

	<b>Name of School</b>	<b>Corbets Tey School</b>
	<b>Policy Review Date</b>	<b>18<sup>th</sup> November 2020</b>
	<b>Next Review Date</b>	<b>Autumn 2021</b>
	<b>Reviewed by</b>	<b>Governor Name: Julie Lamb</b> <b>Governor Signature:</b> 

## Safeguarding Adults at Risk Policy

### Equality Impact Assessment

The school aims to design and implement services, policies and procedures that meet the diverse needs of our provision, population and workforce, ensuring that none are placed at an unreasonable or unfair disadvantage over others. We are confident that this policy does not place anyone at an unreasonable or unfair disadvantage and is compliant with relevant equalities legislation.

Where the school is referred to in this policy, the policy and the following procedures apply to all staff working for Corbets Tey School on all sites including staff at the Routes4Life provision.

1. **Overview**
2. **Definitions of Adult Safeguarding**
3. **Definitions of Abuse**
4. **Potential Indicators of Abuse**
5. **Whistleblowing**
6. **Disclosure and Barring Service (DBS)**
7. **Raising a concern about significant harm, abuse or neglect**
8. **Making a referral to the Local Authority**
9. **Confidentiality**
10. **The Police**
11. **Role of the Designated Safeguarding Lead and Safeguarding Team**
12. **Supporting Staff**
13. **Training**
14. **Complaints Procedure**
15. **Recruitment Procedure**
16. **Safeguarding Adults through COVID-19**
17. **Further Sources of Information**

**Appendix 1: Havering Multi-Agency Safeguarding Adults Alert Form**

**Appendix 2: Raising concerns about a student that is an adult**

## **1.OVERVIEW**

Corbets Tey School staff are committed to safeguarding and promoting the welfare of children, young people and adults at risk, engaged in the breadth of its activities.

The purpose of this policy is to outline the duty and responsibility of all staff and volunteers working for Corbets Tey School and Corbets Tey School staff working on behalf of Routes4Life in relation to the protection of adults at risk from abuse.

All people have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.

The key objectives of this policy are:

- To explain the responsibilities that staff or volunteers working at the school/provision have in respect of the protection of adults at risk.
- To provide staff or volunteers working at the school/provision with an overview of the protection of adults at risk
- To provide a clear procedure that will be implemented where issues arise involving the protection of adults at risk.

Corbets Tey School has a commitment to zero tolerance of abuse and neglect within all their provisions.

The safeguarding duties apply to a student whom:

- Has needs for education, care and support and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those education, care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure the wellbeing of the student is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that students sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

It should be noted that when the death of an adult at risk is caused by suspected abuse or neglect, the London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse must be considered along with any other actions that may be necessary.

A copy of the above multi-agency document can be found at:

<http://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-final-.pdf> and:

<http://londonadass.org.uk/wp-content/uploads/2020/08/Appendix-Seven-Adult-Safeguarding-and-Homelessness.pdf>

Abuse can be viewed in terms of the following categories, taken from the Care Act 2014

- Physical
- Sexual
- Psychological
- Domestic violence
- Modern slavery

- Self-neglect
- Financial and material
- Discriminatory
- Neglect and acts of omission
- Organisational

## **2. DEFINITIONS OF ADULT SAFEGUARDING**

### **Children who allegedly abuse**

If a child is allegedly abusing a young adult at risk, these safeguarding adults' procedures should be followed; however the Local Authority Children's Services will also need to be informed as part of any further work required.

### **Historical abuse**

Where an allegation relates to historical abuse that happened when the young adult at risk was a child, it should also be dealt with under Child Protection Procedures in the same way as a contemporary concern and reported to Children's Services.

If the allegation relates to historical abuse that happened when the young adult at risk was aged 18 or over, these procedures should be followed.

### **Appropriate Adult**

An appropriate adult as defined in the context of the Police and Criminal Evidence Act may be a 'relative, guardian or other person responsible for the care and custody of a young adult at risk with mental health problems or who has a learning disability; or an experienced or specialist social worker.

### **Person raising a concern**

The person who passes on concerns of suspected or alleged abuse incidents to Adult Social Care will be known as the Referrer. For the purposes of Corbets Tey School this Referrer will be the Designated Safeguarding Lead or in their absence a Designated Safeguarding Officer.

### **Referrer**

Referring is the overall responsibility of the Designated Safeguarding Lead for the school/provision (this is **Emma Allen**, Headteacher of Corbets Tey School and Director of Routes4Life). The Referrer must gather the relevant information and establish whether they believe there is an allegation of abuse. The Referrer then has a duty to make a referral to the relevant Adult Social Care Department.

### **Six Key Principles of Adult Safeguarding**

The six key principles that underpin all adult safeguarding as per The Care Act 2014 statutory guidance are:

1. **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
2. **Prevention**– It is better to take action before harm occurs
3. **Proportionality** – The least intrusive response appropriate to the risk presented
4. **Protection**–Support and representation for those in greatest need
5. **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
6. **Accountability**– Accountability and transparency in delivering safeguarding

**Timescales**

Responding to safeguarding concerns of any nature should be done in a timely manner. Below are agreed timescales which you should aim to follow. However, a common sense approach should be taken where vital information is required to ensure the safety of the adult at risk or others at risk. This may result in actions being considered to be more urgent than the timescales set.

**Raising a Concern**

This should happen immediately if an emergency, or within the same working day. Any concerns you witness or 'are told about' should be passed on immediately to the **Designated Safeguarding Lead, Headteacher of Corbets Tey School/Director of Routes4Life, Emma Allen on 01708 225888** or in her absence another Designated Safeguarding Officer.

**Remember** – Just because you have documented these details, this does not mean that the Designated Safeguarding Lead or Officers will be aware of the safeguarding concern.

**Referring to the Local Authority**

Within one working day

**3. DEFINITIONS OF ABUSE****Discriminatory Abuse**

Including racist, sexist, that based on a person's disability, culture and other forms of harassment, slurs or similar treatment **may** be indicated by:

- Lack of respect shown to an individual;
- Signs of a sub-standard service offered to an individual;
- Repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status.

**Physical Abuse**

Including hitting, slapping and pushing, kicking, misuse of medication, restraint, or inappropriate sanctions **may** be indicated by:

- Any injury not fully explained by the history given
- Injuries inconsistent with the lifestyle of the young adult at risk
- Bruises and /or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- Clusters of injuries forming regular patterns
- Burns
- Friction burns, rope or electric appliance burns
- Multiple fractures
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks
- Injuries at different stages of healing
- Medication misuse.

**Sexual Abuse**

Including rape and sexual assault or sexual acts to which the young adult at risk has not consented, or is incapable of giving informed consent or was pressured into consenting. This may involve contact or non-contact abuse (e.g. touch, masturbation, being photographed, teasing and inappropriate touching) and **may** be indicated by:

- Significant change in sexual behaviour or attitude
- Pregnancy
- Wetting or soiling
- Poor concentration
- Young adult at risk appearing withdrawn, depressed, stressed
- Unusual difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Bruises, bleeding, pain or itching in genital area
- Sexually transmitted diseases, urinary tract or vaginal infection, 'love bites'
- Bruising to thighs or upper arms.

### **Psychological Abuse**

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks **may** be indicated by:

- Change in appetite
- Low self-esteem, deference, passivity and resignation
- Unexplained fear, defensiveness, ambivalence
- Emotional withdrawal
- Sleep disturbance.

### **Domestic Violence**

Domestic abuse is a pattern of behaviour which involves violence or other abuse by one person in a domestic context against another, such as in marriage or cohabitation. Intimate partner violence is domestic violence by a spouse or partner in an intimate relationship against the other spouse or partner.

Domestic violence can take place in heterosexual or same-sex relationships.

Domestic violence can take a number of forms including physical, emotional, verbal, economic and sexual abuse, which can range from subtle, coercive forms to marital rape and to violent physical abuse that result in disfigurement or death.

### **Modern Slavery**

Modern Slavery takes various forms and affects people of all ages, gender and races.

Types of slavery include:

- Forced labour/debt bondage – Victims are forced to work to pay debts that realistically they never will be able to. Low wages and increased debts mean not only that they cannot ever hope to pay off the loan, but the debt may be passed down to their children.
- Forced labour – Victims are forced to work against their will, often working very long hours for little or no pay in dire conditions under verbal or physical threats of violence to them or their families. It can happen in many sectors of our economy, from mining to tarmacking, hospitality and food packaging.
- Sexual exploitation – Victims are forced to perform non-consensual or abusive sexual acts against their will, such as prostitution, escort work and pornography. Whilst women and children make up the majority of victims, men can also be affected. Adults are coerced often under the threat of force, or other penalty.
- Criminal exploitation – Often controlled and maltreated, victims are forced into crimes such as cannabis cultivation or pick pocketing against their will.
- Domestic servitude – Victims are forced to carry out housework and domestic chores in private households with little or no pay, restricted movement, very limited or no free time and minimal privacy, often sleeping where they work.

**Self-Neglect**

Self-neglect is any failure of a young adult at risk to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss assets.

Self-neglect can happen as a result of the choice of lifestyle of the young adult at risk, or the young adult at risk may:

- Be depressed
- Have poor health
- Have cognitive (memory or decision making) problems
- Be physically unable to care for self

Self-neglect includes:

- Living in grossly unsanitary conditions
- Suffering from an untreated illness, disease or injury
- Suffering from malnutrition to such an extent that, without an intervention, the physical or mental health of the young adult at risk is likely to be severely impaired
- Creating a hazardous situation that will likely cause serious physical harm to the young adult at risk or others, or cause substantial damage to or loss of assets
- Suffering from an illness, disease or injury that results in the young adult at risk dealing with his or her assets in a manner that is likely to cause substantial damage to or loss of the assets.

**Exploitation**

Exploitation, either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain.

**Financial or Material Abuse**

Financial or material abuse including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits **may** be indicated by:

- Unexplained sudden inability to pay bills or maintain lifestyle
- Unusual or inappropriate bank account activity
- Withholding money
- Recent change of deeds or title of property
- Unusual interest shown by family or another person in the assets of the young adult at risk
- Person managing financial affairs is evasive or uncooperative
- Misappropriation of benefits and / or use of the money of the young adult at risk by other members of the household
- Fraud or intimidation in connection with wills property or other assets

**Neglect and Acts of Omission**

Neglect and acts of omission including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life, such as medication, adequate nutrition and heating **may** be indicated by:

- Physical condition of young adult at risk is poor e.g. bed sores, unwashed, pressure ulcers (see below for more information on pressure ulcers)
- Clothing in poor condition e.g. unclean, wet, ragged

- Inadequate physical environment
- Inadequate diet
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction
- Malnutrition when not living alone
- Inadequate heating
- Failure to give prescribed medication
- Poor personal hygiene
- Failure to provide access to key services such as health care, dentistry, prostheses

Neglect can also lead to pressure ulcers. If you suspect a pressure ulcer is as a result of neglect, please follow these procedures.

### **Organisational Abuse**

Neglect and poor professional practice in care settings also need to be taken into account. It may take the form of isolated incidents of poor practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. It can occur when the routines, systems, communications and norms of an institution compel a young adult at risk to sacrifice their preferred lifestyle and cultural diversity to the needs of that institution. Repeated instances of poor care may be an indication of more serious problems. Institutional abuse **may** be indicated by:

- Inappropriate or poor care
- Misuse of medication
- Restraint
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc.
- Lack of respect shown to the young adult at risk which affects their personal dignity
- Lack of flexibility and choice: e.g. mealtimes and bedtimes, choice of food
- Lack of personal clothing or possessions
- Lack of privacy
- Lack of adequate procedures e.g. for medication, financial management
- Controlling relationships between staff and student/provision user(s)
- Poor professional practice

### **4. POTENTIAL INDICATORS OF ABUSE**

Indicators are the suspicious signs and symptoms which draw attention to the fact that something is wrong. The presence of one or more of the indicators does not confirm abuse. However, a cluster of several indications may reveal a potential for abuse and a consequent need for further assessment. In reality, an abusive situation is likely to involve indicators from a number of these headings. The list of indicators is not exhaustive and needs to be used as a tool in the assessment of vulnerability and risk.

- Any injury not fully explained by history given
- Injuries inconsistent with the lifestyle of the young adult at risk
- Bruises and/or welts of face, lips, mouth, torso, arms, back, buttocks, thighs
- Clusters of injuries forming regular patterns or reflecting shape of an article
- Burns, especially on soles, palms or back; immersion in hot water, friction burns, rope or electric appliance burns
- Multiple fractures
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks
- Injuries at different stages of healing
- Medication misuse

**Indicators of Sexual Abuse**

- Significant change in sexual behaviour or attitude
- Pregnancy in a young adult at risk who is unable to consent to sexual intercourse
- Wetting or soiling
- Poor concentration
- Young adult at risk appears withdrawn, depressed, stressed
- Unusual difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Bruises, bleeding, pain or itching in genital area
- Sexually transmitted diseases, urinary tract or vaginal infection, love bites
- Bruising to thighs or upper arms

**Indicators of Psychological Abuse**

- Change in appetite
- Low self-esteem, deference, passivity and resignation
- Unexplained fear, defensiveness, ambivalence
- Emotional withdrawal
- Sleep disturbances

**Indicators of Domestic Violence (direct or exposure to)**

- Fear of a caregiver, acquaintance or strangers
- Sadness and/or symptoms of depression
- Emotional numbness
- Low self-esteem, low self-worth
- Poor eye contact
- Addictions
- Hyper-vigilance
- Promiscuous behaviour
- Appearing isolated from family or friends
- Suicidal tendencies
- Expressing homicidal feelings towards another person
- Indirectly or directly talk about domestic violence, sexual assault, stalking

**Emotional & Behavioural Indicators**

- Helplessness
- Anxiety
- Fatigue due to lack of sleep
- Over passivity
- Aggression towards others
- Overly dominating behaviours
- Clinginess to one parent to exclude another

**Physical Indicators**

- Restrictions placed on travel, phone use, friendships, money
- Bruising, welts, lacerations or scars
- Blackened or swollen eyes
- Fractured or broken bones
- Split lip, broken teeth
- Series of A&E visits
- Increase in severity of injuries
- Sexually Transmitted Infections
- Unwanted pregnancy
- A history of injury that is not well explained

**Indicators of Modern Slavery**

- **Physical appearance** – victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn
- **Isolation** – victims may rarely be allowed to travel on their own, seem under control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work.
- **Poor living conditions** – victims may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address
- **Few or no personal effects** – victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work.
- **Restricted freedom of movement** – victims have little opportunity to move freely and may have had their travel documents retained e.g. passport
- **Reluctance to seek help** – victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

**Indicators of Financial and Material Abuse**

- Unexplained sudden inability to pay bills or maintain lifestyle
- Unusual or inappropriate bank account activity
- Withholding money
- Appearing anxious about something that would not normally create anxiety, such as getting home late, going somewhere alone
- A consistent pattern of bad attendance that is poorly explained
- Unusual interest shown by family or other in the assets of an adult at risk
- Person managing financial affairs is evasive or uncooperative
- Misappropriation of benefits and/or use of the money of an adult at risk by other members of the household
- Fraud or intimidation in connection with wills, property or other assets.

**Indicators of Exploitation**

- Show signs that the movements of an adult at risk are being controlled
- Believe that they are being made to work after their day at the provision or at weekends and in the holidays against their will or for less than minimum wage
- Allow others to speak for them when addressed directly
- Have limited or no social interaction
- Be unable to communicate freely with others

**Indicators of Discriminatory Abuse**

- Lack of respect shown to an adult at risk
- Signs of a sub-standard service offered to an adult at risk
- Repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status

**Indicators of Neglect and Acts of Omission**

- Physical condition of adult at risk is poor e.g. bed sores, unwashed, ulcers
- Clothing in poor condition e.g. unclean, wet, ragged
- Inadequate physical environment
- Inadequate diet
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction
- Malnutrition
- Inadequate heating
- Failure to give prescribed medication

- Poor personal hygiene
- Failure to provide access to key services such as healthcare, dentistry.

### **Indicators of Organisational Abuse**

- Inappropriate or poor care
- Misuse of medication
- Restraint
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc.
- Lack of respect shown to personal dignity
- Lack of flexibility and choice e.g. mealtimes and bedtimes, choice of food
- Lack of personal clothing or possessions
- Lack of privacy
- Lack of adequate procedures e.g. for medication, financial management
- Controlling relationships between care staff and adult at risk
- Poor professional practice

## **5. WHISTLEBLOWING**

Whistleblowing within the context of the school/provision is the act of telling someone in authority, usually the Headteacher, that school employees/volunteer workers or employees/volunteers in other organisations you are working for is doing something immoral or illegal (see the CTS Whistleblowing Policy).

If a member of staff feels that they are unable to share information with the person within their organisation responsible for 'referring to the local authority' for Corbets Tey School staff, this is the Designated Safeguarding Lead, as they believe that they are implicated or colluding with the alleged abuse.

If you feel that you are not able to share information with the Designated Safeguarding Lead or a Designated Safeguarding Officer who are ultimately responsible for referring, you must in the first instance follow the 'Whistleblowing Policy'

The Public Interest Disclosure Act 1998 makes provision for disclosures to 'prescribed persons'. These are regulators such as the Health and Safety Executive, Ofsted, Care Quality Commission and the Financial Services Authority. These disclosures are protected where the whistle-blower meets the test for internal disclosures and reasonably believes that the information and any allegation in it are 'substantially true' and is relevant to the regulator.

Please note that you can only disclose yourself if you think that the Designated Safeguarding Lead, therefore your employer will cover up the alleged abuse, or would treat you unfairly if you complained, or if it was said that they had sorted it out but had not.

## **6. DISCLOSURE AND BARRING SERVICE (DBS)**

Corbets Tey School are required to check that all prospective and existing employees are not on the children and adult barred list. With regards to staff, 'Agency Staff' and volunteers both the child and adult barred list should be checked in all cases where staff are working with students aged 18 and over. Staff responsible for checking information held on individuals' DBS should be vigilant that both the child and adult barred list checks state 'None recorded' and not 'Not requested'. Checks will be made by Corbets Tey School via the Disclosure and Barring Service and prospective or existing employees will not be allowed to commence working until satisfactory checks have been conducted.

Corbets Tey School also has a duty to refer an employee to the barred lists if we:

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Sacked them because they harmed a child or adult</li> <li>• Sacked them or removed them from working in regulated activity because they might have harmed a child or adult otherwise</li> </ul> |
| <ul style="list-style-type: none"> <li>• Were planning to sack them for either of these reasons, but the person resigned first</li> </ul>  |

## 7. **RAISING A CONCERN ABOUT SIGNIFICANT HARM, ABUSE OR NEGLECT**

Any suspicion, allegation or incident of abuse must be reported to the Designated Safeguarding Lead on that working day where possible.

The Designated Safeguarding Lead must telephone and report the matter to the appropriate Local Authority Adult Social Services duty social worker. A written record (see Appendix 1) of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant Local Authority Adult Social Services Department within 24 hours.

### **Safeguarding Adults Team**

Social Care & Learning Directorate  
**Adult Social Services** London Borough of Havering  
 6<sup>th</sup> Floor Mercury House  
 Mercury Gardens  
 Romford  
 Essex  
 RM1 3SL  
 Tel: 01708 433550  
 Fax: 01708 432497 (Safe Haven)  
 Email: [safeguarding\\_adults\\_team@haverling.gov.uk](mailto:safeguarding_adults_team@haverling.gov.uk)

If there is immediate risk of harm then call the police – dial 999

The procedures to be followed in the event of a disclosure, allegation or an incident of abuse are detailed in the **Protecting Adults at Risk: London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse**. This document also details the protocols followed by the London Borough of Havering multi-agency departments when responding to a referral or alert of abuse or neglect.

All Corbets Tey School staff have a duty to act immediately to inform the Designated Safeguarding Lead, this can be via the Provision Leaders in their capacity as a Safeguarding Officer and it is then their responsibility to refer the concern to the Designated Safeguarding Lead who is the Headteacher, Emma Allen or another Designated Safeguarding Officer in her absence of any concerns that an adult at risk:

- Has been significantly harmed, abused or neglected; or
- Is being significantly harmed, abused or neglected; or
- Is at risk of being significantly harmed, abused or neglected.

A concern may be raised in a number of ways:

- By the adult at risk;
- By another student, carer, family member, friend, member of public or someone else visiting the school/provision;
- By something you have directly observed.

When the suspected abuse or neglect of an individual results in death, the London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse Guidance must be considered along with any other legislation.

Although you have a duty to share the information with the Designated Safeguarding Lead who is responsible for 'referring to the local authority', you should not discuss your concerns with anyone else, for example work colleagues, unless the immediate welfare of the adult at risk makes this unavoidable.

If the Designated Safeguarding Lead makes a decision not to make a referral and you are unhappy with this decision you still have a duty to share information (see Whistleblowing Policy).

**Staff who suspect abuse in other organisations**

There may be occasions when staff witness or suspect abuse when visiting another organisation, for example a learning support worker visiting another provision whilst a student is on work experience. In such circumstances the visiting member of staff will be expected to act in the role of the person 'raising a concern', informing the organisation's manager and the person responsible for 'referring to the local authority'. In addition to this you must report this as you would an incident at Corbets Tey School therefore reporting it to the Designated Safeguarding Lead, Emma Allen.

If you feel that you are not able to share information with the person responsible for referring to the local authority, another manager or senior person on duty within an organisation, as you believe that they are implicated or colluding with the alleged abuse, you must take advice from the Corbets Tey School Designated Safeguarding Lead, Emma Allen, who will then contact the relevant local authority and explain to the call taker that they wish to make a Safeguarding Adults Referral regarding the 'other organisation'.

**Staff who have concerns about the quality of care in other organisations**

If you have concerns about an organisation not amounting to abuse or neglect as described in this document but related to the quality of care being provided you must, in the first instance, report this to the manager of the organisation and your Designated Safeguarding Lead, Emma Allen.

This information must also be passed to the relevant body who commissions services from the organisation, for example, local authority purchasing and contracting department AND if in the case of a provider of education, the regulatory body Ofsted/Care Quality Commission (CQC).

**Being told about or raising a concern about significant harm. Taking immediate action**

When you are first made aware of, or witness, a concern of significant harm, abuse or neglect, your initial response must always be to the immediate health, safety and welfare of the adult at risk and anyone else at risk. Remember, this may include the alleged perpetrator.

In an emergency, you should contact the relevant emergency services (police, ambulance and fire and rescue service) by dialling **999** before following this procedure.

**Responding to concerns raised directly to you**

The following are useful pointers when someone, including the adult at risk or their carer, raises a concern with you:

- Assure them that you are taking them seriously
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage
- Do not give promises of complete confidentiality
- Explain that you have a duty to tell the Designated Safeguarding Lead and that their concerns may be shared with others who could have a part to play in safeguarding them.
- Reassure them that they will be involved in decisions about what will happen. Explain that you will try to take steps to protect them from further abuse or neglect.
- If they have specific communication needs, provide support and information in a way that is most appropriate to them
- Do not be judgemental or jump to conclusions
- Do not discuss the concern with the person alleged to have caused harm or anyone else, unless the immediate welfare of the adult at risk makes this unavoidable

**Record Keeping**

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained and made available to the referrer. Written records must reflect, as accurately as possible, what was said and done by the people initially involved in the incident either as a victim, alleged perpetrator or potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

You must make an accurate record at the time, including:

- Date, time and place of the incident
- Exactly what the adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- Appearance and behaviour of the adult at risk
- Any injuries observed
- Name and signature of the person making the record
- If you witnessed the incident, write down exactly what you saw. The record should be factual. However, if the record does contain your opinion, it should be clearly stated as such. Information from another person should be clearly attributed to them.

**Who is the Referrer?**

The person responsible for 'referring to the local authority' is the Designated Safeguarding Lead who receives information from the person 'raising a concern'. This member of staff becomes the 'referrer'. At Corbets Tey School, the referrer is the Headteacher of Corbets Tey School, Emma Allen in her capacity as the Designated Safeguarding Lead (or in her absence another Designated Safeguarding Officer)

**Information gathering**

When the Designated Safeguarding Lead is informed or becomes aware of a concern, they must in their capacity as the 'referrer', carry out some initial information gathering to decide if the incident should be referred to the relevant local authority.

When carrying out initial information gathering, The Designated Safeguarding Lead / referrer will need to consider the following:

- Could the event(s) have happened as alleged? You should NOT start the interview/investigation process; however it may be necessary to ask the alleged victim some clarification questions to gain an understanding of the allegation (see below)
- The information gathering should take place as soon as possible
- Checking written records, support plans, communication books rotas etc. Could the alleged perpetrator and victim have been together/alone?
- At times it may be necessary to discuss the incident with other members of staff. However, this should be done sensitively and only when appropriate to manage risk to the adult at risk or others. Confidentiality should be considered at all times.
- Would a body map be useful to indicate the specific area of any injury?

It will sometimes be necessary for the Designated Safeguarding Lead to speak to the adult at risk about the incident to clarify what has been alleged (and will usually be necessary to get their consent and see what they would like to happen – see below). The following pointers may be helpful when having such conversations:

- Do NOT begin an interview/investigation process as this could jeopardise any further work
- Consider the most appropriate way of communication with the adult at risk, which may not always be verbal
- Communicate with them in a private and safe place, and inform them of any concerns

- Use 'common language', for example, talk about 'hitting' or 'slapping' instead of 'physical abuse', or about 'theft' instead of 'financial abuse'.
- Discuss what immediate actions can be taken to help keep them safe
- Get their views on what happened and what they want done about it
- Provide them with information about the safeguarding adults process and how this can help make them safer
- Support them to ask questions about issues of confidentiality, and agree who will be told about any concerns
- Explain how they will be kept informed
- Identify any communication needs and personal care arrangements

### **Deciding whether or not to make a referral**

Using the information gathered, the Designated Safeguarding Lead, as the referrer, will need to make a decision about whether or not a safeguarding referral is required to be made to the local authority.

If in doubt, the Designated Safeguarding Lead should always make a referral.

## **8. MAKING A REFERRAL TO THE LOCAL AUTHORITY**

### **Getting the consent of the adult at risk**

Where the Designated Safeguarding Lead has made a decision that a safeguarding referral is required, consent should be sought from the adult at risk:

- To make the safeguarding referral
- For the local authority to request and use information from partner agencies (e.g. health services) where appropriate, to aid the safeguarding process efforts to obtain consent from the adult at risk must always be made, wherever possible, prior to a referral being made to the relevant local authority. However, this should not unnecessarily delay a safeguarding referral being made where the following applies.

### **Making a decision to refer without consent**

The mental capacity of the adult at risk to give their informed consent to a referral being made and information being shared is significant, but not the only factor, in deciding what action to take.

If the adult at risk is assessed as not having the mental capacity to make decisions about giving consent to a referral being made (this must be assessed by the referrer undertaking the 'two stage test' which is:

- **Stage 1.** Is there an impairment of or disturbance in the functioning of a person's mind or brain? If so,
- **Stage 2.** Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?)

Then the referrer must make the decision in their best interests, in accordance with the provisions set out in the Mental Capacity Act (2005).

Article 8 of the Human Rights Act relates to an individual's rights to autonomy. However, the requirement to respect the rights of individuals to make decisions for themselves is not an excuse for inaction where a young adult is at risk of significant harm, abuse or neglect.

Therefore, whilst consent should always be sought, if there is an overriding public interest, or if gaining consent would put the young adult at further risk, a referral to the relevant local authority must be made by the Designated Safeguarding Lead. This would include situations where:

- Other people, including an adult at risk and or children, could be at risk from the person causing harm
- It is necessary to prevent crime
- The adult at risk should be informed of the decision for the referral and the reasons, unless telling them would jeopardise their safety or the safety of others.

### **Outcomes for the adult at risk**

To support any subsequent safeguarding work the local authority undertakes with the adult at risk, it is important that the adult at risk is asked by the Designated Safeguarding Lead what outcomes they would like to see as a result of the referral being made.

At this stage of the process, it is important to allow the adult at risk to express their wishes freely and the Designated Safeguarding Lead should consider how they are able to communicate this best, including any aids which might support this process. However, the Designated Safeguarding Lead should explain to them that it will not always be possible to meet these wishes.

If the an adult at risk is assessed as not having the mental capacity to make decisions about the outcomes they would like to see as a result of the safeguarding referral being made (following two stage test), the referrer must make a decision in their best interests, in accordance with the provisions set out in the Mental Capacity Act (2005).

Any desired outcomes expressed to the Designated Safeguarding Lead by the adult at risk (or via the best interests decision) should be shared with the relevant local authority at the time the referral is made.

### **Record Keeping**

All records must be kept safe as it may be necessary to make records available as part of subsequent safeguarding work by the relevant local authority, or to disclose them to a court as evidence.

As the referrer the Designated Safeguarding Lead must keep records of the following where appropriate:

- Any actions undertaken to ensure the immediate safety of the adult at risk and/or anyone else at risk
- Any actions undertaken against the alleged perpetrator
- Crime number if the concern has been reported to the police
- Any relevant information gathered as part of your role as referrer
- Details of the concern (or ensure that you have access to any notes from the person raising the concern)
- The consent of the adult at risk to make a referral and for information to be shared as part of the safeguarding process or your decision if you are unable to gain consent
- Your decision about whether a referral is required or not
- The desired outcomes the adult at risk would like as a result of any subsequent safeguarding work.

The record should be factual. However, if the record does contain your opinion, it should be clearly stated as such. Information from another person should be clearly attributed to them.

**Information the Designated Safeguarding Lead will need to make the referral**

When making a safeguarding referral the Designated Safeguarding Lead will be asked to provide the following information:

- Name of adult at risk
- Date of birth
- Gender
- Address
- Ethnic origin
- Group - learning disability, physical disability, mental ill health, deaf, blind, substance misuse, HIV, or any other significant information or brief description of 'their needs'
- Details of the information gathered above including the concern, consent to refer and desired outcomes
- Any other agencies or independent service providers the adult at risk is known to
- Details of any funding arrangements
- Person who raised the concern
- Location of abuse
- Type of abuse – discriminatory, psychological, sexual, financial/material, physical, neglect and acts of omission
- Any details you may have about historical abuse involving the adult at risk

Explain to the call taker that you wish to make a '**SAFEGUARDING ADULTS REFERRAL**'

**When the Designated Safeguarding Lead makes a decision NOT to make a referral**

If, after assessing all the information available to the Designated Safeguarding Lead, they decide there is no allegation of abuse, they do not need to make a referral to the relevant local authority.

The Designated Safeguarding Lead must fully document any such decision.

Any decision not to refer does not mean that the incident should be left or that other actions do not need to take place. Consideration still needs to be given to the needs of the adult at risk and to any other actions such as the complaints process, training needs, disciplinary or regulatory action if appropriate, informing other people/agencies of the actions taken.

Once the local authority receives the safeguarding referral they will follow their own procedures to determine the most proportionate response.

**9. CONFIDENTIALITY**

Protection of adults at risk raises issues of confidentiality which should be clearly understood by all.

Staff have a professional responsibility to share relevant information about the protection of adults at risk with other professionals, particularly investigative agencies and adult social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information regarding adults at risk will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

If an adult at risk confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult at risk sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult at risk should be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent should be obtained from the adult at risk before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the adult at risk is the priority.

Where a disclosure has been made, staff should let the adult at risk know the position regarding their role and what action they will have to take as a result, which is making a disclosure to the Designated Safeguarding Lead

Staff should assure the adult at risk that they will keep them informed of any action to be taken and why. The student's involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

This policy needs to be read in conjunction with other policies including:

- Whistleblowing and Managing Allegations Policy
- Mental Capacity Policy
- Physical Intervention Policy
- Anti-Bullying Policy
- Disciplinary and Grievance Policies
- Racial Incidents Policy
- Data Protection Policy
- Recruitment and Selection Policy
- Online Safety Policy
- Online Safety Guidance – What do we do if?
- Attendance Policy

All local authorities have a **Safeguarding Adults Board**, which oversees multi-agency work aimed at protecting and safeguarding adults at risk. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

## **10. THE POLICE**

The Police play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

## **11. ROLE OF THE DESIGNATED SAFEGUARDING LEAD AND SAFEGUARDING TEAM**

The role of the Designated Safeguarding Lead (DSL) is to deal with all instances involving adult protection that arise within the activities of the school/provision. They will respond to all concerns and enquiries involving the protection of adults at risk. This person is the Headteacher of Corbets Tey School, **Emma Allen**. The DSL is supported by members of the Child and Young Adult Wellbeing Safeguarding Team, including deputies who will act in the DSL's absence.

Should you have any suspicions or concerns relating to Adult Protection, contact **Emma Allen** on **01708 225888**.

The Child and Young Adult Wellbeing Safeguarding Team are:

- Emma Allen Designated Safeguarding Lead
- Gulsharan McDermott Deputy Safeguarding Lead
- Terry Hudson Deputy Safeguarding Lead
- Nick Wellard Child and Young Adult Wellbeing Team
- Debbie Dow Child and Young Adult Wellbeing Team

- Kim Day Child and Young Adult Wellbeing Team
- Susan Cumbers Child and Young Adult Wellbeing Team
- Sue Hillier Safeguarding and Family Practitioner Team
- Crystal French Safeguarding and Family Practitioner Team
- Sarah Potter Safeguarding and Family Practitioner Team

We have designated school governors for Child Protection and Adult Safeguarding. These people are:

- Julie Lamb Chair of Governors
- Phil Brimson Governor

## **12. SUPPORTING STAFF**

We recognise that staff working in Corbets Tey School who have become involved with a vulnerable young adult 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 discuss the situation with the Designated Safeguarding Lead and to seek further support as appropriate.

## **13. TRAINING**

We are committed to the provision of safeguarding training for all our team members, paid and voluntary and we recognise that staff must be regularly updated. Safeguarding is always part of our start of year professional development and induction every September.

In addition to the basic safeguarding training, the Designated Safeguarding Lead and Team undertake training in inter-agency working at least bi-annually to keep their knowledge and skills up to date. All other staff undertake appropriate training to equip them to carry out their responsibilities for safeguarding adults at risk effectively, which is kept up to date by annual refresher training – this training cycles round a range of key topics. This will be additionally supported every year with training and updates provided by the Designated Safeguarding Lead through staff meetings, training days, written updates and briefings.

## **14. COMPLAINTS PROCEDURE**

Corbets Tey School has a complaints procedure available to all staff and service users.

## **15. RECRUITMENT PROCEDURE**

Corbets Tey school has a Recruitment Policy detailing the procedures that take account of the need to safeguard and promote the welfare of children and adults at risk, including arrangements for appropriate recruitment practice and full checks on new staff. When appointing new staff, we will:

Verify their identity

- Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity. We will not keep a copy of this for longer than 6 months
- Verify their mental and physical fitness to carry out their work responsibilities
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications, as appropriate
- Ensure they are not subject to a prohibition order if they are employed to be a teacher
- Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK, including (where relevant) any teacher sanctions or restrictions imposed by a European Economic Area professional regulating authority, and criminal records checks or their equivalent

**16. SAFEGUARDING ADULTS THROUGH COVID-19**

Following the initial crisis we are now moving through different stages of dealing with COVID-19, safeguarding adults with care and support needs from abuse and neglect as others may seek to exploit disadvantages due to disability, mental or physical impairment or illness remains a priority.

Young adults at risk may be targeted because they may be less up to speed with technology, more welcoming of new people or contacts, be more trusting and in times of shielding or lockdown, be more isolated. All students that are not attending school should be individually risk assessed to decide on type and frequency of contact. This could include contact on a daily basis. This can be by phone or via a video call. The school should make contact with students and/or their families at least weekly and document contact in times of lockdown or if a student is shielding and this contact should be made within usual school hours. In addition, online lessons and resources should be made available.

**This is a time when we must be extra vigilant and try to pick up early signs that something isn't right.**

## **17. FURTHER SOURCES OF INFORMATION**

### **References, Internet Links and Further Sources of Information:**

#### **Protecting Adults at Risk: London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse**

<http://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-final-.pdf> and:  
<http://londonadass.org.uk/wp-content/uploads/2020/08/Appendix-Seven-Adult-Safeguarding-and-Homelessness.pdf>

The policy section provides professionals with principles and values, definitions, manifestations of abuse, roles and responsibilities for all agencies, the role of commissioning, support for those involved in the Safeguarding Adults Process, and arrangements for managing adults at risk.

#### **Havering Multi-Agency Policy and Procedures**

[https://www.havering.gov.uk/info/20015/adult\\_social\\_care/117/adult\\_protection\\_and\\_safeguarding/4](https://www.havering.gov.uk/info/20015/adult_social_care/117/adult_protection_and_safeguarding/4)

The above address is the London Borough of Havering Multi-Agency Policy and Procedures page, with it's links to the following:

- [Self-Neglect and Hoarding Protocol;](#)
- [Havering Safeguarding Adults Protocol](#)
- [Safeguarding Carers from Abuse](#)
- [Mental Capacity Toolkit](#)
- [Making Safeguarding Referrals to DBS](#)
- [Havering SAB Escalation Policy](#)
- [Useful contact list](#)

#### **National Legislation and Policies**

- [London Multi-Agency Adult Safeguarding Policy and Procedures](#)
- [The Care Act](#)
- [The Care Act-Easy Read](#)
- [Mental Capacity Act 2005](#)

#### **Safeguarding Vulnerable Groups Act 2006**

[http://www.legislation.gov.uk/ukpga/2006/47/pdfs/ukpga\\_20060047\\_en.pdf](http://www.legislation.gov.uk/ukpga/2006/47/pdfs/ukpga_20060047_en.pdf)

**The Local Government Association's 'Making Safeguarding Personal Guide 2014' by the Association of Directors of Adult Social Services in England (ADASS).**

<https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20-%20Guide%202014.pdf>

**The Care Act, Department of Health and Social Care's Statutory Guidance (updated June 2020)**

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

## Havering Multi-Agency Safeguarding Adults Alert Form



**This form should be completed to report any incident or suspicion of abuse.**

**Where a criminal act may have been committed against a vulnerable adult, police must be also be notified.**

(This form is to be completed and forwarded to the Safeguarding Adults Team within 24 hours of the allegation being reported)

**Safeguarding Adults Team**  
Social Care & Learning Directorate  
**Adult Social Services**  
London Borough Havering  
6<sup>th</sup> Floor Mercury House  
Mercury Gardens  
Romford  
Essex  
RM1 3SL  
Tel: 01708 433550  
Fax: 01708 432497 (Safe Haven)

Safeguarding\_Adults@haverling.gov.uk

### 1. Details of vulnerable adult

Title: Mr/Mrs/Ms/other	First name:	Surname:	Client ID Hospital No. Swift No.
Address:  Postcode:                      Tel:		DOB:  Age:	
Type of accommodation: Own home <input type="checkbox"/> Residential Care <input type="checkbox"/> Nursing Care <input type="checkbox"/> Supported Housing <input type="checkbox"/> Other <input type="checkbox"/>  Access: Key safe No:	Communication Needs: Other language <input type="checkbox"/> Due to illness <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Deaf <input type="checkbox"/> Blind <input type="checkbox"/> Interpreter required <input type="checkbox"/>	Others already notified: Police Yes <input type="checkbox"/> No <input type="checkbox"/> Incident No: Date: Please list others:	
Marital status:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Trans/G <input type="checkbox"/>	Ethnic origin:	Religion:
User group: (tick as appropriate) self funding <input type="checkbox"/>			
Older People <input type="checkbox"/> Mental Health <input type="checkbox"/> Supporting People <input type="checkbox"/>	Learning Disabilities <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol/Substance Misuse <input type="checkbox"/>	Physical Disability <input type="checkbox"/> Carers <input type="checkbox"/> Other (Sensory) <input type="checkbox"/>	

GP:	Next of Kin:
Tel:	Tel:
Was the adult placed by another authority from outside council area? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**2. Details of alleged incident**

Brief description including injuries		
Date:	Time:	Location of incident:
Any other people in the household/or likely to be involved:		
Vulnerable adult(s):		
Name(s):	Age(s)	Addresses:
Children:		
Name(s):	Age(s):	Addresses:
Any animals in the household (please specify):		

**3. Type of abuse** (can be more than one)

Physical <input type="checkbox"/>	Financial <input type="checkbox"/>	Sexual <input type="checkbox"/>	Emotional/ Psychological <input type="checkbox"/>
Neglect/acts of omission <input type="checkbox"/>	Discriminatory <input type="checkbox"/>	Institutional <input type="checkbox"/>	
Name and contact details of all witnesses:			
Statements attached: Yes / No (delete as appropriate)			

**4. Details of alleged perpetrator**

Full name (including nicknames):
Address:

Indicate if known at more than one address		
DOB:	Age:	Gender:
Is perpetrator a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is known to social services? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what team:		
Swift number:		
Relationship to victim:		
Any information relating to perpetrator: History of violence (weapon, drugs, alcohol, sexual, physical, verbal): (please indicate)		
Is alleged perpetrator aware of the alert? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the alleged perpetrator live with the vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the alleged perpetrator the main family carer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**5. Details of person making the alert**

Full name:	Address:	Contact details: Tel: Fax: Email:
Organisation:	Relationship to victim:	
Is alert for:  (a) Notification <input type="checkbox"/> or (b) Investigation <input type="checkbox"/>		

**6. Other relevant information**

Does the vulnerable adult have mental capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the vulnerable adult know this alert has been made? (In some cases intervention may be limited without consent)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the vulnerable adult given consent to proceed to an investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**7. Reported by telephone to**

Full name:	Team:
Job title:	Date: Time:

**Signed:**

**Date:**

Appendix 2

**Raising concerns about a student that is an adult**

