2015
Adoption and Children Act 2002	Human Rights Act 1998
Care Act 2014	Mental Capacity Act 2005
Children Act 2004	Modern Slavery Act 2015
Children and Families Act 2014	Online Safety Act 2023
Counter-Terrorism and Security Act 2015	Police Act 1997
General Data Protection Regulation 2018	Protection of Freedoms Act 2012
Equality Act 2010	Rehabilitation of Offenders Act 1974
Female Genital Mutilation Act 2003	Safeguarding Vulnerable Groups Act 2006
Forced Marriage Act 2008	Sexual Offences Act 2003

These lists are not exhaustive.

Safeguarding Adults at Risk Policy & Procedures

Appendix 6

Down Syndrome Cheshire Member One Page Profile, Care Plan and Consent Form

Member One Page Profile, Care Plan & Consent Form

One Page Profile

How I want to be supported

Things I find difficult

How I communicate

What is important to me

My name and age

I am motivated by

Any other information

Safeguarding Adults at Risk Policy & Procedures

Appendix 6

Down Syndrome Cheshire Member One Page Profile, Care Plan and Consent Form

Care Plan

Disability / Dual Diagnosis

Conditions/Symptoms

Care Needs

Care Actions

Safeguarding Adults at Risk Policy & Procedures

Appendix 6

Down Syndrome Cheshire Member One Page Profile, Care Plan and Consent Form

Care Plan

Medication

Intimate Care Need

I give consent for my child to have intimate care, should they need it by Down Syndrome Cheshire staff while in their care.

Name:

I confirm I have declared truthfully and to the best of my knowledge all medical and care needs for my child.

Relationship to child:

I confirm that I will advise Down Syndrome Cheshire of anything that may affect issues of personal care, such as if medication is changed or my child has an infection etc.

Signature:

I understand the procedures that will be carried out and will contact Down Syndrome Cheshire Designated Safeguarding Lead immediately if there are any concerns.

Date:

Safeguarding Adults at Risk Policy & Procedures

Appendix 6

Down Syndrome Cheshire Member One Page Profile, Care Plan and Consent Form

Consent Form

Member Details

Name

Date of Birth

Address

Postcode

Home Phone Number

Mobile Phone Number

Email Address

School/College Name and Address

Parent/Carer Details

Name

Relationship to Member

Address

Postcode

Home Phone Number

Mobile Phone Number

Email Address

Photographs, Images and Videos

Down Syndrome Cheshire requests the consent of parents/carers to use photographs and videos of your child. We use these to celebrate Down Syndrome Cheshire life and member achievements, as well as to promote Down Syndrome Cheshire.

Photographs and videos may be used in accordance with the consent provided for a period of five years after the date that the photograph/video was taken/recorded and may be kept indefinitely for historical/archiving purposes. These will also be used by Down Syndrome Cheshire partners and stakeholders.

Without your consent, we will not use photographs or videos of your child. If you only give consent for certain types of use, please specify them below. Please provide your consent as appropriate below.

Grant Permission

Deny Permission

Transport and Supervision

Down Syndrome Cheshire supports independence, please state below how your child will travel to Down Syndrome Cheshire services and activities.

May travel independent

Will always get dropped off by parent/guardian

Please state who will be dropping and/or collecting your child from Down Syndrome Cheshire services and activities.

Name:
Relationship:
Contact Number:

Name:
Relationship:
Contact Number:

Name:
Relationship:
Contact Number:

Safe word for pick up:

Dietary and Allergies

Provide details here:

Religious and Cultural Needs

Provide details here:

Safeguarding Adults at Risk Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments



RISK ASSESSMENT

ORGANISATION

DOWN'S SYNDROME CHESHIRE

Risk Assessment Title:

PUT THE ACTIVITY HERE

Who is at Risk?

People at Direct Risk:	Other People Who Could be Affected: Staff
------------------------	--

Summary of Risk

What is your assessment of the risk before the ACTION PLAN is completed?:	☐ High risk	☐ Medium risk	☒ Low risk
What will the level of risk be after the ACTION PLAN is completed?:	☐ High risk	☐ Medium risk	☒ Low risk

Note: if the risk is still classified as 'High', even if you were to complete the action plan, then the hazard should be neutralised immediately (e.g. by stopping the activity or making the area safe) and the relevant manager should be informed.



Safeguarding Adults at Risk Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments

ASSESSMENT AND ACTION PLAN

What are the hazards	What might happen?	Controls	Control in Place?			ACTION PLAN If 'No' - give details as to how and when the measure will be implemented and by whom	Complete?
			Yes	No	N/A		
Safeguarding	Keeping children Safe in Education	All School Staff have undergone an enhanced DBS check and KSIE training. Children are supervised by at least 2 members of staff during their time in xxxxx Children are accounted for as they leave and when they arrive at the xxxxxx	☒				
Walking from the school to the xxxx	Collision with vehicle while crossing road xxxxxx	Familiarity with route and aware of standards of behaviour (in daily use); always supervised by an adult. Separate Risk Assessment in place for this activity.	☒	☐	☐		

Down Syndrome Cheshire | RISK ASSESSMENT AND ACTION PLAN



Safeguarding Adults at Risk Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments

ASSESSMENT AND ACTION PLAN						
Time spent in public areas	Becoming lost	Briefing, code of conduct, familiarity with surroundings;	☒	☐	☐	
	Abduction / abuse by strangers	Boys never alone; activities usually confined to private or roped-off areas; School staff on duty. Boys made aware of procedure to notify trusted adult/member of staff of any concerns.				
The Team have carried out their	Slip / trip hazards	Briefing; familiarity with building; particular hazards marked with tape /	☒	☐	☐	

Down Syndrome Cheshire | RISK ASSESSMENT AND ACTION PLAN



Safeguarding Adults at Risk Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments

Down Syndrome Cheshire | RISK ASSESSMENT AND ACTION PLAN

ASSESSMENT AND ACTION PLAN						
What are the hazards	What might happen?	Controls	Control in Place?			ACTION PLAN If 'No' - give details as to how and when the measure will be implemented and by whom
own risk assessments to minimise risks to staff and visitors	Fire or another emergency	pointed out; boys chaperoned at all times. staff on duty at all times to direct boys & school staff to appropriate exits; all designated gangways & emergency exit routes are kept clear.	Yes	No	N/A	



Safeguarding Adults at Risk Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments

Down Syndrome Cheshire | RISK ASSESSMENT AND ACTION PLAN

ASSESSMENT AND ACTION PLAN						
What are the hazards	What might happen?	Controls	Control in place?			ACTION PLAN If 'No' - give details as to how and when the measure will be implemented and by whom
			Yes	No	N/A	
Accident/illness/ injury		Clear procedures in place to deal with incidences of illness / injury; all school staff are trained in First Aid & Safeguarding procedures. staff are also trained in First Aid and First Aid Kits are available in various locations within the Abbey. Where necessary specific individual medication will be taken to the Abbey and held by a member of Choir School staff.	☒	☐	☐	

Safeguarding Adults at Risk Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments

ASSESSMENT AND ACTION PLAN

Sign Off Sheet

Assessor Details:		
Assessor(s) name:	Assessor(s) signature:	Date:

Line Manager to sign below to accept the assessment		
Line Manager's name:	Line Manager's signature:	Date:

A review of this risk assessment is to be undertaken annually or else if any changes occur that affect the facts given above		
Date of review:	Reviewed by (Name):	Comments:

Safeguarding Adults at Risk Policy & Procedures

Appendix 7

Health and Safety Reporting

Accident Report Forms



Accident Report Form

About the person who had the accident

Name

Address

Postcode

Mobile Phone Number

Email Address

Reason for being at Down Syndrome Cheshire service/activity

About the person who is filling in the accident report form

Name

Address

Postcode

Mobile Phone Number

Email Address

Relationship with Down Syndrome Cheshire

About the accident

Date

Venue

Where did it happen (room/surroundings)

What happened

What was the injury

Who else was involved

Did anyone need first aid treatment (who and what)

Did anyone need to go to hospital (who and what for)

Declaration

Person who had the accident

Parent / Guardian Name

Relationship to person who had the accident

Mobile Phone Number

Email Address

Signature

Date

Person completing the accident report form

Parent / Guardian Name

Relationship to person who had the accident

Mobile Phone Number

Email Address

Signature

Date

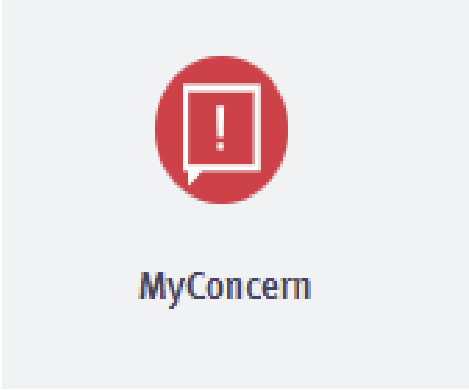


Safeguarding Adults at Risk Policy & Procedures

Appendix 8

Safeguarding Reporting – MyConcern

Link to log into MyConcern to file a Safeguarding Concern



Email Address

Password

Log in

Link to access the Down Syndrome Cheshire's Safeguarding Concern Form for staff members without access to MyConcern

Safeguarding Adults at Risk Policy & Procedures

Appendix 8 (continued)

Safeguarding Reporting – Safeguarding Concern Form

Link to access the Down Syndrome Cheshire's **Safeguarding Concern Form** for staff members without access to MyConcern

Name of Adult at Risk:		Date of Birth:	
SEN status:		Name of sibling/s:	
Name of person completing this form:	Role:	Date of Concern:	Time of concern:
Nature of concern:		Place of disclosure:	

Detail of concerns: What you saw, what you heard, in the adult at risks words. Include brief, accurate details and who else was present. Was it 1st or 2nd hand information? Distinguish between fact and opinion.	
<i>Continue on a separate piece of paper and attach as required</i>	

For Completion by Designated Safeguarding Lead:

Concern shared with:	Signature of referrer:	Date of record:
		Time of record:
Agreed actions with basis for decision	By whom	By when

Safeguarding Adults at Risk Policy & Procedures

Appendix 8 (continued)

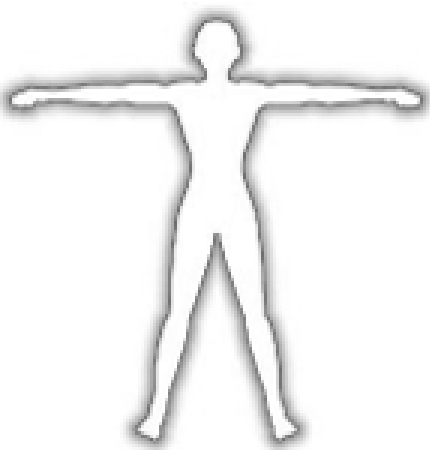
Safeguarding Reporting – Safeguarding Concern Form

Link to access the Down Syndrome Cheshire's **Safeguarding Concern Form** for staff members without access to MyConcern

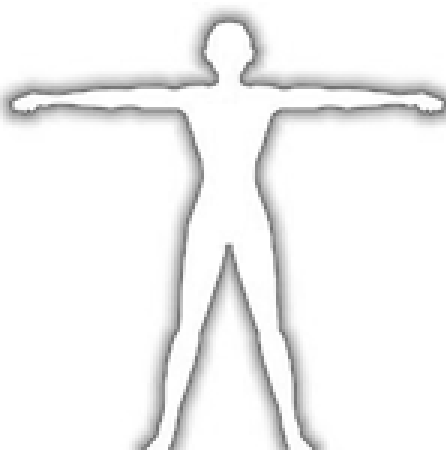
Remember when completing the body map to give an approx. sizes/dimensions of mark/injury

Sites of Injury

FRONT



BACK



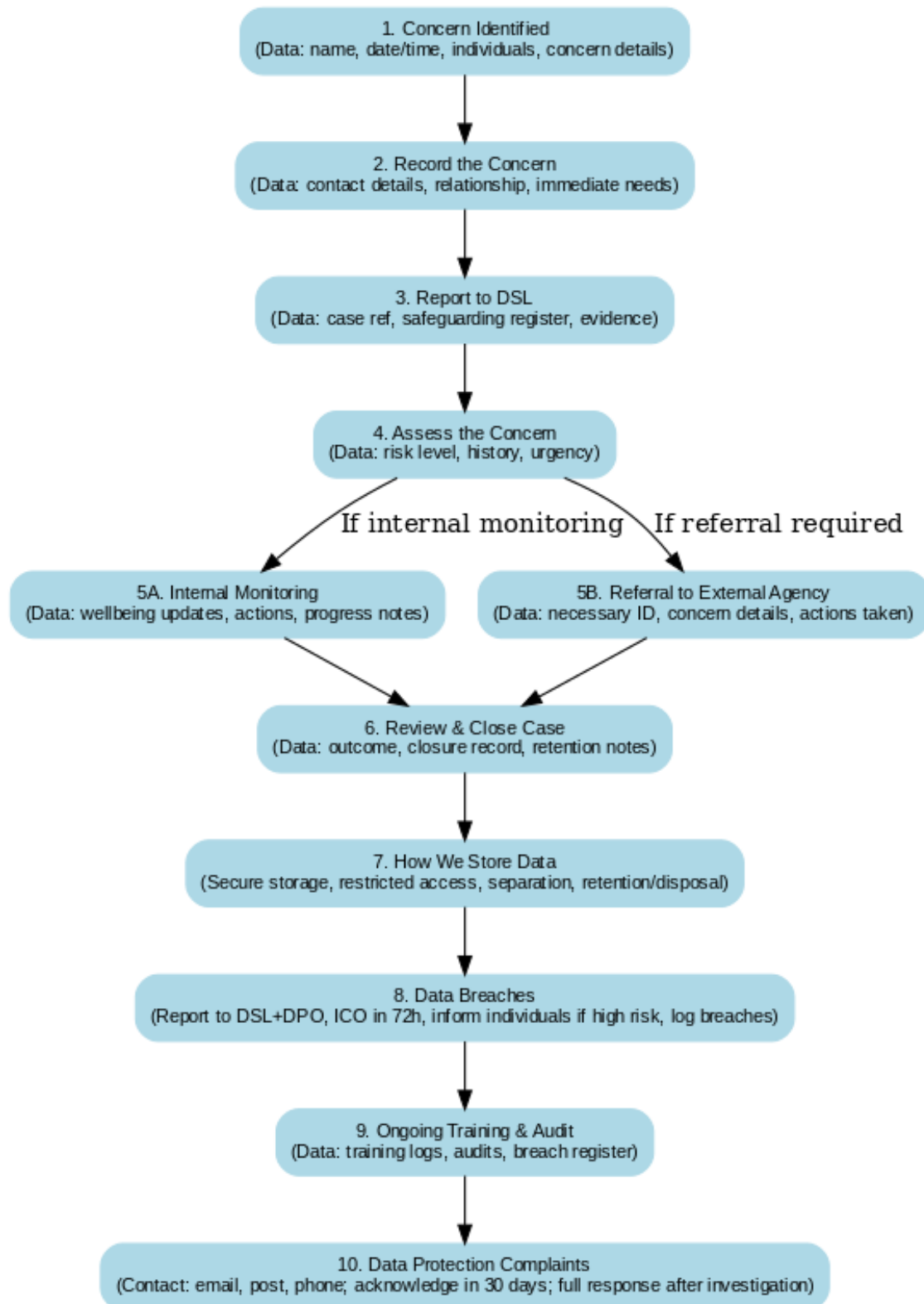
Parent/Carer Informed – Yes	and if not the reason for not doing so:	☐	Date:
Entry on Chronology		☐	By:

Outcome of Concerns for Completion by Designated Safeguarding Lead:

Safeguarding Adults at Risk Policy & Procedures

Appendix 8 (continued)

Safeguarding Reporting – Safeguarding Flowchart



Safeguarding Adults at Risk Policy & Procedures

Appendix 9

Mental Capacity

Generally, it is not for Down Syndrome Cheshire, employees, workers, contracted partner staff or volunteers to make a decision about whether an adult at risk lacks mental capacity in relation to the concern in question, but it is useful to have an understanding of the notion of capacity explained below:

Definition

- The ability to make a decision at a particular time. The starting assumption must always be that an adult at risk has the capacity to make a decision, unless it can be established that an adult at risk lacks capacity.
- The term “lacks capacity” means an adult at risk who lacks capacity to make a particular decision or take a particular action for themselves at the time when the decision or action needs to be taken. This reflects the fact that some people may be unable to make some decisions for themselves but will have capacity to make other decisions. For example, the adult at risk may be able to make small decisions about everyday matters such as what to wear or what to eat but lack capacity to make more complex decisions about financial matters.
- It also reflects that an adult at risk who lacks capacity to make a decision at a certain time may be able to make that decision at a later date - this may be due to illness or accident.

Assessing Capacity

An adult at risk's capacity must be assessed specifically in terms of their capacity to make a particular decision at the time it needs to be made. Anyone assessing another's capacity to make a decision for the adult at risk should use the two-stage test of capacity:

Stage 1

Does the adult at risk have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? It does not matter whether the impairment/disturbance is temporary or permanent.

Stage 2

If so, does that impairment or disturbance mean that adult at risk is unable to make the decision in question at the time it needs to be made?

Assessing ability to make a decision

- Does the adult at risk have a general understanding of what decision they need to make and why the adult at risk needs to make it?
- Does the adult at risk have a general understanding of the likely consequences of making, or not making, this decision?
- Is the adult at risk able to understand, retain, use and weigh up the information relevant to a decision?
- Can the adult at risk communicate their decision (by talking using sign language or any other means)?
- Would the services of a professional (such as a speech and language therapist) be helpful?

Assessing capacity to make more complex or serious decisions

In most instances a Doctor or Social Care professional will have assessed an adult at risk's capacity. Where background information is provided from a partner agency or the adult at risk themselves, the information should be stored confidentially.

An Independent Mental Capacity Advocate (IMCA) should be appointed to assist an adult at risk who is judged to lack capacity and face serious decisions with no other person to be an advocate for the adult at risk.

The statutory principles

The Mental Capacity Act 2005 sets out five statutory principles.

1. An adult at risk must be assumed to have capacity unless it is established that they lack capacity.
2. An adult at risk is not to be treated as unable to make a decision unless all practical steps to help them to do so have been taken without success.
3. An adult at risk is not to be treated as unable to make a decision merely because they makes an unwise decision.
4. An act done, or decision made, for or on behalf of an adult at risk who lacks capacity must be done, or made, in their best interests.
5. Before the act is done, or the decision is made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the adult at risk's rights and freedom of action



Safeguarding Adults at Risk Policy & Procedures

Appendix 10

Key Safeguarding Contacts

Down Syndrome Cheshire

Designated Safeguarding Lead

Rebecca Goodier
rebecca@dscheshire.org.uk
07518 590 300

Deputy Designated Safeguarding Lead

Vicky Irwin
vicky@dscheshire.org.uk
01606 330884

Safeguarding Trustee

Sarah Hollis
sarahh@dscheshire.org.uk

Chair of Trustees

Julie Duff
julie@dscheshire.org.uk

The Police

Emergencies: **999**
Non-Emergencies: **101**
Cheshire Police: **0845 458 0000**
Cheshire Constabulary Anti-Terrorism: 0800 789 321

Other Agencies

Ann Craft Trust: 0115 951 5400
Refuge – Domestic Abuse Advice and Support for Women: 0808 200 0247
Survivors UK – Sexual Abuse Advice and Support for Men: 020 3598 3898
Respect – Help for Perpetrators of Domestic Abuse: 0800 085 3330
Actions on Elder Abuse: 0808 808 8141
Safer Internet Centre: 0844 381 4772

Cheshire East

Cheshire East Adult Social Care:

01625 374753 or 0300 123 5010

LSAB@cheshireeast.gov.uk

Allegations against an adult working with Children (LADO): 01606 288931

Family Information Service: 0300 123 5033

Cheshire West and Chester

Concerns about an adult at risk: [Cheshire West and Chester Council Adult Social Care Online](#)

Community access Team

0300 123 7034

Emergency Duty Team

Monday – Thursday 4.30pm-8.30am and Friday from 4pm, 24 hours weekends and bank holidays: 01244 977 277

Halton

Adult Safeguarding / Adult Social Care

Monday – Friday 9am–5pm:

0151 907 8306

Out of Hours: 0345 050 0148

Warrington

Adult Social Care First Response Team: 01925 443322

Out of hours: 01925 444400

Allegations against an adult working with children (LADO): 01925 442079



Safeguarding Adults at Risk Policy & Procedures

Appendix 11

Designated Safeguarding Lead Role Description

The Board of Trustees should ensure an appropriate senior member of staff, from the charity leadership team, is appointed to the role of Designated Safeguarding Lead.

The Designated Safeguarding Lead should take lead responsibility for all Down Syndrome Cheshire Safeguarding and Welfare. This should be explicit in the role holder's job description. This person should have the appropriate status and authority within the charity to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child and welfare and child and protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other staff to do so, and to contribute to the assessment of children.

Any deputies should be trained to the same standard as the Designated Safeguarding Lead and the role should be explicit in their job description. Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the Designated Safeguarding Lead, this lead responsibility should not be delegated.

Manage referrals

The Designated Safeguarding Lead is expected to:

- Refer cases of suspected abuse to the local authority social care as required
- Support Down Syndrome Cheshire staff who make referrals to local authority social care
- Refer cases to the Channel programme (for radicalisation) where there is a radicalisation concern as required
- Support Down Syndrome Cheshire staff who make referrals to the Channel programme
- Refer cases where a person is dismissed or left due to risk/harm to a child's to the Disclosure and Barring Service as required
- Refer cases where a crime may have been committed to the Police as required.

The Designated Safeguarding Lead will also check to see if there are any historical abuse or incidents linked with the case and add these to the referral for full transparency.

Work with others

The Designated Safeguarding Lead is expected to:

- Act as a point of contact with the three safeguarding partners; the local authority, the police and the integrated care system.
- Liaise with the Chair of Trustees and the Safeguarding Trustee to inform them of issues, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- As required, liaise with the "Case Manager" (as per part four) and the designated officer(s) at the local authority for child protection concerns in cases which concern a Down Syndrome Cheshire staff member.
- Liaise with Down Syndrome Cheshire staff on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies.
- Act as a source of support, advice and expertise for all staff.

Training

The Designated Safeguarding Lead and Deputy Designated Safeguarding Lead should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years. The Designated Safeguarding Lead should undertake Prevent awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- Understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority social care referral arrangements.
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- Ensure each member of staff has access to, and understands, the charities safeguarding policy and procedures, especially new and part time staff

Safeguarding Adults at Risk Policy & Procedures

Appendix 11 (continued)

Designated Safeguarding Lead Role Description

- Are alert to the specific needs of children in need, those with special educational needs and young carers
- Understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulation.
- Understand the importance of information sharing, both within the charity, and with the three safeguarding partners, other agencies, organisations and practitioners.
- Are able to keep detailed, accurate, secure written records of concerns and referrals
- Understand and support the charity with regards to the requirements of the Prevent (for radicalisation) duty and are able to provide advice and support to Down Syndrome Cheshire staff on protecting children/young people from the risk of radicalisation
- Are able to understand the unique risks associated with online safety and be confident that they have the appropriate knowledge, filters and monitoring systems and up to date capability required to keep children/young people safe whilst they are online at school or college
- Can recognise the additional risks that children and adults with Special Educational Needs and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online
- Obtain access to resources and attend any relevant or refresher training courses; and
- Encourage a culture of listening to children and adults and taking account of their wishes and feelings, among all staff, in any measures the charity may put in place to protect them

Raise Awareness

The Designated Safeguarding Lead, Deputy Designated Safeguarding Lead and the Safeguarding Trustee should:

- Ensure the charity's Safeguarding Policy are known, understood and used appropriately
- Ensure the charity's Safeguarding Policy is reviewed annually (as a minimum) by the CEO and Trustees and the procedures and implementation are updated and reviewed regularly, and work with Trustees regarding this
- Ensure the child protection policy is available publicly and parents/guardians are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the charity this
- Link with the safeguarding partner arrangements to make sure Down Syndrome Cheshire staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements.

Child Protection Records

The designated safeguarding lead is responsible for ensuring that safeguarding files are kept up to date. Information should be kept confidential and stored securely. It is good practice to keep concerns and referrals in a separate safeguarding file for each child. If the incident involves two or more members then a copy is kept in each members file.

Records should include:

- A clear and comprehensive summary of the concern
- Details of how the concern was followed up and resolved;
- A note of any action taken, decisions reached and the outcome.

Availability

The Designated Safeguarding Lead or Deputy Designated Safeguarding Lead should always be available for Down Syndrome Cheshire staff to discuss any safeguarding concerns. Whilst generally speaking the Designated Safeguarding Lead and Deputy Designated Safeguarding Lead would be expected to be available in person, it is a matter for individual places, working with the Designated Safeguarding Lead, to define what "available" means and whether in exceptional circumstances availability via phone and or Teams/Zoom or other such communication channels is acceptable.

In the unlikely event neither the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead are available, then any safeguarding concerns can be addressed to the Safeguarding Trustee.