

# Fair Ways Education

## Safeguarding Adults Policy (Organisational)

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<a href="#">(Refer to control table and end of this policy for details of versions 2-5)</a>						
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**Contributors:** Sue Murray DSO (V5) Laura Rowe (V9)

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(rebranded for schools)

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## Fair Ways Vision, Mission and Values (2024)

### Our vision

To build a community that changes lives, makes a difference to society and leaves a legacy greater than ourselves and our contributions.

### Our mission

To grow a compassionate, resilient, and trauma-informed community, that embraces learning, so that we improve the lives and outcomes of individuals.

### Our values

Our values form the heart of the work we do, defined by Fair Ways people, for Fair Ways people. These are the values by which we operate, by which we are governed, and to which we are held accountable.

We therefore expect every individual within the organisation to *play their part*:

<b>P</b> ROFESSIONAL	<b>A</b> CCEPTING	<b>R</b> ELECTIVE	<b>T</b> RANSSPARENT
<ul style="list-style-type: none"> <li>· We do what we say we will.</li> <li>· We approach challenges with optimism and enthusiasm.</li> <li>· We don't judge, we notice.</li> <li>· We put the needs of the service before our own personal gains.</li> </ul>	<ul style="list-style-type: none"> <li>· We don't give up on people.</li> <li>· We value all individuals and are willing to challenge them.</li> <li>· We embrace each other's differences as much as our similarities.</li> <li>· We accept responsibility for our actions.</li> </ul>	<ul style="list-style-type: none"> <li>· We give feedback, we invite feedback, we listen to feedback.</li> <li>· We look inward before we look outward.</li> <li>· We learn as much from our mistakes as from our successes.</li> <li>· We listen to each other, learn from each other and grow together.</li> </ul>	<ul style="list-style-type: none"> <li>· We are always willing to explain why.</li> <li>· We have the courage to be open and honest.</li> <li>· We earn trust through our transparency.</li> <li>· We live by our values even when no-one is watching.</li> </ul>

## **1 Introduction**

- 1.1 “Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect” (Department of Health, 2014).
- 1.2 The Care Act 2014 was implemented in April 2015, consolidating existing community care legislation, and for the first time placing safeguarding adults on a statutory footing.
- 1.3 This policy sets out Fair Ways principles for practice for all members of staff to promote the wellbeing of everyone who uses services, and their carers’, act positively to prevent harm, abuse or neglect (including self-neglect), and responding effectively if concerns are raised. Fair Ways is committed to an organisational culture in which prevents abuse and neglect and has a zero tolerance of practice that harms service users.
- 1.4 Statutory Guidance to the Care Act 2014 has codified six principles of safeguarding, originally published in a Department of Health statement on Safeguarding Adults (Department of Health, 2011). These are: Empowerment, Prevention, Proportionality, Protection, Partnership, and Accountability.
- 1.5 This policy reflects the Care Act 2008, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Domestic Abuse Act 2021 and the Mental Capacity Act 2005

## **2 Policy Scope**

- 2.1 Fair Ways is accountable for ensuring that there are “reliable systems, processes, and practices in place to keep people safe and to safeguard them from abuse and neglect” (CQC, 2015).

This policy applies to all members of staff, whether paid or unpaid, student, or volunteer.

## **3 The Care Act 2014**

- 3.1 The Care Act 2014 creates a legal framework for how local authorities and other partner agencies should work together to protect adults at risk of abuse or neglect. Chapter 14 of the Care Act 2014 introduces a new statutory framework for adult safeguarding which replaces the ‘No Secrets’ Guidance (2000, Department of Health).

- 3.2 The Care Act 2014 requires the local authority to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse. The purpose of the enquiry is to establish with the individual and / or their representatives what (if any) action is needed in relation to the situation and to establish who should take such action. The statutory safeguarding duty (section 42 enquiry) applies when a person with care and support needs (whether or not ordinarily resident in the local authority area or whether the local authority is meeting any of those needs) is experiencing or is at risk of abuse or neglect, and as a result of those needs, is unable to protect him / herself.
- 3.3 The statutory guidance to the Care Act 2014 also outlines a number of fundamental principles that must now underpin social work practice including adult safeguarding as explained below:
- a) The importance of promoting wellbeing when providing support or making a decision in relation to a person.
  - b) Supporting people to achieve the outcomes that matter to them in their life by practitioners focusing on the needs and goals of the individual.
  - c) Beginning with the assumption that the individual is best placed to make judgments about their own wellbeing.
  - d) Taking into account any particular views, feelings or beliefs (including religious beliefs) which impact on the choices that a person may wish to make about their support. This is especially important where a person has expressed views in the past, but no longer has capacity to make decisions themselves.
  - e) A preventive approach because wellbeing cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating.
  - f) Ensuring the person is able to participate as fully as possible in decisions about them and being given the information and support necessary to consider options and make decisions rather than decisions being made from which the person is excluded.
  - g) Considering the person in the context of their family and wider support networks, taking into account the impact of an individual's need on those who support them, and take steps to help others access information or support.
  - h) Protecting the person from abuse and neglect and in carrying out any care and support functions professionals consider how to ensure that the person is and

remains protected from abuse or neglect. This is not confined only to safeguarding issues but should be a general principle applied in every case.

- i) Ensuring that any restriction on the person’s rights or freedom of action is kept to the minimum necessary. Where action has to be taken which restrict these, the course followed is the least restrictive necessary.

3.4 The Department of Health published the government’s policy on adult safeguarding. This outlines six key principles for use by local safeguarding adult boards and member agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. These describe in broad terms, the outcomes for adult safeguarding, for both individuals and organisations. The following principles have also been incorporated into the Care Act 2014 statutory guidance and should inform adult safeguarding policy and practice:

<b>Principle</b>	<b>Description</b>	<b>Outcome for adult at risk</b>
<b>Empowerment</b>	Presumption of person led decisions and informed consent.	“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
<b>Prevention</b>	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.”
<b>Proportionality</b>	Proportionate and least intrusive response appropriate to the risk presented.	“I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed.” “I understand the role of everyone involved in my life.”
<b>Protection</b>	Support and representation for those in greatest need.	“I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”
<b>Partnership</b>	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 to get the best result for me.”

<b>Accountability</b>	Accountability and transparency in delivering safeguarding.	“I understand the role of everyone involved in my life.”
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## 4 Definition of adult safeguarding

- 4.1 Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding any action.
- 4.2 People have complex lives and being safe is only one of the things that they want for themselves. Professionals should work with the adult to establish what being safe means to them and how it can be best achieved. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.’
- 4.3 Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where an adult with care or support needs is persuaded to enter into a financial or sexual transaction to which they do not, or cannot, consent. Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of the individual. In many cases abuse may be a criminal offence. Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.
- 4.4 Patterns of abuse vary and include:
- Serial abusing in which the person who is reported to have caused harm seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse.
  - Long term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
  - Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.
- 4.5 Adults with care and support needs may be abused by a wide range of people including relatives, family members, partners, neighbours, friends and associates, paid care

workers, volunteers, other service users, people who may deliberately exploit vulnerable people and strangers.

## 5 Vulnerability Factors

5.1 There may be a number of factors which increase a person’s vulnerability to abuse, neglect or exploitation. A needs assessment will provide a useful insight into a person’s situation and any vulnerability factors and the support planning process is an opportunity to try and resolve these. The table below gives more information about this:

### Factors which increase a person’s vulnerability to abuse and exploitation

Personal characteristics of a person at risk that can increase vulnerability may include:	Personal characteristics of a person at risk that can decrease vulnerability may include:
<ul style="list-style-type: none"> <li>• Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions</li> <li>• Communication difficulties</li> <li>• Physical dependency – being dependent on others for personal care and activities of daily life</li> <li>• Low self esteem</li> <li>• Experience of abuse</li> <li>• Childhood experience of abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Having mental capacity to make decisions about their own safety</li> <li>• Good physical and mental health</li> <li>• Having no communication difficulties or if so, having the right equipment/support</li> <li>• No physical dependency or if needing help, able to self-direct care</li> <li>• Positive former life experiences</li> <li>• Self-confidence and high self-esteem</li> </ul>
Social/situational factors that increase the risk of abuse may include:	Social/situational factors that decrease the risk of abuse may include:
<ul style="list-style-type: none"> <li>• Being cared for in a care setting, that is, more or less dependent on others</li> <li>• Not getting the right amount or the right kind of care that they need</li> <li>• Isolation and social exclusion</li> <li>• Stigma and discrimination</li> <li>• Lack of access to information and support</li> <li>• Being the focus of anti-social behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Good family relationships</li> <li>• Active social life and a circle of friends</li> <li>• Able to participate in the wider community</li> <li>• Good knowledge and access to the range of community facilities</li> <li>• Remaining independent and active</li> <li>• Access to sources of relevant information</li> </ul>

### Forms of abuse or neglect and the behaviours that may be demonstrated



Abuse can be something that is done or omitted from being done. The range of abusive behaviours are explained in the following table:

<b>Types of abuse:</b>	<b>Behaviours include:</b>
<b>Physical</b>	Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
<b>Sexual</b>	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
<b>Psychological</b>	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
<b>Financial or material</b>	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
<b>Neglect and acts of omission</b>	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.
<b>Discriminatory</b>	Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.
<b>Domestic abuse</b>	Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.
<b>Organisational abuse</b>	Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.
<b>Modern slavery</b>	Encompassing 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.
<b>Self-Neglect</b>	Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

## **6 Mental Capacity, Consent and Best Interests**

- 6.1 People must be assumed to have capacity to make their own decisions and be given all the practical help they need before they are considered not to be able to make their own decisions. Judgements about someone's mental capacity must always be decision and time specific. This means that a person may have the mental capacity to make decisions about some areas of their life but perhaps not others.
- 6.2 Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process. All staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act 2005 which is based on the following five principles:
- 1) Presumption of mental capacity.
  - 2) Helping and encouraging people to make decisions.
  - 3) Respecting that people are entitled to make unwise decisions.
  - 4) Any decisions made for a person without capacity must be based on their best interests.
  - 5) The least restrictive option must always be adopted.

## **7 Making Safeguarding Personal**

- 7.1 Fairways has adopted the principle of 'no decision about me without me' and means that the adult, their families and carers are working together with agencies to find the right solutions to keep the person safe and to support them in making informed choices.
- 7.2 A person led approach leads to services which are: person centred and focused on the outcomes identified by the individual; planned, commissioned and delivered in a joined up way between organisations; responsive and which can be changed when required.
- 7.3 Personalised care and support is for everyone, but some people will need more support than others to make choices and manage risks. A person led approach is supported by personalised information and advice and where needed, access to advocacy support.

- 7.4 Making Safeguarding Personal (MSP) is about responding in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve their circumstances and support their recovery.
- 7.5 MSP is also about collecting information about the extent to which this shift has a positive impact on people's lives. The essential building blocks of an effective Making Safeguarding Personal approach are:
- The person is involved from the beginning of the enquiry (unless there are exceptional circumstances that would increase the risk of abuse)
  - The outcome the person is seeking is addressed from the start of, and throughout, the safeguarding process. At the end of the process, the person is asked if all their outcomes have been met prior to the safeguarding enquiry being closed;
  - Adults who have substantial difficulty in being involved, and where there is no one appropriate to support them, have access to an independent advocate;
  - The adult is helped to understand their situation and what is needed to keep him or herself safe now and in the future in order to build the person's resilience and capacity to protect themselves from harm should a similar situation arise in the future; and
  - The support needed by the adult to recover from the abuse experienced is actively addressed as part of the safeguarding process.

#### 7.5.1 Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, adults with care and support needs experiences of significant harm beyond their families. It recognises that the different relationships that adults form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts.

Therefore adult social care practitioners need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of adult protection systems in recognition that adults are vulnerable to abuse in a range of social contexts.

## 8 Statutory Safeguarding Enquiries

- 8.1 Section 42 of the Care Act 2014 places a duty on the Local Authority to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse. Safeguarding duties apply when an adult:
- Has needs for care and support (whether or not the Local Authority is meeting any of those needs) and;
  - Is experiencing or 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.
- 8.2 The safeguarding duty does not depend on the adult's eligibility for services. There is a duty to carry out whatever enquiries are necessary in order to decide whether any further action is needed. The duty to make enquiries (or to cause them to be made) does not hinge on a request by the adult or anybody else and is not negated by a third party's refusal to grant access to the adult, or by the adult's refusal to participate.
- 8.3 The purpose of the safeguarding enquiry is to establish with the individual and / or their representatives, what (if any) action is needed in relation to the situation and to establish who should take such action. It could range from a conversation with the adult or their representative or advocate (for example, if they lack capacity or have substantial difficulty in understanding the enquiry) right through to a much more formal multi-agency plan or course of action.
- 8.4 The Local Authority has a lead co-ordinating role for all safeguarding enquiries but has the power to cause enquiries to be made by another organisation or person for example where the adult already has a relationship with another professional and / or the enquiry relates to the organisation's particular area of responsibility.
- 8.5 Where the Local Authority causes an enquiry to be made, it still retains overall responsibility and must assure itself that the enquiry carried out satisfies its duty under Section 42 to decide what action (if any) is necessary to support and protect the adult and to ensure that such action is taken.
- 8.6 If another organisation or person is requested to undertake the safeguarding enquiry the information gained during the safeguarding enquiry by another organisation or person **MUST** be shared with the Local Authority at its request in line with the information sharing requirements outlined in section 45 of the Care Act 2014.
- 8.7 Where the Local Authority has asked another organisation or person to undertake the safeguarding enquiry, it is able (as part of its lead co-ordinating role) to challenge the

body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

- 8.8 The Local Authority has a duty to arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they would have 'substantial difficulty' to understand and take part in the enquiry or review and to express their views, wishes, or feelings. This provision relates to people with capacity. A person lacking capacity can access advocacy via existing provisions under the Mental Capacity Act 2005 and a person subject to the Mental Health Act 1983 can access advocacy via the provisions of this legislation.

## **9 Making a Safeguarding Alert**

- 9.1 An alert is a concern that a person with care and support needs is experiencing, or is at risk of abuse, neglect or exploitation by a third party, or where a person at risk may be being harmed by others usually in a position of trust, power or authority. Alerts may be made to Adult Services by anyone and should be made when:

- The person has needs of care and support and there is a concern that they are being or are at risk of being abused, neglected or exploited.
- There is concern that the adult has caused or is likely to cause harm to others.
- The adult has capacity to make decisions about their own safety and wants this to happen.
- The adult has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral.
- A crime has been or may have been committed against an adult who lacks the mental capacity to report a crime and a 'best interests' decision is made.
- The abuse or neglect has been caused by a member of staff or a volunteer.
- Other people or children are at risk from the person causing the harm.
- The concern is about organisational or systemic abuse.
- The person causing the harm also has care and support needs.

- 9.2 If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, an alert must be made. This would include situations where:

- Other people or children could be at risk from the person causing harm.
- It is necessary to prevent crime.
- Where there is a high risk to the health and safety of the adult.
- The person lacks capacity to consent.
- The adult would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others.

- If the adult is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the person making the alert must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

9.3 Not all alerts will necessarily result in a safeguarding process for example, where there is no abuse, or the person requires signposting to another service or a review of their current care. In order to prevent a delay in raising concerns, alerts to the Local Authority should usually be made by contacting:

- Hampshire County Council website: <https://www.hants.gov.uk/socialcareandhealth/adultsocialcare/contact/start-a-referral> 0300 555 1386.
- Bournemouth/Christchurch/Poole County Council: <http://www.bcpccouncil.gov.uk/AdultSocialCareContactCentre> 01202 123654.
- Portsmouth City Council: <https://www.portsmouth.gov.uk/services/health-and-care/adult-social-care/safeguarding-adults-at-risk/> [PortsmouthAdultMASH@portsmouthcc.gov.uk](mailto:PortsmouthAdultMASH@portsmouthcc.gov.uk) 023 9268 0810
- Southampton City Council: <http://southamptonlab.org.uk/concerns-about-an-adult-at-risk/> [adultsocialcareconnect@southampton.gov.uk](mailto:adultsocialcareconnect@southampton.gov.uk) 023 8083 3003

9.4 All local authorities have out of hours' adult safeguarding provision to support staff in decision making on an adult safeguarding issue.

9.5 Immediate action to be taken by the person raising the alert:

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger.
- Where appropriate, dial 999 for an ambulance if there is need for emergency medical treatment.
- Consider contacting the Police if a crime has been, or may have been, committed and do not disturb or move articles that could be used in evidence.
- Contact Children's Services if a child is also at risk.

The first concern must be to ensure the safety and well-being of the adult thought to have been harmed. However, in situations where there has been or may have been a crime and the Police have been called it is important that evidence is preserved wherever possible. The Police will attend the scene, and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost.

9.6 **Obtaining the consent of the adult at the alert stage:**

The mental capacity of the adult and their ability to give their informed consent to a referral being made and action being taken under these procedures is significant, but not the only factor in deciding what action to take. The test of capacity in this case is to find out if the person at risk has the mental capacity to make informed decisions about:

- A safeguarding alert.
- Actions which may be taken under the multi-agency Safeguarding Policy and Procedures.
- Their own safety or that of others, including an understanding of longer term harm as well as immediate effects.
- Their ability to take action to protect themselves from future harm.

#### **9.7 Raising an alert when the adult does not want any action:**

If the adult has capacity and does not consent to a referral and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. The adult will need to be informed that an alert will still need to be raised with the local authority and as a minimum a record must be made of the concern, as well as the adult's decisions with reasons. A record should also be made of what information the person at risk was given.

#### **9.8 Making a record:**

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court. An accurate record should be made at the time, including:

- Date and time of the incident.
- Exactly what the person at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you.
- Appearance and behaviour of the person at risk.
- Any injuries observed.
- Name and details of any witnesses.
- Any witness to the incident should write down exactly what they saw.
- The record should be factual, but if it does contain opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.

- Information from another person should be clearly attributed to them.
- Name and signature of the person making the record.

**9.9 When raising an alert, where possible, provide the following information:**

- Details of the referrer.
- Name, address and telephone number.
- Relationship to the adult with care and support needs.
- Name of the person raising the alert if different.
- Name of organisation if referral made from a care setting.

Anonymous referrals will be accepted and acted on. However, the referrer should be encouraged to give contact details:

- Details of the adult(s) at risk.
- Name(s), address and telephone number.
- Date of birth, or age.
- Details of any other members of the household including children.
- Information about the primary care needs of the adult, that is, disability or illness.
- Funding organisation.
- Ethnic origin, religion and cultural needs.
- Gender (including transgender and sexuality.)

Any immediate/subsequent actions that have been taken, for example:

- Were emergency services contacted? If so, which?
- What is the crime number if a report has been made to the Police?
- Have Children's Services been informed if a child (under 18 years) is at risk?
- Has the CQC been informed (if a regulated service)?

**9.10 Safeguarding Adult Reviews (SAR)**

9.10.1 Section 44 (Care Act 2014) requires Local Safeguarding Adults Boards to commission a Safeguarding Adult Review (SAR) when:

- An adult has died as a result of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked more effectively to protect the adult; or
- An adult in its area has not died, but it is known or suspected that the adult has experienced serious abuse or neglect.



- Safeguarding Adults Boards are free to arrange reviews in any other situation involving an adult in its area with needs for care and support.

9.10.2 Safeguarding Adult Reviews are intended to determine what agencies and individuals involved in the case might have done differently so that lessons can be learned from the case and those lessons applied to future cases to prevent similar harm occurring again.

8.10.3 The purpose of a Safeguarding Adult Review is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council.

### **9.11 Reports of concerns against Fair Ways staff**

9.11.1 Where the report of concern about abuse involves a Fair Ways staff member, this should be flagged up as a matter of urgency to the staff member's manager and to the Fair Ways Designated Safeguarding Officer. ([safeguarding@fairways.co](mailto:safeguarding@fairways.co)). A safeguarding concern should be raised with the Local Authority. Members of staff should remember that Police should be informed where there are concerns that a criminal offence has been committed.

9.11.2 In addition, Disclosure and Barring Service (DBS) must be notified as soon as there is sufficient evidence of a risk of harm to children or adults at risk with details of any management action taken such as restriction of practice or exclusion. A referral may also be required to the professional body of the staff member concerned.

9.11.3 Where there is a report of concerns about a Fair Ways employee unconnected to their employment, a director will consider the facts and will need to consider whether the actions of the employee pose a risk and warrant a referral to the local authority.

### **9.12 Disclosure and Barring Service (DBS)**

9.12.1 The DBS manages a vetting and barring list and has the power to bar certain people from regulated activity with children and adults at risk. As a care provider of services, Fair Ways is known as a regulated activity provider for the purposes of the scheme.

9.12.2 The DBS will make all decisions about who should be barred and will hold a central register of those who are barred from working with children or adults at risk. It is a criminal offence for individuals barred by the DBS to work or apply to work with children and adults at risk in a wide range of posts. It is also a criminal offence to employ a barred individual. Employers and service providers will be able to check an individual's status on-line free of charge.

9.12.3 Employers, Local Authorities, professional regulators and other bodies have a duty to refer to the DBS, information about individuals working with children or adults where they consider the individual to have caused harm or pose a risk of harm. Fair Ways therefore has a duty to refer relevant information. Please refer to the referral to the Disclosure and Barring Service Policy. Also the DBS website provides guidance on when employers should make a referral to them. Fair Ways safeguarding lead and HR will be involved in any decision to refer a member of staff to DBS.

### **9.13 Whistleblowing**

9.13.1 Fair Ways is committed to the highest possible standards of openness and accountability in the delivery of care to children, young people and families throughout the company. Whilst Fair Ways has put in place a wide range of rules, regulations, and procedures to deliver this commitment, unfortunately malpractice and / or wrongdoing may occur.

9.13.2 Employees are often the first to realise that there may be something seriously wrong. However, employees may feel worried about raising such issues or may want to keep the concerns to themselves because they feel it is none of their business, or that it is only a suspicion. Employees may also feel that raising a concern would be disloyal to their colleagues, Managers or the company.

9.13.3 Fair Ways is not prepared to tolerate such malpractice or wrongdoing and it expects employees and others that it deals with, who have concerns about what is happening in the company to come forward and voice those concerns.

9.13.4 For further information please refer to the Whistleblowing Policy [DOCREF OR35]

### **9.14 Prevent – part of CONTEST, the government's counter terrorism strategy**

9.14.1 The CONTEST strategy is made up of four work streams:

- Protect – strengthening our borders, infrastructure, buildings and public spaces from an attack.

- Prepare – where an attack cannot be stopped, to reduce its impact by ensuring we can respond effectively.
- Pursue – to disrupt or stop terrorist attack.
- Prevent – designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves.

9.14.2 Prevent is aimed at front line staff and is designed to help make staff aware about their role in preventing adults with care and support needs being exploited for terrorist purposes.

9.14.3 The Prevent strategy recognises that staff may come into contact with individuals who are vulnerable to radicalisation and is about identifying those individuals who are vulnerable and intervening to prevent them from supporting terrorism or becoming terrorists themselves.

9.14.4 Radicalisation is usually a process, not a one-off event, and during that process it is possible to intervene to prevent adults with care and support needs being drawn into terrorist related activity.

9.14.5 Prevent is designed to operate in the pre-criminal space, before any criminal activity has actually taken place.

- Prevent is about safeguarding individuals who are vulnerable to radicalisation who pass through our care.
- Prevent is about supporting and protecting those people that might be susceptible to radicalisation.
- Prevent is about supporting and redirecting them with the help of multi-agency input.
- Prevent is NOT about criminalising individuals.

9.14.6 All 'Prevent' concerns should be escalated as a matter of urgency to the Fair Ways Safeguarding Lead.

## **9.15 Female Genital Mutilation (FGM).**

9.15.1 FGM is illegal in Britain. It is prevalent in 28 African countries and parts of the Middle East. It is estimated that 103,000 women aged 15-49 and 24,000 women over 50 who have migrated to England and Wales are living with the consequences of FGM.

9.15.2 As FGM is a form of child abuse, professionals have a statutory obligation under national safeguarding protocols to protect girls and women at risk of FGM.

9.15.3 There are four types of FGM:

1. Type 1 (known as 'sunna'): Removal of clitoris hood or clitoris hood and clitoris
2. Type 2: Removal of clitoris and partial or full removal of labia minora (inner vaginal lips)
3. Type 3: Removal of clitoris labia minora with narrowing/stitching of the vaginal opening (known as infibulation)
4. Type 4: Any other forms of piercing, inserting substances (corrosive substances or herbs), burning of the clitoris and surrounding tissue.

9.15.4 If staff have concerns in regard to an adult at risk or who has experienced FGM, they are required to seek advice from Adult's Safeguarding Services for the Local Authority where the service is located and the placing local authority.

## 10 Supporting References

CQC, 2015. Statement on CQC's roles and responsibilities for safeguarding children and adults, London: Care Quality Commission.

Department of Health, 2005. Mental Capacity Act 2005. London: TSO.

Department of Health, 2007. Mental Capacity Act 2005: Code of Practice. London: TSO.

Department of Health, 2011. Safeguarding Adults - The Role of the Health Service, London: Department of Health.

Department of Health, 2014. Care and Support Statutory Guidance: Issued under the Care Act 2014. London: TSO.

Department of Health, 2014. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. London: TSO.

Department of Health, 2015. Care Act 2014. London: TSO.

Home Office, 2015. Counter-Terrorism and Security Act 2015, London: TSO.

Home Office, 2015. Prevent Duty Guidance for England and Wales: Guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and

Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism, London: HM Government.

Department of Health, 2016. Female Genital Mutilation Risk and Safeguarding Guidance for professionals. London. TSO

Hampshire Safeguarding Adults Board policy and guidance

## 11 Supporting Legislation and documentation

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Domestic Abuse Act 2021.
- Care Act 2014
- Mental Capacity Act 2005
- Mental Health Act 1983
- Whistleblowing Policy [DOCREF OR35]

Document Ref:	Version No:	Summary of Changes:	Author:	Release Date:	Approved By:	Lessons Learned
OR46	1	New Policy	Michael Crutchley	March 17	QSGC	
OR46	2	Review 8.11.1 Addition of Safeguarding email address (safeguarding@fairways.co)	Michael Crutchley	Feb 2018	QSGC	
OR46	3	Review and addition of FGM point 8.15	Michael Crutchley	March 2019	QSGC	
OR46	4	Updated Appendix A - Safeguarding Adults Process	Ruby Brewer	January 2020	PSC	
OR46	5	Full Review minor word changes/Section 7 Change of terminology/Insert Making Safeguarding Personal (MSP)	Sue Murray	April 2020	PSC	

## Appendix A - Safeguarding Adults Process



## **Appendix B : Using the Safeguarding inbox**

Safeguarding is everybody's business in Fair Ways, and we want to ensure that we meet our organisational requirements and support our service users and staff in managing risks as they arise.

To do this we want you to play your part in in safeguarding by telling us without delay if you are worried about anything that has happened in your service, in an individual's home or the community, that involves risk of harm to a child/young person or adult, or to staff.

### **In regulated services, this will include (not an exhaustive list)**

- When you send notifications to Ofsted or CQC (or any other regulator)
- When you let a young person's social worker or their network know about a significant risk or safeguarding issue

### **And in all services this will include (not an exhaustive list)**

- If a young person is missing (and when they return)
- Where a safeguarding issue arises due to drugs, alcohol or weapons (including blades)
- Where you've intervened because a young person has significantly self-harmed
- If you think or know a young person could be being exploited
- If you send a CPI form to the Police
- When you think or know a service user has been harmed by staff
- If a young person has accessed medication they should not be able to

### **When you tell us**

- We will acknowledge your email and provide impartial advice or support
- We will ensure Fair Ways as an organisation meets its responsibilities to the people we work with and our staff
- We maintain a central log or risks shared with us to inform and develop our practice

### **How to tell us**

- Complete a Clear Care 'safeguarding form' (there are separate ones for adults and children) – this replaces the 'allegations against staff' form. There's no need to email us separately as we're automatically notified when you fill this in. This is the preferred option for those who use Clear Care as it can be used to keep the thread of information about a safeguarding issue in one place.
- Copy [safeguarding@fairways.co](mailto:safeguarding@fairways.co) into information sent to external agencies for those services who do not have the option to complete a Clear Care safeguarding children's/adults form\*
- Notify us
- Phone us – Eileen Calnan (Designated Safeguarding Officer) on 02380 230400

\*Full guidance on reporting can be found in Fair Ways Safeguarding Children policy on the intranet. This includes guidance for who to report safeguarding issues to:

- If a child/young person has suffered or is likely to suffer significant harm then a referral **must** be made to the **host** local authority (MASH) i.e. where the home/service is located (although you would also inform the allocated social worker from the placing authority). The **host** local authority decides whether to initiate a child protection (s.47) investigation.
- The responsibility for co-ordinating child protection strategy discussions lies with the host local authority, though this may be subsequently transferred to the placing local authority (i.e. the child/young persons' social worker).
- A referral must be made to the Local Authority Designated Officer (LADO) if it is alleged that a person who works with children has:
  - Behaved in a way that has harmed, or may have harmed, a child
  - Possibly committed a criminal offence against, or related to, a child; or
  - Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.