



Adult Protection Policy and Procedures

This document relates to the response to and prevention of abuse and needs to be used alongside the local inter-agency policy and procedures as set out by the host authority of the Sheiling School

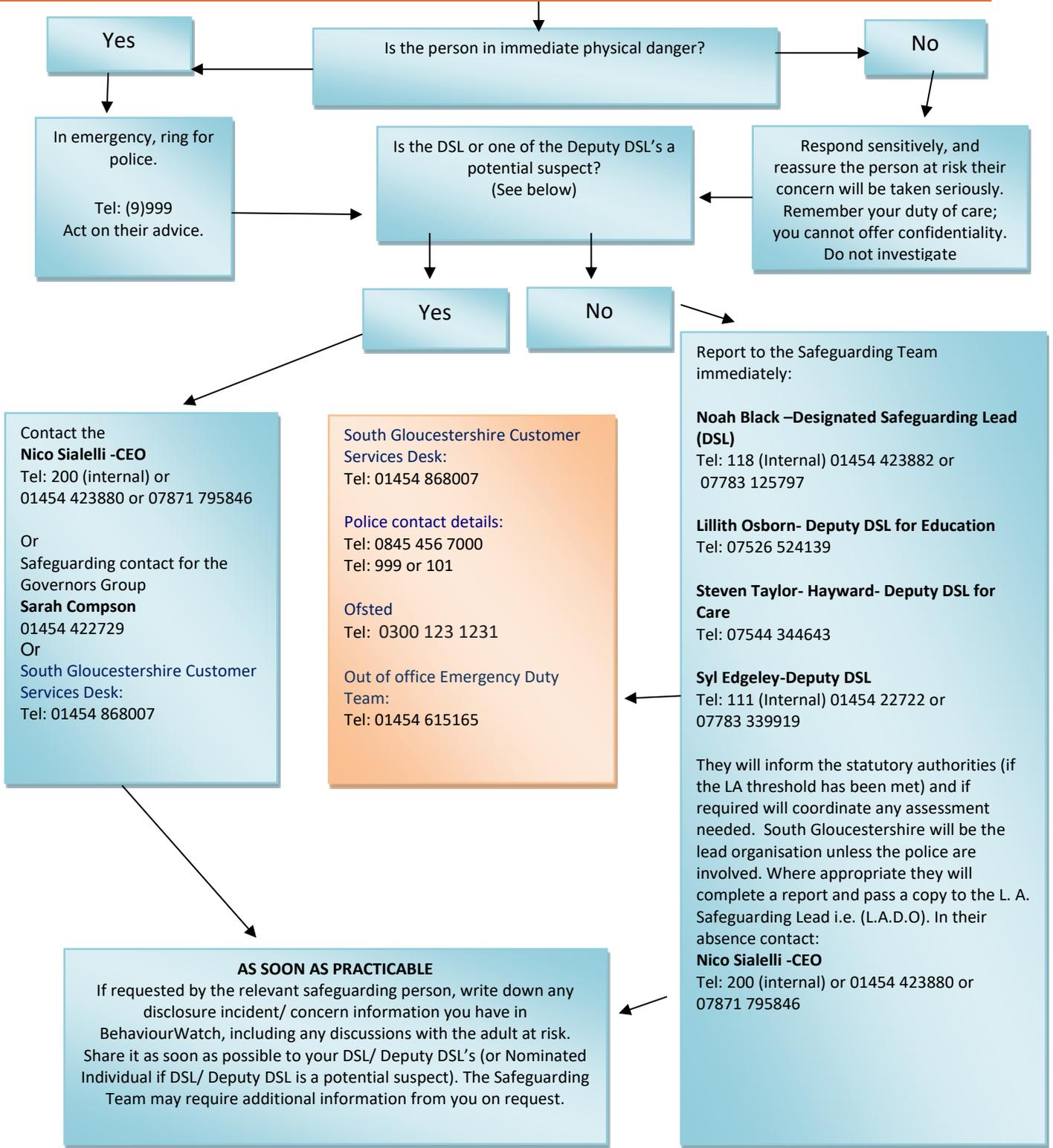
Policy	Date	By	
Updated on	30/11/2018	Noah Black	
Adopted by Governors on		All Governors	
Frequency of review	Annually	DSL/ DSL Deputies, SLT Member(s)	
Reviewed on	11/12/2018	Noah Black	
Reviewed on	23/05/2019	Noah Black	
Reviewed on	10/09/2019	Noah Black	
Reviewed on	29/11/2019	Noah Black	
Reviewed on	18/02/2020	Noah Black	
Reviewed on	09/03/2020	Noah Black	
Reviewed on	01/04/2020	Noah Black	
Reviewed on	20/04/2020	Noah Black	

Contents

Reporting Flow Chart
Why we have an Adult Protection Policy
The Policy
Who is an adult at risk?
What is abuse?
Who can be an abuser?
In what circumstances can abuse occur?
Types of abuse and their signs and signals
Physical abuse
Domestic abuse
Sexual abuse
Psychological abuse
Financial or material abuse
Modern Slavery and Criminal Exploitation of adults at risk
Neglect and acts of omission
Organisational abuse
Discriminatory/Sectarian abuse
Risks from self-neglect; cause for concern about lifestyle/behaviour
Procedures for recording and reporting abuse
Confidentiality and information sharing
What happens to the referral
Roles and responsibilities (multi-agency)
Feedback about Safeguarding Adults process to all relevant people
Allegations of abuse
Confidential Alerters and Public Interest Disclosure Act 1988
Whistleblowing policy
Mental Capacity Act 2005
Appendix One: Duties as a Designated Safeguarding Lead/ Deputy DSL
Appendix: Procedures for recording and reporting abuse
Appendix: Report Form

SHEILING SCHOOL ADULT PROTECTION REPORTING FLOW CHART

If you have concerns or information that a person may be, has been, or is being abused, is accessing content related to illicit material, extremist views or putting themselves at risk of sexual exploitation, it is imperative to speak directly to the most appropriate person according to this flow chart in order that a prompt decision can be made to ensure that no person is at risk of harm or abuse. This applies 24 hours/day, seven days/week.



1 Why We Have an Adult Protection Policy

- To enhance the quality of life of adults at risk
- To improve the health of adults at risk
- To promote the welfare of adults at risk
- To secure the safety of adults at risk.

2 The Policy

It is the policy of the Sheiling School:

To uphold the right of everyone to live free from abuse and the fear of abuse

- To ensure adults at risk are protected from harm and exploitation
- To promote the human rights of all adults at risk irrespective of nationality, race, culture, religion, disability, gender, age and sexual orientation
- To ensure the organisation's safeguarding and protection arrangements are up to date and entirely in line with UK best practice
- To liaise effectively with external agencies and bodies regarding the reporting of abuse or suspected abuse
- To train its workforce to ensure the risk of abuse within the organisation is minimised

Key areas of learning

- Who is an adult at risk
- How to recognise if someone is being abused
- Types of abuse and the signs and signals
- Responding to an adult at risk
- What is your role
- Who to contact within your community
- How to record concerns and allegations
- Whistleblowing

3 What are your responsibilities?

You are expected to:

- Make sure you have read this policy and know the key areas of learning identified above and understand all of your responsibilities under this policy
- Empower the people we support
- Act as an alerter and raise the alert by reporting it to the appropriate person in the Sheiling School (or, if appropriate, externally) if you become aware that abuse is taking place or suspect that abuse may be occurring or are told about something that may be abuse. You must also report anything that you feel may be poor practice.

4 Why is empowering the people we support important for safeguarding?

It is the role of everyone working in the Sheiling School to help create an empowering environment so that the people we support become more confident and assertive. This will help empower people to make complaints about abuse and poor practice, to say 'no' to abuse and to be aware of their right to make their own decisions with support and to be safe from harm or exploitation.

If you support people directly or indirectly you are expected to:

- Ensure people have access to good, accessible information
- Support people to attend courses and generally become more skilled around keeping safe
- Support people to make their own decisions and balance this against risk
- Minimise dependency and offer supportive independence in line with the person's needs, wishes and capacity

Who is an Adult at Risk?

- **The definition in 'NO SECRETS' (March 2000) describes an adult at risk as someone who is aged 18 or over and "who is or maybe in need of community care services by reason of mental or other disability; age or illness: and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"**
The term "harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health. It should also be taken to include the impairment of physical, intellectual, emotional, social or behavioural development.
- **'Safeguarding Adults' (ADSS October 2005) proposes we need to ensure protection procedures are inclusive and enable any adult to receive an appropriate response. Safeguarding adults at risk is everyone's business,**

raising a concern about abuse involves

- Recognising if a person is an adult at risk
- Recognising signs and signals of abuse
- Responding to disclosures
- Acting when necessary to protect an adult and to preserve evidence
- Reporting a disclosure, concern or allegation.

In addition '*Safeguarding Adults*' emphasises the public duty of all agencies to protect the human rights of all citizens in terms of helping people access mainstream services such as the police. It also emphasises that safeguarding work is the responsibility of all agencies and must be effectively linked to other measures such as those for domestic violence which are overseen by the Community Safety Partnership.

The term "community care services" includes all social and health care services provided in any setting or context. (See '*No Secrets*' - Section 2.4.)

The term "harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health. It should also be taken to include the impairment of physical, intellectual, emotional, social or behavioural development. (See '*No Secrets*' section 2.)

- **As an alerter you are not being asked to prove that information is true.** You are being asked to log concerns/disclosures with the "Designated Safeguarding Lead or Deputy DSL" (DSL/ Deputy DSL) or if this is not possible with the appropriate regulatory body. It is then the responsibility of the statutory agencies to decide whether to instigate a full investigation. The community should deal with the information as part of its own disciplinary or internal procedures.

Key areas of learning

- Recognise if a person is an adult at risk
- Recognise signs and signals of abuse
- Respond to disclosures
- Respond when necessary to protect an adult and to preserve evidence
- Report a disclosure, concern or allegation

5 What is Abuse?

- **Abuse is:**
"A violation of an individual's human and civil rights by another person or

persons”

- **Abuse may consist of a single act or repeated acts.** It may be physical, verbal or psychological. It may be an act of neglect or omission to act or it may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction to which he or she had not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it
- It is the person’s experience of an incident not the intent of the alleged abuser which is the basis for reporting

6 Who can be an Abuser?

- Adults at risk may be abused by a wide range of people including relatives and family members, professional staff, volunteers, paid workers, other adults at risk, neighbours, friends and strangers. There is often a particular concern when abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the adult at risk.

7 In what circumstances can abuse occur

- Abuse can take place in any context.
- The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In assessing seriousness, the following factors need to be considered:
 - The **vulnerability** of the individual.
 - The **nature and extent** of the abuse.
 - The **length of time** it has been occurring.
 - The **impact** on the individual.

and

- The risk of **repeated or increasingly serious** acts involving this or other adults at risk. (See *‘No Secrets’* - Section 2.19.)

Remember: concerns, no matter how minor, should be reported to the DSL/ Deputy DSL as this may lead to identifying patterns of behaviour that could lead to more serious incidents or alerts.

8 Types of Abuse and their Signs and Signals

It is important to be aware and alert to signals, non-verbal communication, or change of behaviour as this could indicate poor practice that may be being hidden or denied. Sexual and psychological signs and signals can be very similar due to

the emotional impact and degree of manipulation that may be carried out in 'grooming' a victim.

- Physical abuse may include
 - Slapping
 - Hitting
 - Pushing
 - Kicking
 - Misuse of Medication
 - Restraint
 - Inappropriate sanctions

Some Signs and Signals that Physical abuse may have occurred

- Injuries in the shape of objects
 - Persistent injuries
 - Injuries that have not received medical attention
 - Going to a range of different medical facilities
 - Skin infections
 - Dehydration
 - Unexplained weight changes or medication being lost
 - Behaviour that shows the person is afraid
 - Change of behaviour or avoidance
 - Injuries consistent with physical abuse
- Domestic abuse may include
 - Any incident or patterns of incidents of controlling, coercive or threatening behaviour
 - Violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality
 - This can encompass but is not limited to the following types of abuse: • Psychological • Physical • Sexual • Financial • Emotional

Some Signs and Signals that Domestic abuse may be occurring

- Fear of a family member or partner
 - Being verbally bullied, criticised, belittled, humiliated, threatened, coerced and controlled
 - Control over money and financial affairs
 - Control over social contact and isolation away from family and friends
 - Physical abuse
 - Sexual abuse
- Sexual abuse may include

- Rape
- Sexual assault
- Sexual acts to which the person has not consented, or could not consent or was pressured into consenting
- Inappropriate touching or exposure
- Sexual advances which may not involve direct contact with the person with the learning difficulty/disability, such as repeated sexual remarks, taunts (sexual harassment), “upskirting”, exposure to pornographic material or being made to witness sexual activity against their wishes

Some Signs and Signals that Sexual abuse may have occurred

- Sexually transmitted diseases
- Pregnancy
- Tears /bruises/soreness in genital/anal area
- Soreness when sitting
- Anorexia, bulimia or self-harm
- Sexualised behaviour
- Printed and digital imagery of suspected sexual abuse

- Psychological abuse may include

- Emotional ill treatment
- Threats of harm or abandonment
- Deprivation of contact
- Humiliation
- Blaming
- Controlling
- Intimidation
- Coercion
- Harassment
- Verbal cruelty
- Isolation or withdrawal of services or support networks
- Lack of choice and control

Some Signs and Signals that Psychological abuse may have occurred

- Difficulty for the person to gain access to others outside of their main carer
- No access to medical care or appointments to see other agencies
- Low self esteem
- Lack of confidence and increased anxiety
- Increased levels of confusion
- Incontinence
- Sleep disturbance
- Feeling or acting as if being watched

- Difficulties with communication
- Unusual/different language
- Deference/submission to the perpetrator

Note that sexual and psychological signs and signals can be very similar, due to the emotional impact and degree of manipulation that may be carried out in 'grooming' a victim.

- Financial or Material abuse may include

- Theft
- Fraud
- Exploitation
- Pressure in connection with wills, property, inheritance or financial transactions (this should include witnessing service user's wills and benefiting from their wills)
- Misuse or misappropriation of property, possessions or benefits (including borrowing)

Some Signs and Signals that Financial or Material abuse may have occurred

- Sudden loss of assets
- Unusual or inappropriate financial transactions
- Visitors arrive each week on the same day a person's benefits are cashed
- Insufficient food in the house
- Bills not being paid
- A person's wishes are being disregarded apparently for financial reasons

- **Exploitation of children and adults at risk for Criminal Purposes (such as: [County- lines](#) & [Modern Slavery](#))**

Some Signs and Signals that Criminal Exploitation has occurred/ may be occurring:

- Persistently going missing from school or home and / or being found out-of-area;
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts / phone calls and/or having multiple handsets
- Relationships with controlling / older individuals or groups
- Leaving home / care without explanation
- Suspicion of physical assault / unexplained injuries
- Parental/ guardian concerns
- Carrying weapons

- Significant decline in school results / performance
 - Gang association or isolation from peers or social networks
 - Self-harm or significant changes in emotional well-being.
- Neglect and Acts of Omission may include
 - Ignoring medical or physical needs
 - Failure to provide access to appropriate health or social care or education services
 - The withholding of the necessities of life, such as adequate nutrition and heating

Some Signs and Signals that Neglect or Acts of Omission may have occurred

- Malnutrition
 - Rapid or continuous weight loss
 - Not having access to necessary physical aides
 - Inadequate or inappropriate clothing
 - Untreated medical problems
 - Dirty clothing/bedding
 - Lack of personal care
- Organisational abuse may include
 - Lack of positive responses to complex needs
 - Rigid routines
 - Insufficient knowledge base within the service
 - Lack of basic easily understood information

Some Signs and Signals that Institutional abuse may have occurred

- Poor care standards
 - Inadequate staffing (such as lack of competence or insufficient numbers)
 - Repetitive activities for people supported by the service
 - Lack of person centred opportunities
 - Services run for the benefit of staff, lack of flexibility.
- Discriminatory / Sectarian abuse may include
 - Racist
 - Sexist
 - That based on a person's disability (e.g. a loss of rights as a citizen such as not being allowed to vote at elections)

- Inappropriate songs, banter and banners aimed at a person's religious / political stance
- Other forms of harassment, slur or similar treatment

Some Signs and Signals that Discriminatory abuse may have occurred

- A person overly concerned about race, sexual orientation
- A person tries to be more like others
- An angry reaction to comments about 'differences'
- Disparaging remarks
- A person is made to dress differently
- A person's religious/cultural beliefs are not supported or enabled

It is your responsibility to report anything that might be abuse or poor practice to the relevant person in the Sheiling School (DSL/ Deputy DSL's). They will assess and make a decision as to the next steps in accordance with the relevant statutory agencies' policy and procedures. They may take advice from the Nominated Individual, Chair of Governor's and/or the local authority's safeguarding team.

9 Risks Arising from Self-Neglect or a Person's Own Behaviour or Lifestyle that may be Causing Concern

- An adult at risk will be considered under this procedure where they are unable to provide adequate care for themselves **and** one or more of the following situations apply:
 - They are unable to obtain necessary care to meet their needs
 - They are unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury
 - They are unable to protect themselves adequately against potential exploitation or abuse
 - They have refused essential services without which their health and safety needs cannot be met.
- Often, the cases which give rise to the most concern are those where an adult at risk refuses help and services and is seen to be at grave risk as a result. If an agency is satisfied that the adult at risk has the capacity to make an informed decision, then that person has the right to refuse services.
- In these circumstances, agencies must discuss their concerns at a Safeguarding case conference convened under this procedure where information can be shared with the adult at risk. Exclusion of the adult at risk from this process is to be the exception, and then only with good reason.

- Where the adult at risk continues to refuse all assistance, this decision, together with any reasons, should be fully recorded and maintained on the person's file, with a full record of the efforts and actions taken by the agencies to assist the adult at risk.
- Appropriate communication should be forwarded to the adult at risk concerned setting out what services were offered and why and the fact of the person's refusal to accept them. This needs to make clear that the person can contact the relevant agency at any time in the future for services. In cases of high risk, consideration should be given to arrangements for monitoring the case to ensure that circumstances do not deteriorate to an unacceptable degree.

12. Preventing radicalisation and Extremism

At the Sheiling School, the Prevent Lead (Single Point of Contact or SPoC) is [Noah Black](#) who is also the Designated Safeguarding Lead/ alerting manager. Any concerns that an adult with additional needs may be at risk of being radicalised will be reported to the Prevent lead without delay, in the same way as any other safeguarding concern. Similarly, the Prevent lead will be informed immediately of any concern that a visitor is expressing or may hold extremist views.

Concerns or suspicions that a member of staff may hold extremist views or has been drawn into terrorism must be reported immediately to the Principal in line with our procedures for managing allegations against staff – see also the Code of Good Practice below.

In all cases where it is believed that an adult at risk or any other person has been or is at risk of being radicalised, the Prevent lead and/or Safeguarding Team will contact the Prevent coordinator at Avon & Somerset Police Anti-terrorism team on 0800 789 321. If it is thought that a referral to Channel is appropriate, Sheiling School will work closely with Channel multi-agency partners and the adult at risk for whom there are concerns to facilitate this.

Background checks are undertaken for visiting speakers; for example, references from other schools that have used the same speaker, verification of their company website, checks of social media. These checks will be done wherever available and regardless of whether the speaker is visiting staff or pupils.

All staff and regular volunteers will be provided with induction and in-service training in basic awareness of Prevent / Channel and the signs / indicators of radicalisation. This may be face to face or online – see http://course.ncalt.com/Channel_General_Awareness/01/index.html or <https://www.foundationonline.org.uk/course/index.php?categoryid=14> All staff are also required to read and understand [The Prevent Duty](#) which has more information about the duties of school staff to recognise the risks to learners and respond appropriately where there are concerns, including referral to the appropriate persons.

The CEO has attended more in depth training provided by consultant Abigail Clay.

Governors / trustees will undertake online training in their strategic role and responsibilities under the Prevent duty.

Although adults at risk at Sheiling School are protected by filtering and monitoring software (see E-safety and AUP) whilst in our care, we recognise that they may become particularly vulnerable to grooming when they are living away from our provision. We use a range of opportunities in the curriculum, especially e-safety, PSHE, SRE, to promote young people's understanding of the fundamental British values, critical thinking skills and healthy relationships and to recognise and manage risky situations.

13. Procedures for Recording and Reporting abuse

The abused person may not understand they are being abused and so not realise the significance of what they are telling you. Some disclosures may happen many years after the abuse. There may be good reasons for this: the alleged abuser may no longer be working with them, and the abused person may have felt threatened.

- **Responding to a Disclosure**

When someone discloses to you remember you are **not investigating**

- Do stay calm and try not to show shock
- Do listen very carefully
- Do reassure the person they have done the right thing by telling you
- Do record what the person has told you using their words
- Do tell the person you are treating the information seriously
- Do be aware there may be the possibility of forensic evidence
- Do reassure the person that they are not at fault and will not be blamed
- Do tell the person that you will need to share their disclosure with the appropriate person i.e. Designated Safeguarding Lead or Deputy DSL's(DSL/DDSL) in the organisation. This will be done with the person's consent, however, in specific circumstances the DSL/DDSL may need to contact other appropriate agencies, including Social Services (SSD), Police and Ofsted without the adult at risk's consent. The person's wishes will, however, be listened to and explanations for decisions will be given at all stages. The abused person should be given the option to inform their family if they wish, however this is their decision and this decision will need to be recorded.
- If a referral is made but the adult at risk is reluctant to continue with enquiries, this will be recorded and discussed with the DSL/DDSL. This then enables the best support and protection for the adult at risk. However a discussion with other appropriate agencies will need to take place and should be recorded

- **Important Points for Consideration**

- Do not press the person for more details
- Do not pass on the information to anyone other than the Safeguarding Team or other relevant professional
- Do not contact or speak to the alleged abuser about the allegation. The accused person may need to be placed on amended duties or even suspended pending further investigation. This does not mean the person accused is guilty. Enough time needs to be given for facts to be gathered
- If the alleged abuser is an adult at risk, they may need to move to alternative accommodation
- Do not promise to keep secrets
- Do not make promises you cannot keep (such as 'I will not let this happen to you again')

- **Investigators**

We are not all investigators, only those identified to do so as a result of a [multi-agency Strategy Meeting or Safeguarding Adults Case Conference](#) meeting should undertake investigations.

Ideally, the person identified as the investigator for a particular case should have undertaken the 3 or 4 day specialist training. Their tasks will include collecting and verifying information from files, other agencies, relatives, staff and so on. It may involve interviewing the adult at risk, possibly with the police, and other relevant people. They will produce a comprehensive factual report which in most cases will include a risk assessment and some recommendations for action.

- **Preserving or Protecting Evidence**

Note: In traumatic situations, it may not be possible to follow this guidance exactly. Do the best you can.

Your first responsibility is the **safety and welfare of the abused person**, but immediate action may be necessary to preserve or protect evidence.

Your action may be vital in any future proceedings and the success or failure of any investigation may depend upon what you **do** or **not do** in the time whilst you are waiting for the Police to arrive.

- **Incidents of Physical and/or Sexual Assault**

Following allegations of physical and/or sexual assault, consideration will be given to organising, with the abused adult's consent, a medical examination. Any examination will ideally be carried out by a Forensic Medical Examiner who will be contacted by the Police.

- If the abused person has a physical injury and it is appropriate for you to examine it always obtain their consent first always obtain their consent first
- Only touch what you have to. Wherever possible, leave things as they are
- Strongly advise the abused person not to wash or remove clothing
- Preserve the abused person's clothing and footwear, do not wash or wipe them. Handle them as little as possible
- Preserve anything that is used to comfort the abused person, for example, a blanket
- Do not clean up, do not wash anything or in any way remove fibres, blood and the like
- Try not to touch items/weapons. If you have to, as before keep handling to a minimum. Put them in a clean dry place until the Police collect them
- The room should be secured and no-one allowed to enter unless necessary to support you, the abused person and/or the alleged perpetrator, until the Police arrive
- If the alleged perpetrator is also a service user, a separate member of staff needs to be assigned to them.

- **Incidents of Theft/Financial Abuse**

With the person's consent, secure all receipts, bankbooks, bank statements, benefit books and the like

- **Methods of Preservation**

- For most items use clean paper, a clean paper bag or a clean envelope. Do not lick the envelope to seal it.
- Strongly advise the abused person not to wash or remove clothing
- For liquids, use a clean glass
- Do **not** handle items unless really necessary to move and make safe

- **Guidelines for recording Information**

- Make a note of what the person said using his or her own words as soon as practicable as this may be used for legal purposes. [See Appendix 1]
- Describe the circumstances in which the disclosure came about
- Note the setting and anyone else who was about
- Use a body map if relevant
- Make sure information is factual, if you wish to make a personal comment or observation ensure this is noted separately
- Sign and date the report making sure you have noted the time and location.

This information could be needed at a later date for potential legal action or disciplinary procedure

14. Confidentiality and Information Sharing

- Adult at risk enquiries, investigations and conferences can only be successful if professional staff share and exchange all relevant information. That information must be treated as confidential at all times and staff will be bound by the ethical and statutory codes that cover confidentiality and data protection.
- Disclosure of confidential personal information without the consent of the person providing it may take place under circumstances, which must be capable of justification. Problems around the disclosure of information can be avoided if the consent of the individual is obtained, preferably in writing, so long as they have mental capacity.
- Disclosure may be necessary in the public interest where a failure to disclose information may expose another to risk of death or serious harm.
- All those providing information should take care to distinguish between fact, observation, allegation and opinion. It is important that, should any information exchange be challenged in respect of a breach of confidentiality or, for example, as a breach of the Human Rights Act, the information can be supported by evidence.
- Concerns may arise within an agency as information comes to light about a person with whom the service is already in contact. Whilst professionals should seek in general to discuss any concerns with the individual and their carers and seek agreement to share the knowledge with other relevant agencies, this should not be done where such discussion and agreement-seeking will jeopardise the safety of the individual.
- Information must be adequate, relevant and not excessive in relation to the purpose for which it is held and must be held no longer than is necessary for that purpose.
- Each agency is responsible for maintaining their own records on work with vulnerable adult protection cases. The agency should have a policy stating the purpose and format for keeping the records and for their destruction.
- **Protocol for Inter-Agency Information Sharing**
 - We work in accordance with the [Six Safeguarding Principles](#) as outlined by the South Gloucestershire Safeguarding Adults Board.
 - A protocol, regarding the proper level and line of communication, should be adhered to when confidential information concerning clients and records needs to be shared with a partner agency e.g. NHS Trust, Ofsted, CQC, Police, and Social Services.
- **This protocol will adhere to the principles within:**

- [The Care Act 2014 & Care and support: statutory guidance](#)
- [The Data Protection Act](#)
- [Human Rights Act](#)
- [Mental Capacity Act \(2005 & 2019\)](#)
- Existing protocols for Social Services and NHS Trusts and third party disclosure to the Police
- Police disclosure to Social Services
- Disclosure by the Police in care proceedings, civil proceedings and matrimonial proceedings
- Disclosure of videos/statements
- Caldicott Guardianship Rules
- [Freedom of Information Act](#)
- Further guidance can be found in the legal framework

15. What happens to the referral

It is important that the alerter and the adult at risk are recognised as important and are kept informed as to the ongoing decisions and movement of any investigation.

You may be invited to co-operate with any investigation. This may include:

- ❖ Providing a statement
- ❖ Attending strategy and case conferences
- ❖ Contributing towards the plans for the adult at risk's care, support and protection, depending on your level of support for the individual

16. Roles and responsibilities

The multi-agency policy identifies distinct roles in the protection of adults.

- ❖ Alerters
- ❖ Investigators
- ❖ Responsible Manager for Safeguarding Adults
- ❖ Lead Officer for Safeguarding Adults
- ❖ Safeguarding Adults Board
- ❖ Where there are concerns about radicalisation or extremism, the Prevent coordinator and / or Channel panel

Non-statutory services such as residential care homes, supported living providers and domiciliary care agencies need to identify a named individual for Alerters to report to. This is most likely to be the registered manager in a registered service, but can be a senior member of staff who has been given the Safeguarding Adults role. The named individual is responsible for reporting all actual and suspected incidents of abuse to one of the statutory agencies.

Working with:

- **The Police**

The early involvement of the police may have benefits, in particular:

- ❖ It will help ensure that evidence is not lost or contaminated
- ❖ Early referral or consultation with the police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if and at what stage, they need to become involved
- ❖ A higher standard of proof is required in criminal proceedings than in disciplinary or regulatory proceedings (where the test is the balance of probability)
- ❖ Police officers have considerable skill in investigating and interviewing and their early involvement may prevent the abused adult being interviewed unnecessarily on subsequent occasions
- ❖ Police investigations should proceed alongside those dealing with health and social care issues
- ❖ In addition, the Police can provide information to vulnerable people to help them to protect themselves
- ❖ Where the concern relates to possible radicalisation, the police may recommend referral to Channel

- **Ofsted will:**

- ❖ Ensure inspection reports are available on their website:
<https://reports.ofsted.gov.uk/>
- ❖ Inform Social Services when information is received that one or more service users may be or are at risk of abuse or neglect within registered establishments or their own homes
- ❖ Work jointly with other agencies where service users require a response under these procedures
- ❖ Attend Strategy meetings in respect of regulated services
- ❖ Keep other agencies informed of any relevant enforcement action taken by the Commission on any regulated service
- ❖ Where a potential breach of Regulation(s) has occurred, undertake appropriate inspection activity
- ❖ Pursue statutory action where appropriate

- **Alerter**

Anybody could become aware of abuse taking place, be told about abuse or suspect abuse is occurring. The Alerter's duty is to report this.

Alerter can be anybody - health workers, nurses, domiciliary care staff, social workers, college staff, housing workers, day centre staff, residential and nursing home staff (at any level of seniority), carers or any member of the public.

The Alerter must record their general concerns plus any action taken and pass this to their named Manager for future reference.

The adult at risk should be informed of the intention to report this information, where it is safe and appropriate to do so.

17. Feedback about the Safeguarding Adults process to all relevant people

This can be an emotional and distressing time for the people concerned. It is essential to keep people informed in a way that is suitable to their role.

- ❖ The person who **alerts** one of the agencies to concerns about actual or suspected abuse should have their referral acknowledged, preferably in writing, with a summary of the action likely to be taken
- ❖ The **adult at risk** should be central to the whole process and be aware of, and participating in, any action taken or planned
- ❖ The **informal carer** will normally be kept informed of progress but how much and the type of information they get may depend on the wishes of the adult at risk and whether or not they are the alleged perpetrator
- ❖ The **alleged perpetrator** will need to be informed of the allegation and how this is done will be guided by the strategy meeting. For example, the Police will want to manage this if there is a criminal investigation. The alleged perpetrator also needs to be informed of the outcome of an investigation and again this should be agreed by the multi-agency meeting.

18. Allegations of Abuse

Any allegation of abuse should be taken seriously and investigated with due diligence.

- **Anonymous Allegations**

People may make allegations anonymously. Such allegations should not be dismissed as mischievous simply because they are anonymous; adults at risk (or others) may be understandably afraid to speak out openly.

- **False Allegations**

People can sometimes make false allegations of abuse. Formal risk assessments should be written for people who are known to have told falsehoods in the past about being victims. All allegations of abuse must be heard and investigated but some allegations can be conducted more softly because of the record of previous falsehoods. The involvement of the police is generally helpful.

Staff training, induction and supervision should include discussion of the possibility of a false allegation of abuse.

After an investigation has concluded that there is no evidence to support an allegation, the person accused should be given a written exoneration and acknowledgement of the stress involved in the investigation.

19. Confidential Alerters and Public Interest Disclosure Act 1988 (Whistleblowing)

19.1 If you suspect a key person within your community may be involved in the alleged abuse you may need to find someone you can trust; this might be social services, Ofsted, police where you can raise, in confidence, any serious concerns you may have and do not feel you can raise in any other way.

19.2 These can include situations where the staff member believe that

- ❖ A criminal offence has been committed
- ❖ Someone has failed to comply with legal obligations
- ❖ A miscarriage of justice has occurred
- ❖ The health and safety of an individual is being endangered
- ❖ There are or maybe financial irregularities

19.3 The principles of, 'Best Interest' and common law 'Duty of Care' require that staff have a responsibility to:

- ❖ Draw attention to any matter they consider to be damaging to the interests of a pupil/ young person.
- ❖ Put forward any suggestions that may improve a service

People in the past have been put off from disclosing their concerns about possible neglect or abuse because of concerns regarding confidentiality and/or consequences of speaking out.

The Public Interest Disclosure Act 1998 seeks to protect genuine disclosures of neglect and/or abuse.

20. Whistleblowing Policy

'We all depend on care staff not only to do the work of providing the care but also to sound the alarm if something seems to be going wrong'.

[Public Concern at Work, 1997, P.3]

'No Secrets' spells out that it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and describes appropriate responses and support for Whistle-blowers.

[Department of Health, 2000 p26-28]

We aim to build a positive and open culture by

- Integrating whistle-blowing into wider philosophies of good practice and codes of conduct
- Challenging poor practice before it becomes entrenched and escalates
- Fostering an open culture that encourages co-workers to question and discuss care practices through regular supervision and team meetings.
- Ensuring that dominant individuals in a team including long standing co-workers and employees need to be challenged and held accountable.
- Providing effective induction/ongoing training for all staff to ensure awareness of adult protection and whistle-blowing policies.
- Undertaking to reflect on and learn from whistle-blowing incidents.

21. Mental Capacity Act 2005 – Summary

- The Mental Capacity Act 2005 (c.9) received Royal Assent on 7 April 2005.
- Introduction -The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity.
- The whole Act is underpinned by five key principles:
- A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
- The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions;

- Best interests – anything done for or on behalf of people without capacity must be in their best interests;
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms
- (taken from: www.gh.gov.uk using 'Mental Capacity Act 2005' to search)
Other useful websites:
<http://www.dca.gov.uk/menincap/mencapbillguide.pdf>

Appendix One

What are my duties as a Designated Safeguarding Lead/ Deputy Designated Safeguarding Lead?

As the Designated Safeguarding Lead (DSL)/ Deputy DSL you are responsible for the overall coordination and management of the Safeguarding Adults case and chairing any in-house meetings that may be necessary.

The task of assessment/investigation will be the Designated Safeguarding Lead/ Deputy DSL's responsibility as an appropriately trained and experienced worker. It will be expected that you are provided with support, supervision, advice and have the resources necessary to carry out your task (resources include; time, clerical support and another person with whom to share the task of interviewing). The Sheiling School has identified appropriately experienced people to support you through the process. This is Noah Black (Designated Safeguarding Lead), Lillith Osborn (Deputy DSL for Education), Syl Edgeley (Deputy DSL) and Steven Taylor Hayward (Deputy DSL for Care).

If you are the Designated Safeguarding Lead you are responsible for:

- ❖ Ensuring you seek appropriate support /guidance. This may be calling your Local Authority Safeguarding Adults Coordinator
- ❖ Seeing that there is a completed alert form/statement form and that this is passed to the relevant authorities
- ❖ Ensuring that steps are taken to keep the adult at risk safe while the initial enquiries are made.

REPORT FORM: ADULT ABUSE ALLEGATION

Name and Address of			
Date and time of referral			
Person making allegation			
Address		Email:	
		Home phone:	
		Work phone:	
		Mobile phone:	
Volunteer <input type="checkbox"/>	Day volunteer <input type="checkbox"/>	Relative <input type="checkbox"/>	Other <input type="checkbox"/>
Staff <input type="checkbox"/>	Visiting Professional <input type="checkbox"/>	Visitor <input type="checkbox"/>	Specify:
Name of adult at risk			
Address 1 (in School)		Address 2 (Family)	
Phone:		Phone:	
Name and contact number(s) of DSL/ Deputy DSL		Home phone:	
		Work phone:	
		Mobile:	
Was safeguarding Adult Co-ordinator contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Time and date contacted:	
If Safeguarding not contacted, name who was contacted?			
Time and date contacted?			
Person receiving referral			
Signature of person receiving referral			

STATEMENT ALLEGING SIGNS OF ABUSE OR ALLEGED CONCERNS

Nothing on this form should stop you from writing anything you consider relevant. When completed give this form to the Designated Safeguarding Lead or Deputy(ies)			
Your name		Date of Alleged Event:	
Adults at risk Name:		Address:	
Your position:			
Your address:			
Contact tel number(s):			
Is there background information that may be relevant? Have the abused person and alleged abuser any history? Has a similar event taken place before? Have concerns been raised in the past?			
Try to explain what you have witnessed using these prompts (not all may apply). Who is the person alleged to have been abused? Was any injury noted? Where was the abuse noted? When was the abuse noted? What was the nature of the alleged abuse? Who else is aware of the alleged abuse? What (if any) action was taken by you immediately? Use the reverse of this sheet if you need more room to answer.			
If you remember further aspects of the event or other related facts, ask for another form to write this down. This information will be treated as confidential to the DSL/ Deputy DSL and held for an investigation by the Local Authority or the Police, either may wish to interview you later. Please keep information confidential and please do not disclose any information to anyone but; the DSL/ Deputy DSL, a representative from the Local Authority Social Service or the Police. The purpose is to find the truth (which may be hidden) and to prevent abuse in the future.			
Signature:		Date:	

If this is the first statement put 1 in the box. If the 2nd or 3rd etc put 2 or 3 in the box.

If you have written on the back of this sheet tick this box.