

## **Safeguarding Adults: Oedipa Policy and Procedures**

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## 1. Introduction

Oedipa is committed to creating and maintaining a safe and positive environment and accepts its responsibility to safeguard the welfare of all adults involved in all its activities in accordance with the Care Act 2014. Oedipa does not work with children.

**The Oedipa safeguarding adults policy and procedures apply to all individuals involved with Oedipa.**

Oedipa will encourage and support partner organisations to adopt and demonstrate their commitment to the principles and practice of equality as set out in this document.

## 2. Principles

The guidance given in this document is based on the following principles:

- All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
- Oedipa will seek to ensure that its activities are inclusive and make reasonable adjustments for any ability, disability or impairment, and is committed to continuous development, monitoring and review.
- The rights, dignity and worth of all adults will always be respected.
- Oedipa recognises that ability and disability can change over time, and that some adults may be additionally vulnerable to abuse, in particular those adults with care and support needs.
- Everyone has a shared responsibility to ensure the safety and well-being of all adults and must act appropriately and report concerns, whether these concerns arise within Oedipa, for example the inappropriate behaviour of a freelance worker, or in the wider community.
- All allegations will be taken seriously and responded to quickly.
- Oedipa recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.



## **The six principles of adult safeguarding**

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults:

- 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."

## **Making Safeguarding personal**

'Making safeguarding personal' means that safeguarding should be person led and outcome focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control, as well as improving quality of life, well-being and safety.

Wherever possible safeguarding concerns must be discussed with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process, always seeking their consent to share information outside of the organisation where necessary.

## **Wellbeing Principle**

The concept of wellbeing is threaded throughout the Care Act and it is one that is relevant to adult safeguarding in Oedipal's activities. Wellbeing is different for each of us, however the Act sets out broad categories that contribute to our sense of wellbeing. By keeping these themes in mind, we can all ensure that adult participants can take part in performing arts activities fully.



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

### **3. Guidance and Legislation**

The practices and procedures within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures. They take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 1998

### **4. Definitions**

To assist working through and understanding this policy a number of key definitions need to be explained:

**Adult** is anyone aged 18 or over.

**Adult at Risk** is a person aged 18 or over who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs), and;
- Is experiencing, or is 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.

**Adult in need of care and support** is determined by a range of factors including personal characteristics, factors associated with their situation, or environment and social factors. Naturally, a person's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult in need of care and support experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors. In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse.

**Abuse** is a violation of an individual's human and civil rights by another person or persons. See section 4 for further explanations.

**Adult safeguarding** is protecting a person's right to live in safety, free from abuse and neglect.

**Capacity** refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005). See Appendix 1 for guidance and information.

## 5. Types of Abuse and Neglect

There are different types and patterns of abuse and neglect, and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour which could give rise to a safeguarding concern:

**Self-neglect** – this covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

**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.

**Domestic Abuse and coercive control** – including psychological, physical, sexual, financial and emotional abuse. It also includes so-called 'honour' based violence. It can occur between any family members.

**Discriminatory Abuse** – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

**Organisational Abuse** – including 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 on-going ill-treatment. It can be



through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Physical Abuse** – including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

**Sexual Abuse** – including 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.

**Financial or Material Abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect** – including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Emotional or Psychological Abuse** – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

#### **Not included in the Care Act 2014 but also relevant:**

**Cyber Bullying** – cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

**Forced Marriage** – forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. The forced marriage of adults with learning disabilities occurs when the adult does not have the capacity to consent to the marriage.

**Mate Crime** – a 'mate crime' as defined by the Safety Net Project as 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.



**Radicalisation** – the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

## 6. Signs and indicators of abuse and neglect

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone involved with Oedipa, including its freelance workers and volunteers, who an adult taking part in its performing arts activities comes into contact with. Or those involved with Oedipa may suspect that an adult is being abused or neglected outside of its performing arts activities settings.

There are many signs and indicators that may suggest someone is being abused or neglected. These include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions.
- Someone losing or gaining weight / an unkempt appearance. This could be a participant whose appearance becomes unkempt, does not wear suitable clothing and deteriorates in hygiene.
- A change in the behaviour or confidence of a person. For example, a participant may be looking quiet and withdrawn when their carer collects them from sessions, in contrast to another individual whom they greet with a smile.
- They may self-harm.
- They may have a fear of a particular group or individual.
- They may tell you / another person they are being abused – i.e. a disclosure.
- They may behave inappropriately towards others.
- A carer may be not recognising or responding to the needs of a participant during the session (i.e. comfort breaks, mobility support, medication)

### **A concern about the safety of an adult may arise because:**

- A person says that they are being abused or is telling you about something that has happened to them that you think would be harmful.
- You see possible signs of abuse or neglect.



- Somebody says that a person is being harmed or is at risk of harm.
- The behaviour of an adult towards others gives cause for concern.
- A person shares their experience of abuse in the past – this may be referred to as ‘historical or non- recent abuse’.

## **7. What to do if you have a concern, or if someone raises concerns with you.**

It is not your responsibility to decide whether or not an adult has been abused. It is, however, everyone's responsibility to respond to and report concerns.

- If you are concerned someone is in immediate danger, contact the police on 999 straight away. Where you suspect that a crime is being committed, you must involve the police.
- If you have concerns and/or you are told about possible or alleged abuse, poor practice or wider welfare issues you must report this to the Oedipa Safeguarding Trustee. Or, if the Oedipa Safeguarding Trustee is implicated, then report to the Oedipa Board Chair. When raising your concern with the Safeguarding Trustee remember Making Safeguarding Personal. It is good practice to seek the adult's views on what they would like to happen next and to inform the adult you will be passing on your concern.
- It is important when considering your concern that you keep the person informed about any decisions and action taken, and always consider their needs and wishes.

## **8. How to respond to a concern**

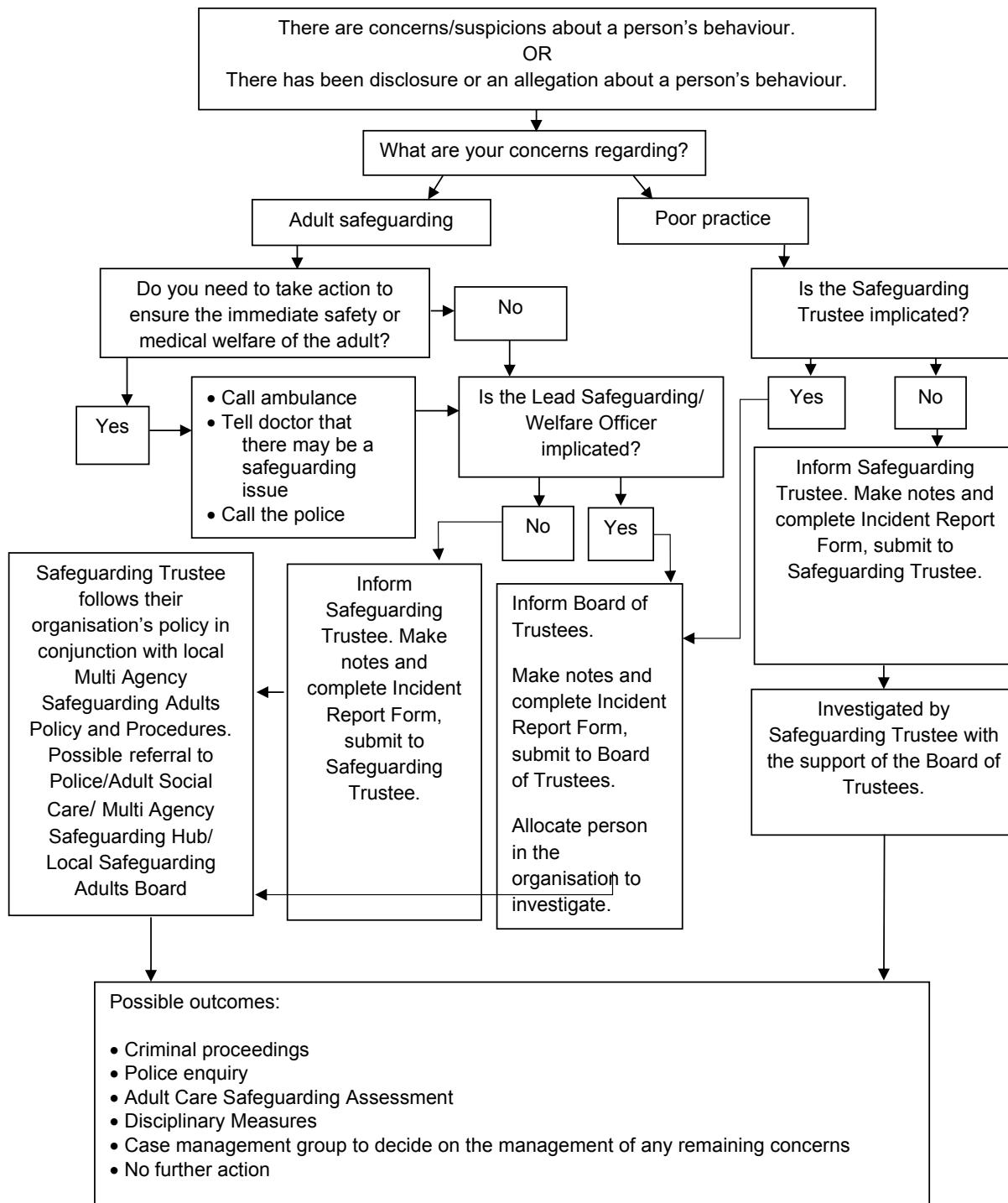
Remember to make safeguarding personal. Discuss your safeguarding concerns with the adult, obtain their view of what they would like to happen, but inform them it's your duty to pass on your concerns to the Safeguarding Trustee. Then:

- Make a note of your concerns and describe the circumstances in which the disclosure came about.
- Make a note of what the person has said themselves using his or her own words as soon as practicable. Complete an Incident Form (Appendix 2) and submit to the Oedipa Safeguarding Trustee. Records should be written as soon as possible, dated and signed.
- Take care to distinguish between fact, observation, allegation and opinion.
- Be mindful of the need to be confidential at all times. This information must only be shared with the Safeguarding Trustee and others on a need-to-know basis.
- If the matter is urgent and relates to the immediate safety of an adult at risk then contact the emergency services immediately.



## 8. Safeguarding adults flowchart: dealing with concerns, suspicions or disclosure

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**Remember to involve the adult at risk throughout the process wherever possible and gain consent for any referrals to social care if the person has capacity**

## **10. Roles and responsibilities of those within Oedipa.**

Oedipa is committed to having the following in place:

- A Safeguarding Trustee to produce and disseminate guidance and resources to support the policy and procedures. **From August 2024 onwards, Oedipa will retain a trustee with lived experience of aphasia who will oversee the accessibility of relevant documents, safeguarding briefings and any instances of safeguarding issues.**
- A clear line of accountability within the organisation for work on promoting the welfare of all adults.
- Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.
- A disciplinary panel will be formed as required for a given incident, if appropriate and should a threshold be met.
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
- Appropriate whistle blowing procedures and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.
- Clear codes of conduct are in place for freelance workers, volunteers, participants and audiences.
- DBS and Enhanced DBS checks will be made by Oedipa for all company officers, freelance workers and volunteers working with children, young adults and adults at risk.

## **11. Good practice, poor practice and abuse**

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental. It is not the responsibility of any individual involved in Oedipa to make judgements regarding whether or not abuse is taking place.

However, all Oedipa personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

## **12. Oedipa Safeguarding Code of Conduct**

- Always put the welfare of a child, young person or adult at risk first.



- Report on all suspicions, concerns, allegations or disclosures of abuse made by a child, young person or adult at risk, including any allegations made against you. Follow our safeguarding procedures for this purpose.
- Demonstrate commitment to ensure safety in all areas of organisation life, acting to safeguard and reduce risk to children, young people and adults at risk of harm.
- Treat everyone with dignity and respect. All children, young people and adults at risk have a right to equal protection regardless of their race, culture, age, gender, disability, religion, sexuality, sexual orientation or political persuasion.
- Be friendly and approachable but professional in your interactions.
- Work openly, avoiding private or unobserved situations and working in isolation. Try to ensure that you are not the only adult present and are at least within sight or hearing of others. Leave the door open if you find yourself in a room alone with a child, young person or an adult at risk.
- In some circumstances work may take the form of meetings or workshops carried out online. All such meetings are to be recorded, with the consent of the adult at risk, and the recording made available to the Safeguarding Trustee.
- Online meetings and workshops must take place using Oedipal's teleconferencing accounts.
- Any and all correspondence entered into with anyone participating in a performing arts activity as part of your work must be copied in full to the Safeguarding Trustee / chair of the board.
- Any physical contact with children, young people or adults at risk can be potentially subject to misinterpretation or even malicious allegations and therefore avoid all such physical contact unless it is an emergency, or it is pre-planned and a necessary part of the work that you are doing.
- Ensure your behaviour and appearance is appropriate to the work or activity that you are undertaking.
- Allow children, young people and adults at risk to change their clothes with levels of respect and privacy appropriate to their age, gender, culture and circumstances.
- Ensure that consent is gained for all photographs or films of children, young people and adults.
- Any photographs or films including children, young people and adults at risk can only be posted on websites managed and maintained by Oedipal.
- Respect the right to personal privacy but never agree to keep any information relating to the harm of a child or adult confidential.
- In the case you have a pre-existing relationship with anyone involved in any Oedipal performing arts activities this must be declared to the Safeguarding Trustee in writing with details of the relationship before any work is undertaken with that individual.



**Safe Touch:**

**In all circumstances contact should be minimal, open and transparent.** Oedipal permits physical contact with an adult at risk only if:

- They are at risk of harm or harming others
- A verbal or written instruction is not sufficient
- They initiate contact
- They are in emotional distress

**Do not:**

- Give out your personal contact details (personal phone or mobile number, email, home address or social networking links).
- Befriend adults at risk that you meet through their work or volunteering either face to face or on social networking sites such as Facebook and Twitter.
- Establish on-line networking, group or blog forums which are not regulated with controls relating to Oedipal governance and scrutiny.
- Engage in sexually provocative behaviour, use inappropriate or sexually suggestive language or gestures either in person, verbally or via texting/emails.
- Use any form of physical punishment as a means of discipline.
- Conduct a sexual relationship with an adult at risk or take part in any form of sexual contact with an adult at risk regardless of the age of consent.
- Swear or make sarcastic, insensitive, derogatory or discriminatory comments or gestures to or in front of adults at risk.
- Transport adults with whom you are working in your own vehicle.
- Rely on your reputation, position or the organisation to protect you.
- Work under the influence of alcohol or drugs.
- Smoke or vape in front of anyone during working hours.
- Discuss your own personal/sexual relationships with adults at risk.
- Give or receive gifts and/or substances such as drugs, alcohol, cigarettes, e-cigarettes from or to an adult at risk or their family.



- Broadcast or share any audio and/or visual material (CDs, DVDs, videos, photos, films, computer, blogs or games etc.) during work hours that has inappropriate or obscene content.
- Invite, or allow, an adult at risk whom you have met through your work to your home.
- Arrange to meet an adult at risk outside of your work/volunteering role at all.
- Provide any adult at risk with support, such as personal care, unless this is a specified part of your job or volunteering role

### **What to do if there is a breach of the Code of Conduct**

If anyone is concerned that a staff member, volunteer or freelancer has breached the code of conduct they should consider first if they feel able to raise the matter with the person concerned but only if this is safe and appropriate to do so and this will depend on the nature of the concern.

Otherwise they should alert the Oedipa Safeguarding Trustee in the first instance. If the concern is about the Safeguarding Trustee then inform another member of the Board.

### **13. Relevant Policies**

This policy should be read in conjunction with the following policies

- Whistle Blowing
- Social media
- Complaints
- Disciplinary

### **14. Legislation and Government Initiatives**

#### **Sexual Offences Act 2003 <http://www.legislation.gov.uk/ukpga/2003/42/contents>**

The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children.

#### **Mental Capacity Act 2005**

<http://www.legislation.gov.uk/ukpga/2005/9/introduction>

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention.

## **Safeguarding Vulnerable Groups Act 2006**

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance.

## **Deprivation of Liberty Safeguards**

<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

## **Disclosure & Barring Service 2013**

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). [www.gov.uk/dbs-update-service](http://www.gov.uk/dbs-update-service)

## **The Care Act 2014 – statutory guidance**

<http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted>

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

## **Making Safeguarding Personal Guide 2014**

<http://www.local.gov.uk/documents/10180/5852661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>

This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.

## **15. Further Information**

Chair of the board: Sarah Blowers

Artistic Director: Finn Beames

Oedipa Board of Trustees: [info@oedipa.org](mailto:info@oedipa.org)

Review date: 15th July 2024

This policy will be reviewed every 12 months or sooner in the event of legislative changes or revised policies and best practice.

Oedipa is a registered charitable incorporated organisation in England and Wales, no. 1171656.

## APPENDIX 1: GUIDANCE AND INFORMATION

### Making Safeguarding Personal

There has been a cultural shift towards Making Safeguarding Personal within the safeguarding process. This is a move from prioritising outcomes demanded by bureaucratic systems. The safeguarding process used to involve gathering a detailed account of what happened and determining who did what to whom. Now the outcomes are defined by the person at the centre of the safeguarding process.

The safeguarding process places a stronger emphasis on achieving satisfactory outcomes that take into account the individual choices and requirements of everyone involved. “What good is it making someone safer if it merely makes them miserable?” – Lord Justice Mundy, “What Price Dignity?” (2010)

What this means in practice is that adults should be more involved in the safeguarding process. Their views, wishes, feelings and beliefs must be taken into account when decisions are made.

The Care Act 2014 builds on the concept, stating that “We all have different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.” However, the Act is also clear that there are key issues that should be taken into account when abuse or neglect are suspected, and that there should be clear guidelines regarding this.

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/makingsafeguarding-personal>

### Guidance on Making Decisions: Capacity

The issue of capacity or decision making is a key one in safeguarding adults. It is therefore useful for organisations to have an overview of the concept of capacity.

We make many decisions every day, often without realising. We make so many decisions that it's easy to take this ability for granted. But some people are only able to make some decisions, and a small number of people cannot make any decisions.

Being unable to make a decision is called “lacking capacity”.

To make a decision we need to:

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



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

The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions and provides the framework for this to happen.

The MCA is about making sure that people over the age of 16 have the support they need to make as many decisions as possible.

The MCA also protects people who need family, friends, or paid support staff to make decisions for them because they lack capacity to make specific decisions.

Our ability to make decisions can change over the course of a day.

Here are some examples that demonstrate how the timing of a question can affect the response:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

In each of these examples, it may appear as though the person cannot make a decision. But later in the day, presented with the same decision, they may be able to at least be involved. The MCA recognises that capacity is decision-specific, so no one will be labelled as entirely lacking capacity. The MCA also recognises that decisions can be about big life-changing events, such as where to live, but equally about small events, such as what to wear on a cold day.

To help you to understand the MCA, consider the following five points:

1. Assume that people are able to make decisions, unless it is shown that they are not. If you have concerns about a person's level of understanding, you should check this with them, and if applicable, with the people supporting them.
2. Give people as much support as they need to make decisions. You may be involved in this – you might need to think about the way you communicate or provide information, and you may be asked your opinion.
3. People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, consider how risks might be minimised.
4. If someone is not able to make a decision, then the person helping them must only make decisions in their "best interests". This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.
5. Find the least restrictive way of doing what needs to be done.

Remember:

- You should not discriminate or make assumptions about someone's ability to make decisions, and you should not pre-empt a best-interests decision merely on the basis of a person's age, appearance, condition, or behaviour.
- When it comes to decision-making, you could be involved in a minor way, or asked to provide more detail. The way you provide information might influence a person's ultimate decision. A person may be receiving support that is not in-line with the MCA, so you must be prepared to address this.

## Consent and Information Sharing

Workers and volunteers within sports and physical activity organisations should always share safeguarding concerns in line with their organisation's policy, usually with their safeguarding lead

or welfare officer in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the worker or volunteer should explain to them that it is their duty to share their concern with their safeguarding lead or welfare officer.

The safeguarding lead or welfare officer will then consider the situation and plan the actions that need to be taken, in conjunction with the adult at risk and in line with the organisation's policy and procedures and local safeguarding adults board policy and procedures.

To make an adult safeguarding referral you need to call the local safeguarding adults team. This may be part of a MASH (Multi-Agency Safeguarding Hub). A conversation can be had with the safeguarding adults team without disclosing the identity of the person in the first instance. If it is thought that a referral needs to be made to the safeguarding adults team, consent should be sought where possible from the adult at risk.

Individuals may not give their consent to the sharing of safeguarding information with the safeguarding adult's team for a number of reasons. Reassurance, appropriate support and revisiting the issues at another time may help to change their view on whether it is best to share information.

If they still do not consent, then their wishes should usually be respected. However, there are circumstances where information can be shared without consent such as when the adult does not have the capacity to consent, it is in the public interest because it may affect other people or a serious crime has been committed. This should always be discussed with your safeguarding lead and the local authority safeguarding adults team.

If someone does not want you to share information outside of the organisation or you do not have consent to share the information, ask yourself the following questions:

- Is the adult placing themselves at further risk of harm?



- Is someone else likely to get hurt?
- Has a criminal offence occurred? This includes: theft or burglary of items, physical abuse, sexual abuse, forced to give extra money for lessons (financial abuse) or harassment.
- Is there suspicion that a crime has occurred?

If the answer to any of the questions above is 'yes' - then you can share without consent, and indeed need to share the information.

When sharing information there are seven Golden Rules that should always be followed:

1. Seek advice if in any doubt.
2. Be transparent - The Data Protection Act (DPA) is not a barrier to sharing information but to ensure that personal information is shared appropriately; except in circumstances where by doing so places the person at significant risk of harm.
3. Consider the public interest - Base all decisions to share information on the safety and wellbeing of that person or others that may be affected by their actions.
4. Share with consent where appropriate - Where possible, respond to the wishes of those who do not consent to share confidential information. You may still share information without consent, if this is in the public interest.
5. Keep a record - Record your decision and reasons to share or not share information.
6. Accurate, necessary, proportionate, relevant and secure - Ensure all information shared is accurate, up-to-date and necessary, and share with only those who need to have it.
7. Remember the purpose of the Data Protection Act (DPA) is to ensure personal information is shared appropriately, except in circumstances where by doing so may place the person or others at significant harm.



## APPENDIX 2: SAFEGUARDING CONCERN FORM

# Oedipa Safeguarding Concern Form

*Use this form to record any safeguarding concern, however trivial.  
Forward it **immediately** to the Oedipa Safeguarding Trustee:*

**Francesca Logi** [francesca@oedipa.org](mailto:francesca@oedipa.org)

*Answer every question; continue on a blank sheet if necessary.*

### Details of person at risk

Name of person		DOB	
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Home address

### About You (the person filling in this form)

Your name		
Job title / role		Date

### About the safeguarding concern

Are you reporting your own concern or one raised by someone else?	
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If you are raising a concern made by someone else, please provide their full name, status and contact details



<p>Details of the concern you have including dates, times, descriptions of events, full names and whether the information is first hand or the accounts of others</p>	
<p>The person at risk's account (if applicable).</p> <p><b>Include what they would like the outcome to be</b></p>	
<p>Details of the person causing harm (if known)</p>	
<p>Details of any witnesses to the concern</p>	
<p>Details of any previous incidents or concerns relating to this person (if known)</p>	

**Actions:** Please state the immediate actions you took in response to the concern

**People contacted**

*You must pass this form **immediately** to the Oedipa Safeguarding Trustee. The Safeguarding Trustee will then inform external people as necessary. You should only contact people outside Oedipa to deal with an immediate emergency (for example, police or ambulance service).*

**Give details below of any people outside Oedipa that you have communicated this concern to – give name, position, contact details, and the date and time that you contacted them:**

**Declaration:** I have completed all sections of this form to the best of my knowledge

Signature:

Date:

### **APPENDIX 3: MAKING SAFEGUARDING ACCESSIBLE FOR PEOPLE WITH APHASIA**

Oedipa is committed to ensuring that all its beneficiaries understand and are comfortable with its safeguarding policies and procedures.

The nature of aphasia means that people with aphasia are often unable to access documents which have specialised terminology, lots of information, and/or lots of unstructured text.

The Aphasia New Music Group will ensure that on first contact with any group of beneficiaries, the safeguarding policy is explained in person by a qualified Speech and Language Therapist, in such a way that leaves no doubt as to whether participants fully understand their rights and responsibilities within the group, and that they know what to do and who to speak to if they experience or witness a safeguarding issue.

From August 2024 Oedipa will retain a trustee with lived experience of aphasia, who will oversee and advise on the accessibility of all relevant documents, safeguarding briefings and any instances of safeguarding issues.

