Blatchington Court Trust

# ADULT SAFEGUARDING POLICY

<table>
<tr><td colspan="2">Approved by: Alison Evans<br>Date of approval: 1st May 2022<br>Originator: Sophie Heiser</td></tr>
<tr><td>Date of current revision: Jan 2023</td><td>Reviser: Sophie Heiser</td></tr>
<tr><td>Revision number: 2</td><td>Next revision due: January 2024</td></tr>
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**THIS POLICY IS NOT PART OF ANY EMPLOYEE'S CONTRACT AND THE TRUST RESERVES THE RIGHT TO AMEND AT ANY TIME.**

Safeguarding Trustee: Jonathan Wilson

Designated Safeguarding Lead: Sophie Heiser

Deputy Designated Safeguarding Lead: David Best

## 1 Introduction

Blatchington Court Trust (BCT) is a charity that supports children and young people with a vision impairment. We provide educational advocacy, counselling and leisure services, as well as grants for specialist equipment and 1:1 support. This policy relates to our clients between the ages of 18-30 years. There is a separate policy (*Safeguarding Children and Young People Policy including Child Protection Procedures*) for clients aged 0-18 years.

Our policy applies to all staff, trustees and contracted workers working for BCT.

Safeguarding adults means protecting a person's right to live in safety, free from abuse and neglect. It is a more complex process than for children because adults have the right to make "poor" decisions. Even if BCT staff consider a client may be at risk, they cannot automatically refer them.

This policy has been drawn up on the basis of law and guidance that seeks to protect adults listed as follows:

- The Care Act 2014
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Mental Capacity Act 2005
- Safeguarding Groups Act 2006
- Protection of Freedoms Act 2012

- Special Educational Needs and Disability (SEND) Code of Practice 0-25 years, 2014

This policy should be read alongside our policies and procedures:

- Code of Conduct
- Health and Safety
- Lone Working
- Whistleblowing
- Anti-bullying
- Safer Recruitment
- E-safety

Blatchington Court Trust (BCT) fully recognises its moral and statutory responsibilities for safeguarding and promoting the welfare of its clients. All adult clients (18-30 years) will have the same protection regardless of age, disability, gender reassignment, race, religion or belief, or sex or sexual orientation. BCT is committed to anti-discriminatory practice and explicitly recognises the additional needs of clients from minority ethnic groups and disabled clients and the barriers they may face, especially around communication. We will work in partnership with clients, parents, carers and other agencies to promote young people's welfare.

There are four main elements to our policy:

- ensuring we practise safer recruitment in checking the suitability of staff who work directly with our clients
- raising awareness of adult safeguarding and equipping our staff with the skills needed to keep them safe
- developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse
- establishing a safe environment in which clients can benefit from our services.

We recognise that because of the day-to-day contact many of our staff have with our clients, they are well placed to identify concerns early and to observe the outward signs of abuse. BCT will therefore:

- establish and maintain an environment where clients feel safe, secure, valued and respected and are encouraged to talk, believing they will be listened to
- ensure clients know that there are BCT staff whom they can approach if they are worried

- ensure any concerns staff have over the safety of a client at home, in school or in the community are raised with the appropriate colleague/s.

The six principles of adult safeguarding are:

- Empowerment. People are supported and encouraged to make their own decisions and to use informed consent.
- Prevention. It is better to take action before harm occurs.
- Proportionality. The least intrusive response appropriate to the risk presented.
- Protection.
- Partnership.
- Accountability.

# 2 Procedures

We will follow the Pan Sussex Safeguarding Adults Board Procedures (www.pansussexadultssafeguarding.proceduresonline.com). Safeguarding is especially important for our clients as they are considered to be "adults at risk of abuse" due to being blind or vision impaired. People with a sensory/physical impairment are at much greater risk of abuse from within their own family as well as in the wider education and social community.

BCT will value our clients, listen to and respect them. It will also ensure:

- it has a nominated designated safeguarding lead (DSL) who has received appropriate training and support for this role (Sophie Heiser)
- it has a deputy designated safeguarding lead (DDSL) (David Best)
- it has a nominated trustee who will take leadership responsibility for BCT's safeguarding arrangements (Jonathan Wilson)
- every member of staff and trustee knows the name of the DSL and DDSL and understands their roles
- the DSL and/or DDSL is always available to speak to during office hours and has made adequate and appropriate cover arrangements for any out of hours activities
- all staff understand their responsibilities in being alert to the signs of abuse and neglect, including the specific issues of female genital mutilation (FGM), radicalisation and extremism (Prevent) and sexual violence and sexual harassment, and maintain an attitude of 'it could happen here'
- all staff understand their responsibility for referring any concerns to the DSL/DDSL in a timely manner and are aware that they may raise concerns directly with social care services if they believe their concerns have not been listened to or acted upon

- third parties organising activities for clients are aware of, and understand, the need for compliance with BCT's adult protection and safeguarding guidelines and procedures
- the duty of care towards its clients and staff is promoted by raising awareness of illegal, unsafe and unwise behaviour and assisting staff to monitor their own standards and practice
- all staff feel able to raise concerns about poor or unsafe practice and are aware of whistleblowing procedures and helplines.

BCT will also:

- be aware of, and follow, procedures set out by the DfE and the PSSCB where an allegation of abuse is made against a member of staff
- operate safer recruitment practice, ensuring that at least one member on every recruitment panel has completed safer recruitment training.

Staff should always promote the adult's wellbeing as part of safeguarding arrangements. People have many aspects to their lives and being safe may be only one of the things that are important to them. Staff should work with each adult to establish what being safe means to them and how that can best be achieved.

Our procedures will be regularly reviewed and updated at least annually unless an incident or new legislation or guidance requires the need for an interim review. We recognise the expertise our staff build by undertaking safeguarding training and managing safeguarding concerns on a daily basis. We, therefore, invite staff to contribute to and shape this policy and associated safeguarding arrangements.

# 3 Training

When staff join BCT they will be informed of the adult safeguarding arrangements in place. They will be given a copy of this policy including its appendices and BCT's HR policies and told who the DSL is, who acts in their absence and what this role includes.

All staff will receive induction in safeguarding adults. The induction programme will include basic safeguarding information relating to signs and symptoms of abuse, how to manage a disclosure from a client, when and how to record a concern about the welfare of a client and advice on safe working practice.

In addition, staff will receive safeguarding updates from the DSL as required, but at least annually.

Safeguarding training will be undertaken every three years.

# 4 Responsibilities

The board of trustees will nominate a member to take leadership responsibility for safeguarding adult clients who will liaise with the DSL in matters relating to safeguarding. It will ensure that:

- the DSL takes lead responsibility for safeguarding and does not delegate this responsibility
- the DSL and DDSL roles are explicit in the role holders' job descriptions
- safeguarding policies and procedures are in place, available on the BCT website or by other means, and reviewed at least annually
- an annual report on the effectiveness of BCT's safeguarding procedures is presented to the board of trustees
- it complies with all legislative duties including the duty to report suspected or known cases of FGM and the duty to prevent young people from being drawn into terrorism.

The executive director will ensure that:

- the safeguarding policies and procedures are fully implemented and followed by all staff
- sufficient funding, support, time and resources are allocated to enable the DSL and other staff to discharge their responsibilities with regard to child protection
- all staff feel able to raise concerns about poor or unsafe practice and that these are handled sensitively and in accordance with the whistleblowing procedures
- all allegations of abuse against staff are reported to the DBS or Care Quality Commission (CQC).

The DSL will co-ordinate action on safeguarding and promoting the welfare of adult clients within the BCT setting. The DSL is responsible for:

- organising safeguarding induction training for all newly-appointed staff, whole staff training, refreshed at least every 3 years with annual updates as required
- undertaking an annual audit of safeguarding procedures
- liaising with other staff on matters of safety and safeguarding, and when deciding whether to make a referral by liaising with relevant agencies
- keeping written records of concerns about adult clients, including the use of body maps, even where there is no need to refer the matter immediately
- ensuring all safeguarding records are kept securely, separate from the main

client folder, and in locked/password-protected locations

- acting as a source of support, advice and expertise for all staff.

# 5 Procedures for managing concerns

Where we identify adult clients in need of support, we will carry out our responsibilities in accordance with the Sussex Safeguarding Adults Procedures.

Any concern should be referred in writing to the local authority safeguarding adults board relevant to the particular client. (Appendix 1). *Not correct, referral to adult social care or the police*

Staff are advised to maintain an attitude of 'it could happen' where safeguarding is concerned. When concerned about the welfare of a client, staff should always act in the interests of the client and have a responsibility to take action as outlined in this policy. They should not assume that a colleague or another professional will take action and share information that might be critical in keeping clients safe.

All staff are encouraged to report any concerns that they have and not to see these as insignificant. On occasions, a referral is justified by a single incident such as an injury or disclosure of abuse. More often, however, concerns accumulate over a period of time and are evidenced by building up a picture of harm over time; this is particularly true in cases of emotional abuse and neglect. In these circumstances, it is crucial that staff record and pass on concerns in accordance with this policy to allow the DSL to build up a picture and access support for the client at the earliest opportunity. A reliance on memory without accurate and contemporaneous records of concern could lead to a failure to protect.

Any member of staff receiving a disclosure of abuse from a client, or noticing signs or symptoms of possible abuse, will make notes as soon as possible (within the hour, if possible), writing down exactly what was said, using the client's own words as far as possible. All notes should be timed, dated and signed, with name printed alongside the signature. Concerns should be recorded on the Record of Concern form, which can be found in Company Shared/Safeguarding/Record of Concern Form and seen at Appendix 2.

Once completed, the form should be emailed to the DSL, or in their absence the DDSL, immediately. Wherever possible, it is advisable that the member of staff should talk to the DSL/DDSL as soon as the concern is raised. The form will be saved in the Safeguarding File on Company Shared in a folder with restricted access only to the DSL/DDSL.

It is *not* the responsibility of BCT staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff, however, have a duty to recognise

concerns and pass the information on in accordance with the procedures outlined in this policy.

The designated safeguarding lead (DSL) should be used as a first point of contact for concerns and queries regarding any safeguarding concern. Any member of staff or visitor to BCT who receives a disclosure of abuse or suspects that an adult client is at risk of harm must report it immediately to the DSL or, if unavailable, to the DDSL. In the absence of any of the above, the matter should be brought to the attention of the most senior member of staff.

### 5.1 Raising a safeguarding concern

Anybody can raise a safeguarding concern for themselves or for another person. A safeguarding concern is when any person has a reasonable cause to believe that:

- An adult has needs for care and support, and
- may be experiencing, or is at risk of, abuse or neglect, and
- is unable to protect themselves from that abuse or neglect because of their care and support needs.

If, on the basis of the presenting information available, it appears that these stages are met, then a safeguarding concern should always be raised with the local authority. (*Incorrect as CONSENT from the client must be first sought.)*

*NB a section on Consent should be added.*

In an emergency, the emergency services should be contacted.

Whenever there is information that indicates an adult may be, or is, at risk of experiencing abuse, neglect or exploitation, this should be shared with the local authority even when it is also shared with other agencies that may need to be advised such as the Care Quality Commission or the police.

Where possible and safe to do so, the person contacting the local authority about a safeguarding concern would have had a conversation with the adult regarding their consent, views and wishes.

The exception to this could be if the person contacting the local authority was unable to have a conversation because of concerns that it would have increased the risk for the adult.

**REMEMBER:**

- You may not be the only person who has noticed or experienced the abuse or neglect.

- There could be lots of people who have low-level concerns about the same thing, but if you do not pass the information on it cannot be addressed.
- Even if it has not affected you, or someone you know directly, it could be affecting someone else who may not be able, or in a position, to say something about it.
- Abuse and neglect do not just appear from nowhere. Sharing information before something becomes abuse or neglect is really important – do not think you are making a fuss about nothing.

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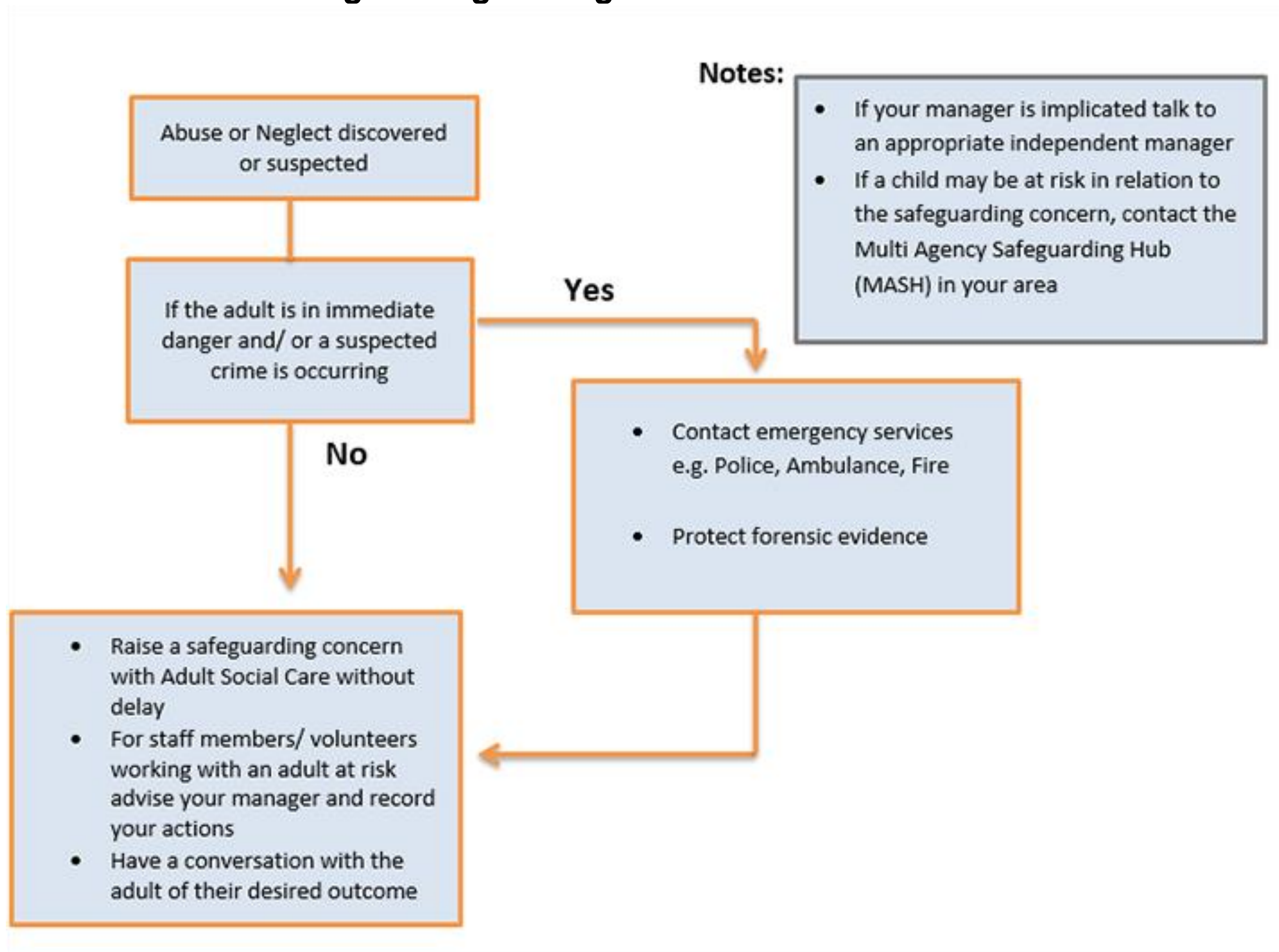
## Flow Chart for Raising a Safeguarding Concern



### 5.2 Immediate actions to be considered by the person raising the concern

- Make an evaluation of any risks and take steps to ensure that the adult or others are not in immediate danger. Ensure that other people are also not in danger.
- If a crime is in progress, or life is at risk, dial the emergency services on 999.
- Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation.
- Safeguard any potential evidence. Do not tamper with, clean up or move any potential evidence if a crime is suspected. Expert advice may be needed from the police.
- If you believe a crime has been committed, contact the police and then contact Adult Social Care.
- Contact children's services if a child or young person is also at risk.
- If you are a member of staff, inform your manager unless your manager is implicated, then talk to an appropriate independent manager.
- Record any information received and all actions taken.

### 5.3 Good practice guidance to disclosure

Talk with the adult as soon as possible unless this would put them, others or you at risk.

- Speak in a private and safe place.
- Accept what the adult is saying without judgement.
- Don't 'interview' the adult — just gather information to establish the basic facts. This will help when you inform Adult Social Care or the police. Ask the adult what they would like to happen.
- Never promise the adult that you will keep what they tell you confidential; explain who you will tell and why.
- If there are grounds to override an adult's consent to share information, explain what these are.
- Explain to the adult how they will be involved and kept informed.
- Provide information and advice on keeping safe and the safeguarding process.
- Keep an accurate record of your conversations, and actions or decisions taken by you and others.
- Following receipt of any information raising concern, the DSL will consider what action to take and seek advice as required. All information and actions

taken, including the reasons for any decisions made, will be fully documented.

If, at any point, there is a risk of immediate serious harm to a client, a referral should be made to Adult Social Care immediately. Anybody can make a referral. If the client's situation does not appear to be improving, the staff member with concerns should press for re-consideration by raising concerns again with the DSL/executive director. Concerns should always lead to help for the client at some point.

Staff should always follow the reporting procedures outlined in this policy in the first instance.

Any member of staff who does not feel that concerns about a client have been responded to appropriately, and in accordance with the procedures outlined in this policy, should raise their concerns with the safeguarding trustee. If any member of staff does not feel the situation has been addressed appropriately at this point, they should contact Adult Social Care directly with their concerns.

# 6 Specific safeguarding issues

For detailed explanations, refer to Appendix 3.

- Physical
- Emotional and psychological
- Sexual abuse, exploitation and trafficking
- Neglect
- Self-neglect
- Financial and economic
- Discriminatory
- Organisational
- Modern slavery
- Domestic violence and abuse (relevant from age 16 upwards)
- Extremism and radicalisation
- Female genital mutilation (FGM)

# 7 Anti-bullying

Our policy on anti-bullying acknowledges that to allow or condone bullying may lead to consideration under safeguarding procedures. All incidences of bullying, including cyber-bullying, sexting, racist, homophobic and gender-related bullying, will be dealt with in accordance with our *Anti-bullying Policy*. We recognise that our clients are more susceptible to being bullied.

We recognise that there will be occasions when bullying incidents will fall within safeguarding procedures or may be deemed criminal activity and that it may be necessary to report the concerns to social services or to the police.

## 8 Information sharing and confidentiality

Information sharing is vital in identifying and tackling all forms of abuse. Information sharing may be necessary to ensure that vulnerable adults are kept safe and receive the support they need. Often, it is only when information from a number of sources has been shared and analysed that it becomes clear a vulnerable adult is suffering, or likely to suffer, significant harm. It is, therefore, vital that staff have a clear understanding of when and how information can and should be shared. Staff and volunteers may wish, or be asked, to share information of a confidential nature about vulnerable adults because:

- someone from another agency has been in touch and wishes to know something about the vulnerable adult and/or family
- the vulnerable adult under the Mental Capacity Act is unable to make decisions that are being asked of them
- the staff member/volunteer is concerned that a vulnerable adult may be at risk of significant harm.

All personal information will be processed fairly and lawfully in line with our duties under the Data Protection Act 2018 and GDPR and will be held safely and securely. However, we recognise that this is not a barrier to sharing information where the failure to do so would result in a young adult being placed at risk of harm.

We recognise that all matters relating to client safeguarding are confidential.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard clients.

The client's safeguarding file will contain:

- a BCT concern form
- a chronology of incidents and subsequent actions/outcomes
- whether the client is the subject of an adult plan
- actual incidents that have occurred
- important information linked to the cause of concern
- referral records.

When a client about whom concerns have been raised and recorded leaves BCT, the DSL will consider if it would be appropriate to share information with agencies

responsible for the on-going education/care of the client.

Care and support statutory guidance issued under the Care Act 2014 states that early sharing of information is the key to providing an effective response where there are emerging concerns.

To ensure effective safeguarding arrangements the guidance states:

- No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and/or the police if they believe or suspect a crime has been committed.
- It is important to identify an abusive situation as early as possible so that the individual can be protected. Staff/volunteers have a duty to share information relating to suspected abuse.
- The Data Protection Act 1988 and the Data Protection (Processing of Sensitive Personal Data) Order 2000 permits the sharing of personal information when it is in the vital interest of the individual or in the public interest.

Before sharing the information, the staff member/volunteer should record what it is they wish to share, who they wish to share it with, and the purpose of doing so. If the reason involved risk of harm to a vulnerable adult, then adult safeguarding procedures should be referred to immediately. In any other situation, these guidelines should continue to be followed. This should be discussed with the designated safeguarding lead to ensure management accountability.

# 9 Consent

The staff member/volunteer should then consider the issue of consent to the information being shared. If the information relates to an adult who is capable of giving consent and such consent has not already been obtained, then the staff member/volunteer should seek the consent of the person concerned unless doing so would place someone at risk of harm or would impede the prevention or investigation of a serious crime.

When seeking consent, the staff member/volunteer should ask for this in writing, if possible, unless this is inappropriate. If written consent is not possible, then the staff member/volunteer should record that it has been obtained verbally. Before being asked to give consent, the vulnerable adult should be made aware of what information is to be shared, the purpose of doing so, with whom it will be shared and the consequences of not sharing.

The staff member/volunteer should then pass the information on to the agreed agency without delay, i.e., within one week of consent being obtained or sooner if circumstances require, for example, of part of an investigation. This should be done within the following parameters of good practice and recorded.

- Make a conscious decision on how much information to share based on the public interest, which, in this case, will normally be the interests of the vulnerable adult.
- Ensure that it is shared securely; this means checking who exactly is receiving the information, and that they are doing so in a confidential environment, for example, via a secure email account.
- Make sure that the information you share is as accurate and up-to-date as possible. If you are unsure of any of it but still decide to share it, then make sure that the recipient is aware of any areas of uncertainty.
- Distinguish clearly between fact and opinion.
- Ask what the recipient is going to do with the information and whether they will need to pass it on to anyone else.
- Inform the person who is the subject of the information that it has been passed on unless it would be unsafe or inappropriate to do so.

If consent is withheld or if it cannot be sought because of a risk of harm to someone, or because of the risk of a serious crime being committed, or because of the investigation of a serious crime being compromised, then the staff member/volunteer should consult with their manager on whether the information should be shared without consent.

In such a situation, the manager and the staff member/volunteer need to weigh up whether sharing the information is in the public interest. 'Public interest' is a term used in the Data Protection Act but not clearly defined. It can refer to the interests of the whole community or to a group within the community or to individuals. Normally, it would be considered to be in the public interest for the confidentiality of service users to be protected, but this may be outweighed by the public interest involved in protecting people from harm, preventing crime or disorder, or promoting children's welfare by making sure that they have access to safe and effective care. The manager or safeguarding officer, in consultation with the member of staff/volunteer, needs to decide whether, on balance and in this particular case, the public interest is served by information being shared without consent.

If the decision is not to share the information, this must be recorded and the reasons for not sharing must be stated. If the decision is to go ahead and share the information, then this must be done by either the manager/safeguarding officer or the staff member/volunteer (it must be clearly understood between them who will do it) within

one week of the decision being made or sooner if circumstances require. The parameters of good practice outlined above should be used to inform the process of sharing the information, i.e., the manager and staff member/volunteer should record the decision to share the information without consent, the reasons for doing so, and the details of how this was done. This record must be signed by both.

We recognise that good communication with parents/partners/carers of clients over the age of 18 is crucial in order to safeguard and promote the welfare of clients effectively.

We will always undertake appropriate discussion with parents/partners/carers prior to involvement of another agency unless to do so would place the client at further risk of harm or would impede a criminal investigation. *(NB consent needed to share information – can get round this is if they sign a statement when they first engage with the service.)*

We will ensure that parents/partners/carers have an understanding of the responsibilities placed on BCT and staff to safeguard clients and their duty to cooperate with other agencies in this respect.

## 10 Supporting staff and supervision of staff

We recognise that staff working at BCT who have become involved with a client who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting.

We will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support such as counselling or regular supervision, as appropriate.

In order to reduce the risk of allegations being made against staff, and to ensure that staff are competent, confident and safe to work with clients, they will be made aware of safer working practice guidance and will be given opportunities in training to develop their understanding of what constitutes safe and unsafe behaviour.

## 11 Safer recruitment and selection of staff

The recruitment process is robust in seeking to establish the commitment of candidates to support BCT's measures to safeguard clients and to identify, deter or reject people who might pose a risk of harm to clients or are otherwise unsuited to work with them.

References are requested and scrutinised for all candidates prior to interview and any discrepancies or concerns are raised and discussed during interview, including for any

volunteers and internal candidates.

BCT maintains a single central record of recruitment checks for audit purposes.

Any member of staff working in regulated activity prior to receipt of a satisfactory DBS check will not be left unsupervised and will be subject to a risk assessment. The DBS check will be updated every three years.

Volunteers will need to provide BCT with a valid enhanced DBS check certificate.

## 12 Allegations against staff

We acknowledge that a client may make an allegation against a member of staff or volunteer.

The member of staff receiving the allegation will immediately inform the executive director unless the allegation concerns the executive director, in which case the designated trustee will be informed immediately. The allegation will be reported directly to the local authority designated officer (LADO).

BCT will follow the Pan Sussex Safeguarding Adults Board Procedures for managing allegations against staff.

The executive director (or designated trustee) will be guided by the DBS or CQC in all matters relating to the case including suspension, sharing of information and any follow up investigation.

## 13 Public interest disclosure (whistleblowing)

We recognise that clients cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues using BCT's confidential Public Interest Disclosure (whistleblowing) policy.

Whistleblowing concerns about the executive director should be raised with the chair of trustees. Depending on the nature of the matter, the issue can be reported directly to the CQC.

## 14 Photography and use of images including handheld devices

The welfare and protection of our clients is paramount, and consideration should always be given to whether the use of photography at our social and leisure events

will place them at risk. Images may be used to harm clients, for example, as a preliminary to 'grooming' or by displaying them inappropriately on the internet, particularly social networking sites.

For this reason, consent is always sought when photographing clients using any means and including iPads, smart phones or cameras. Consent must be sought from those with parental responsibility.

## 15 Health and safety

Our health and safety policy, set out in a separate document, reflects the consideration we give to the safeguarding of our clients both within the BCT environment and when away from BCT, for example, when involved in BCT organised social activities and leisure pursuits.

## 16 Safe environment

BCT undertakes appropriate risk assessments and checks in respect of all equipment and of the building and grounds in line with local and national guidance and regulations concerning health and safety.

BCT has adequate security arrangements in place in respect of the use of its building by visitors both in and out of office hours.

## 17 Monitoring and valuation

Our safeguarding policy and procedures will be monitored and evaluated regularly by the DSL and designated trustee and will include:

- discussions with clients and staff
- scrutiny of data and risk assessments
- scrutiny of trustee minutes
- a Safeguarding Matters Annual Report submitted to the trustees by the DSL and DDSL
- an update of the safeguarding policy every three years.

## 18 Other relevant policies

The trustees' statutory responsibility for safeguarding the welfare of clients goes beyond basic adult safeguarding procedures.

The duty is now to ensure that safeguarding permeates all activity and functions. This policy, therefore, complements and supports a range of other policies, notably:

- Communication and Consultation
- Complaints. Suggestions and Plaudits
- Dignity and Respect
- Disclosure and Barring Service
- Staff Behaviour/Code of Conduct
- Trips and Visits
- Health and Safety
- Equal Opportunities
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The above list is not exhaustive but when undertaking development or planning of any kind, BCT will need to consider safeguarding matters.

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# 19 APPENDIX 1 Local contact details

**Reporting an adult safeguarding concern to the local authority**

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|---|
| **West Sussex County Council**<br>Contact Adults' Care Point on 01243 642 121<br>Email adults.carepoint@westsussex.gov.uk<br>Online https://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/safeguarding-adults-raise-your-concerns/ |
| **East Sussex County Council**<br>Contact Health and Social Care Connect on 0345 60 80 191<br>Email HSCC@eastsussex.gov.uk |
| **Brighton and Hove City Council**<br>Contact the Access Point on 01273 295 555<br>Email accesspoint@brighton-hove.gov.uk<br>Online https://www.brighton-hove.gov.uk/content/social-care/keeping-people-safe/report-abuse-or-neglect |

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# 20 APPENDIX 2 Record of concern form

Anybody can raise a safeguarding concern for themselves or for another person. A safeguarding concern is when any person has a reasonable cause to believe that:

- An adult has needs for care and support, and
- may be experiencing, or is at risk of, abuse or neglect, and
- is unable to protect themselves from that abuse or neglect because of their care and support needs.

If, on the basis of the presenting information available, it appears that these stages are met, then a safeguarding concern should always be raised with the local authority. (*Incorrect as CONSENT from the client must be first sought.)*

*NB a section on Consent should be added.*

In an emergency, the emergency services should be contacted.

Whenever there is information that indicates an adult may be, or is, at risk of experiencing abuse, neglect or exploitation, this should be shared with the local authority even when it is also shared with other agencies that may need to be advised such as the Care Quality Commission or the police.

Where possible and safe to do so, the person contacting the local authority about a safeguarding concern would have had a conversation with the adult regarding their consent, views and wishes.

The exception to this could be if the person contacting the local authority was unable to have a conversation because of concerns that it would have increased the risk for the adult.

**REMEMBER:**

- You may not be the only person who has noticed or experienced the abuse or neglect.
- There could be lots of people who have low-level concerns about the same thing, but if you do not pass the information on it cannot be addressed.
- Even if it has not affected you, or someone you know directly, it could be affecting someone else who may not be able, or in a position, to say something about it.
- Abuse and neglect do not just appear from nowhere. Sharing information before something becomes abuse or neglect is really important – do not think you are making a fuss about nothing

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# RECORD OF CONCERN FORM

<table>
<tr><td>Date:</td><td>Name of worker:</td></tr>
<tr><td>Name of client if known:</td><td>How has the concern come to your attention?<br><br>direct contact/observation<br><br>disclosure<br><br>third party</td></tr>
<tr><td>Details about the client if known:<br><br>DoB<br>Gender<br><br>Address<br><br><br><br>Siblings/other family members</td><td>Do you think this issue is –<br><br>safeguarding<br>bullying<br>equalities<br>other</td></tr>
<tr><td>Phone numbers for client if known:</td><td></td></tr>
<tr><td colspan="2">What is your concern about this client? (Be specific: include when and where incident occurred, any evidence of what you saw or was reported, timelines if known)<br><br><br><br>Who else, if anyone, was involved and how?</td></tr>
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<tr><td colspan="2">Client – were there any obvious signs in the client, e.g., bruising, bleeding, changed behaviour? Did the client say anything?</td></tr>
<tr><td colspan="2">What action have you taken? (Who have you spoken to and when?)</td></tr>
<tr><td colspan="2">Is there a follow up or support plan?</td></tr>
<tr><td>Has a referral been made to Adult Social Care?</td><td>Yes/No</td></tr>
<tr><td>Has a referral or follow up been made to another agency?</td><td>Who?</td></tr>
<tr><td colspan="2">Name and signature of designated safeguarding lead:<br><br>Date of completion of form:</td></tr>
</table>

# 21 APPENDIX 3 Specific safeguarding issues

## A. Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a person. Physical harm may also be caused when a parent/partner/friend or carer fabricates the symptoms of, or deliberately induces, illness in a person.

When dealing with concerns regarding physical abuse, refer any suspected non-accidental injury to the designated safeguarding lead without delay so that they are able to seek appropriate guidance from the police and/or adult social services in order to safeguard the client.

Staff must be alert to:

- unexplained recurrent injuries or burns, improbable excuses or refusal to explain injuries
- injuries that are not consistent with the story – too many, too severe, wrong place or pattern.

### Physical signs:

- bald patches
- bruises, black eyes and broken bones
- untreated or inadequately treated injuries
- injuries to parts of the body where accidents are unlikely such as thighs, back, abdomen
- scalds and burns.

### Bruising:

- Bruising patterns can suggest gripping (finger marks), slapping or beating with an object.
- Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury.

### Other injuries:

- Bite marks may be evident from an impression of teeth.
- Small circular burns on the skin suggest cigarette burns.
- Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically.

- Red lines occur with ligature injuries.
- Spiral fractures of the long bones are suggestive of non-accidental injury.

**Behavioural signs:**

- wearing clothes to cover injuries, even in hot weather
- self-destructive tendencies
- fear of physical contact – shrinking back if touched
- fear of suspected abuser being contacted
- injuries that the client cannot explain or explains unconvincingly
- becoming sad, withdrawn or depressed
- having trouble sleeping
- behaving aggressively or being disruptive
- showing fear of certain people
- having a lack of confidence and low self-esteem
- using drugs or alcohol
- repetitive pattern of attendance: recurrent visits, repeated injuries
- excessive compliance
- hyper-vigilance.

## B. Psychological or emotional abuse

This involves being shouted at, ridiculed or bullied, threatened, humiliated, blamed or controlled by intimidation or fear. It includes harassment, verbal abuse, online or mobile phone bullying and isolation.

## C. Sexual abuse

Sexual abuse involves forcing or enticing a person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the person is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as indecent exposure, masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving the person in looking at or in the production of sexual images, watching sexual activities, encouraging the person to behave in sexually inappropriate ways or grooming a person in preparation for abuse. Sexual abuse can be sexual activity where the other person is in a position of power or authority. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can children.

Sexual abuse is usually perpetrated by people who are known to, and trusted by, the person, e.g., relatives, family friends, neighbours and people working with the person in college or through other activities.

Behavioural changes may include:

- extreme reactions such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- personality changes such as becoming insecure or clinging
- sudden loss of appetite or compulsive eating
- being isolated or withdrawn
- inability to concentrate
- marked changes in general behaviour, for example, the client may become unusually quiet and withdrawn or unusually aggressive, or they may start suffering from what may seem to be physical ailments but which cannot be explained medically
- showing unexpected fear or distrust of a particular adult or refusing to continue with their usual social activities
- low self-esteem, depression and self-harm are all associated with sexual abuse.

## D. Sexual exploitation and trafficking

Trafficking for prostitution and sexual exploitation is one of the most prevalent forms of human trafficking worldwide. Every year millions of people, especially women and children, are commercially exploited in the sex industry. These people are objectified and literally treated as merchandise. Many are transported from poor and developing countries to more prosperous countries, yet sometimes trafficking occurs within a country's own borders.

## E. Neglect

This involves not meeting a person’s needs, either deliberately or by failing to understand these. It includes ignoring a person’s needs or not providing the person with essential things to meet their needs.

Neglect can often fit into six forms, which are:

- medical – the withholding of medical care including health and dental
- emotional – lack of emotional warmth, touch and nurture
- nutritional – through lack of access to a proper diet, which can affect in their development

- educational – failing to ensure regular college attendance that prevents the person reaching their full potential academically
- physical – failure to meet the person's physical needs
- lack of supervision and guidance – meaning the person is in dangerous situations without the ability to risk assess the danger.

Neglect can often be an indicator of further maltreatment and is often identified as an issue in serious case reviews as being present in the lead up to the death of the person. It is important to recognise that the most frequent issues and concerns regarding the family in relation to neglect relate to parental capability. This can be a consequence of:

- poor health including mental health or mental illness
- disability including learning difficulties
- substance misuse and addiction
- domestic violence.

Staff need to consider both acts of *commission* (where a perpetrator deliberately neglects the person) and acts of *omission* (where a perpetrator's failure to act is causing the neglect). Many of the signs of neglect are visible; however, staff may not instinctively know how to recognise signs of neglect or know how to respond effectively when they suspect a client is being neglected. Clients regularly attending BCT for services (counselling/Blatchington Friends/social activities) may display patterns of behaviour/presentation over time and staff may recognise and respond to concerns about their safety and welfare. All concerns should be recorded and reflected upon, not simply placed in a file.

Here are some signs of possible neglect:

- constant hunger
- poor personal hygiene
- constant tiredness
- emaciation
- untreated medical problems
- poorly clothed, with inadequate protection from the weather
- unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- health problems associated with lack of basic facilities such as heating.

Neglect can also include failure to care for the individual needs of the person including any additional support the person may need as a result of any disability.

## F. Self-neglect

This involves a person being unable, or unwilling, to care for their own essential needs including their health or surroundings, for example, their home may be unsanitary or very unclean, or there may be a fire risk due to their obsessive hoarding.

## G. Financial and economic abuse

This includes misusing or stealing a person's money or belongings, fraud, postal or internet scams tricking people out of money or pressuring a person into making decisions about their financial affairs including decisions about wills and property.

## H. Discriminatory abuse

This includes forms of harassment, ill-treatment, threats or insults because of a person's race, age, culture, gender, gender identity, religion, sexuality, physical or learning disability, or mental health needs. Discriminatory abuse can also be called "hate-crime".

## I. Organisational abuse

This is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

## J. Modern slavery

This includes slavery, a person being forced to work for little or no pay (including in the sex trade), being held against their will, tortured, abused or treated badly by others.

## K. Domestic violence and abuse

This includes psychological, physical, sexual, financial or emotional abuse by someone who is a family member or is, or has been, in a close relationship with the person being abused. This may be a one-off incident or a pattern of incidents or threats, violence or controlling behaviour. It also includes being forced to marry or undergo genital mutilation.

## L. Forced marriage

Forced marriage is a form of domestic abuse and a crime in England and Wales.

Forced marriage should be recognised as a human rights abuse and should always invoke child protection procedures within BCT**.**

A forced marriage is one entered into without the full and free consent of one or both

parties, and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. A forced marriage is not the same as an arranged marriage – in an arranged marriage, the families take a leading role in choosing the marriage partner. The marriage is entered into freely by both people.

## Warning signs

Warning signs can include:

- a sudden drop in performance
- truancy from lessons and conflicts with parents over continuation of the student's education
- excessive parental restrictions and control
- a history of domestic abuse within the family
- extended absence through sickness or overseas commitments
- students may also show signs of depression or self-harming
- there may be a history of older siblings leaving education early to get married.

## The justifications

Most cases of forced marriage in the UK involve South Asian families. This is partially a reflection of the fact that there is a large, established South Asian population in the UK. It is clear, however, that forced marriage is not a solely South Asian phenomenon — there have been cases involving families from East Asia, the Middle East, Europe and Africa.

Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas, or a British citizen being sent abroad. Parents who force their children to marry often justify it as protecting them, building stronger families and preserving cultural or religious traditions. They may not see it as wrong.

Forced marriage can never be justified on religious grounds: every major faith condemns it and freely given consent is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriage.

## Culture

Often parents believe that they are upholding the cultural traditions of their home

countries when, in fact, practices and values there have changed. Some parents come under significant pressure from their extended families to get their children married.

## The law

Sexual intercourse without consent is rape, regardless of whether this occurs within the confines of a marriage. A girl who is forced into marriage is likely to be raped and may be raped until she becomes pregnant.

In addition, the Forced Marriage (Civil Protection) Act 2007 makes provision for protecting children, young people and adults from being forced into marriage without their full and free consent through forced marriage protection orders. Breaching a forced marriage protection order is a criminal offence.

The Anti-Social Behaviour, Crime and Policing Act 2014 makes it a criminal offence, with effect from 16th June 2014, to force someone to marry. This includes:

- taking someone overseas to force them to marry (whether or not the marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they are pressured into it or not).

## What to do if a client seeks help

- The client should be seen immediately in a private place where the conversation cannot be overheard.
- The client should be seen on her own, even if she attends with others.
- Develop a safety plan in case the client is seen, i.e., prepare another reason why you are meeting.
- Explain all options to the client and recognise and respect her wishes. If the client does not want to be referred to social services, you will need to consider whether to respect their wishes or whether the client's safety requires further action to be taken. If you take action against the client's wishes, you must inform the client.
- Establish whether there is a family history of forced marriage, i.e., siblings forced to marry.
- Advise the client not to travel overseas and discuss the difficulties she may face.
- Seek advice from the Forced Marriage Unit.
- Liaise with police and social services to establish if any incidents concerning the family have been reported.
- Refer to police if there is any suspicion that there has been a crime or that

one may be committed.

- Refer the client with her consent to the appropriate local and national support groups and counselling services.

## What to do if the client is going abroad imminently

The Forced Marriage Unit advises professionals to gather the following information if at all possible; it will help the unit to locate the student and to repatriate her:

- a photocopy of the student's passport for retention — encourage her to keep details of her passport number and the place and date of issue
- as much information as possible about the family (this may need to be gathered discretely)
- full name and date of birth of student under threat
- student's father's name
- any addresses where the student may be staying overseas
- potential spouse's name
- date of the proposed wedding
- the name of the potential spouse's father, if known
- addresses of the extended family in the UK and overseas.

It is also useful to take information that only the student would know as this may be helpful during any interview at an embassy or British High Commission in case another person of the same age is produced pretending to be the student.

Professionals should also take details of any travel plans and people likely to accompany the student. They should also note the names and addresses of any close relatives remaining in the UK and a safe means to contact the client, for example, a secret mobile telephone that will function abroad.

## Forced marriage: what professionals should NOT do:

- treat such allegations merely as domestic issues and send the client back to the family home
- ignore what the client has told you or dismiss the need for immediate protection
- approach the client's family, or those with influence within the community, without the express consent of the client as this will alert them to your concern and may place the client in danger
- contact the family in advance of any enquires by the police, children's services or the Forced Marriage Unit, either by telephone or letter
- share information outside child protection information sharing protocols

without the express consent of the client
- breach confidentiality except where necessary in order to ensure the client's safety
- attempt to be a mediator.

Further guidance is available from The Forced Marriage Unit:

**Tel:** (+44) (0)20 7008 0151 between 9.00 a.m. and 5.00 p.m. Monday to Friday

**Emergency Duty Officer** (out of hours): (+44) (0)20 7008 1500

**E-mail** fmu@fco.gov.uk **Website:** www.fco.gov.uk/forcedmarriage

FMU publication: '*Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage' June 09*

## M. Extremism and radicalisation

### Preventing radicalisation

Young people are subject to extremist ideology and radicalisation. Extremism is the vocal or active opposition to our fundamental values including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces. Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

### What is Prevent?

Prevent is the Government's strategy to stop people becoming terrorists or supporting terrorism, **in all its forms**. Prevent works at the pre-criminal stage by using early intervention to encourage individuals and communities to challenge extremist and terrorist ideology and behaviour.

The Counterterrorism and Security Act 2015 places a duty on specified authorities, including schools and colleges, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). The Prevent duty reinforces existing duties placed upon educational establishments for keeping young people safe by:

- ensuring a broad and balanced curriculum is in place to promote the spiritual, moral, social and cultural development of pupils
- assessing the risk of pupils being drawn into extremist views
- ensuring safeguarding arrangements by working in partnership with local authorities, police and communities
- training staff to provide them with the knowledge and ability to identify pupils at risk
- keeping pupils safe online, using effective filtering and usage policies.

## Warning signs/indicators of concern

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Clients may become susceptible to radicalisation through a range of social, personal and environmental factors. It is vital that staff are able to recognise those vulnerabilities. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

Factors which may make clients more vulnerable to radicalisation may include:

- Identity crisis: the client is distanced from their cultural/religious heritage and experiences discomfort about their place in society.
- Personal crisis: the client may be experiencing family tensions; a sense of isolation; low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging.
- Personal circumstances: migration; local community tensions and events affecting the client’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of government policy.
- Unmet aspirations: the client may have perceptions of injustice, a feeling of failure, rejection of civic life.
- Experiences of criminality: involvement with criminal groups, imprisonment, poor resettlement or reintegration.
- Special educational need: clients may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

Clients who are subject to radicalisation may also be experiencing:

- substance and alcohol misuse
- pressure
- influence from older people or via the internet
- bullying
- domestic violence
- race/hate crime.

Behaviours which may indicate a client is at risk of being radicalised or exposed to extremist views could include:

- being in contact with extremist recruiters and/or spending increasing time in the company of other suspected extremists
- loss of interest in other friends and activities not associated with the extremist ideology, group or cause
- accessing extremist material online including through social networking sites
- possessing or accessing materials or symbols associated with an extremist cause
- using extremist narratives and a global ideology to explain personal disadvantage
- voicing opinions drawn from extremist ideologies and narratives; this may include justifying the use of violence to solve societal issues
- graffiti symbols, writing or artwork promoting extremist messages or images
- significant changes to appearance and/or behaviour increasingly centred on an extremist ideology, group or cause
- changing their style of dress or personal appearance to accord with the group
- attempts to recruit others to the group/cause
- using insulting to derogatory names for another group
- increase in prejudice-related incidents committed by that person, which may include:
- physical or verbal assault; provocative behaviour
- damage to property
- derogatory name calling
- possession of prejudice-related materials; prejudice-related ridicule or name calling
- inappropriate forms of address
- refusal to cooperate
- attempts to recruit to prejudice-related organisations
- condoning or supporting violence towards others
- parental reports of changes in behaviour, friendship or actions and requests for assistance
- partner colleges, local authority services, and police reports of issues affecting pupils in other colleges.

### Referral process

All concerns about young people to radicalisation should be referred to the DSL in the first instance. The DSL will follow safeguarding procedures including:

- talking to the young person about their behaviour/views/on-line activity/friends, etc
- discussion with parents/carers about the concerns
- checking out on-line activity, including social media if possible
- providing in-house support, if available
- providing Early Help targeted support, if necessary.

If concerns persist, then the DSL should complete the Channel referral form (available from the PSCSB website) and submit to social services via a Cause for Concern notification, normally with the knowledge and consent of the young person. The referral will then be subject to a triage process to decide whether or not it meets the threshold for a referral to Channel. If it does, the DSL should be prepared to attend the Channel panel meeting to share the concerns and help identify any intervention required. Further feedback to the Channel panel will be expected following intervention to decide whether there are still concerns.

Further information can be found in the Pan Sussex Safeguarding Procedures.

## N. Female genital mutilation

Female genital mutilation is a crime in the United Kingdom. It is a form of violence against women and girls. It causes long-lasting physical and psychological harm.

It is estimated that over 100,000 women and girls in the United Kingdom are affected by female genital mutilation.

### What is female genital mutilation?

Female genital mutilation (FGM) is sometimes called female circumcision or ‘cut’. The practice has different names in different languages. FGM is the collective name given to a range of procedures involving the total or partial removal of the outer female genitalia, or other injury to the female genital organs, for non-medical reasons. This can include:

- cutting or removing the labia majora or the labia minora (the labia are the “lips” that surround the vagina)
- cutting or removing the clitoris (the clitoris is the small, sensitive and erectile part of the female genitals)
- narrowing or sealing the opening of the vagina by stitching, sewing, cutting

or repositioning parts of the vagina

- all other harmful procedures to the female genitalia including pricking, piercing, incising, scraping, burning and pulling
- re-infibulation, which means resealing or reclosing the opening of the vagina after it has been opened for a woman to give birth.

FGM is usually carried out on girls between 5 and 8 years old; however, it can also be carried out on younger or older girls and adult women.

The procedure tends to be carried out by a woman who has no medical training, although in some instances it may be carried out by health professionals. The procedure is usually done using sharp instruments such as knives, razor blades or pieces of glass. Antiseptic and anaesthetic are rarely used. FGM is extremely painful, and it causes both immediate and long-term serious health problems. FGM does not have any health benefits for women or girls.

The NHS has a number of **specialist clinics** dedicated to treating and supporting women and girls who have been affected by FGM.

## Who is affected by FGM?

The practice of FGM is common in Africa, the Middle East and Asia. Tens of thousands of women and girls are affected by FGM all over the United Kingdom and it can happen to any woman or girl from any background regardless of age, race, nationality, social class, financial status or sexuality.

Many parents believe that FGM is in their children's best interests. They may believe that it is the proper way to raise a daughter as they themselves experienced FGM. Women who have experienced the long-term effects of FGM report anxiety, depression and feelings that they have been betrayed by their parents.

Girls are often taken abroad during their summer holidays for the procedure to be undertaken overseas, so that they have time to heal before they go back to school. However, it is also believed that FGM is performed on some girls within the United Kingdom. It can happen at any time of year.

Unlike male circumcision, which is legal in the UK, the practice of FGM is a criminal offence.

FGM has no health benefits for women or girls. Medical professionals consider the practice to be extremely harmful. It is, therefore, recognised as a form of violence against women and girls.

END