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| <b>POLICY TITLE:</b>          | <b>Safeguarding Adults - England</b>   |
| <b>Policy Number:</b>         | AOP08  |
| <b>Version Number:</b>        | 07   |
| <b>Applies to:</b>            | All Aspris Colleagues  |
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| <b>Policy Owner:</b>          | Jane Stone, Director of Governance and Risk  |
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| <b>Responsible Signatory:</b> | Jane Stone, Director of Governance and Risk  |
| <b>Outcome:</b>               | <p>This policy aims to ensure:</p> <ul style="list-style-type: none"> <li>• That adults are safeguarded and protected from abuse and their safety and wellbeing is maintained through informed practice and individuals' human rights are respected and upheld.</li> <li>• Clarifies mandatory and optional training requirements.</li> <li>• Ensures that all colleagues are made aware of local arrangements as set out on the form provided.</li> </ul>   |
| <b>Cross Reference:</b>       | <p>AHR01 Safer Recruitment and Selection<br/>           AHR07 Disclosures (incl. DBS, Disclosure Scotland and Access NI)<br/>           ALE03 Data Protection<br/>           ALE05 Young Person Information/Information Requests from the Police or Other External Agencies<br/>           AOP03 Complaints<br/>           AOP03A Complaints - Wales<br/>           AOP03B Complaints - Scotland<br/>           AOP04 Incident Management, Reporting and Investigation<br/>           AOP05 Mental Capacity<br/>           AOP08.1 Responding to Suspected Radicalisation<br/>           AOP08.5 Domestic Violence and Abuse<br/>           ACS45 Advocacy and Independent Visitors (Not Regulation 44 Related)<br/>           AOP21 Whistleblowing (Protected Disclosure)<br/>           ACS59 Colleague Supervision - Residential Services<br/>           AOP41 Professional Relationship Boundaries<br/>           Employee Handbooks</p> |

**EQUALITY AND DIVERSITY STATEMENT**

Aspris is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

This policy covers all parts of Aspris Services – The Care and Education Divisions; Central services and our Fostering service. For the Fostering service and the 2 operational divisions, there are local procedures that relate to some of these policies, where necessary.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email [AsprisGovernanceHelpdesk@Aspris.com](mailto:AsprisGovernanceHelpdesk@Aspris.com)

# SAFEGUARDING ADULTS

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**Note:** This overarching policy does **not** replace the need for services to maintain up-to-date 'Local Procedures'.

**This Policy applies where Adults (People aged 18 or over) receive Aspris Services**

**All services must complete AOP Form: 16A and AOP Form: 16B, making them available for all colleagues as this ensures the service-level procedures align with Local Authority and Safeguarding Board/Partnership procedures and thresholds (if published)**

## 1 INTRODUCTION

1.1 Everyone has the right to live their lives free from violence and abuse, and any type of exploitation. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens and specifically for care agencies in the [Care Act 2014](#) (as amended), and its [statutory guidance](#) document (which applies in England only).

1.2 Abuse of adults is the violation of an individual's civil or human rights by others. Such violations may be intentional or unintentional, and may be a single act or repeated over a period of time, by one person or several people. The purpose of this policy is to enable those working with adults at risk to be able to recognise instances of abuse and to address them effectively. This involves the prevention of abuse, early detection, protection and work with those adults following interventions to combat further abuse.

**N.B** Adult 'Safeguarding' is a term used in England.

1.3 Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

1.4 The Care Act 2014 (as amended) promotes the idea of adult wellbeing and indicates that all agencies, such as Aspris, who are involved in supporting adults at risk, and therefore in safeguarding them, must focus on joining up around an individual, making the person the starting point for planning, looking at the person holistically. It is not possible to promote adult wellbeing without establishing a basic foundation where people are safe, and their support is on a secure footing.

- 1.5 Wellbeing, as described in the Care Act, broadly covers the following areas:
- (a) Personal dignity (including treatment of the individual with respect)
  - (b) Physical and mental health and emotional wellbeing
  - (c) Protection from abuse and neglect
  - (d) Control by the individual over day-to-day life (including over care and support provided and the way it is provided)
  - (e) Participation in work, education, training or recreation
  - (f) Social and economic wellbeing
  - (g) Domestic, family and personal
  - (h) Suitability of living accommodation
  - (i) The individual's contribution to society.

**NB:** It must be remembered that Safeguarding it is not a linear process imposed on adults at risk of abuse or neglect, but rather a series of steps, considerations and decisions made with the person who uses our services and their representative, where appropriate, and that it is proportionate to the concern.

- 1.6 The aim of adult safeguarding is to:
- (a) Stop abuse or neglect wherever possible
  - (b) Reduce the risk of abuse or neglect to servicepeople, reducing the circumstances that may lead to vulnerability and risk, including isolation, by adopting preventative strategies
  - (c) Safeguard adults in a way that supports them in making choices and having control about how they want to live
  - (d) Promote servicepeople wellbeing by adopting an approach that concentrates on improving life for the adults concerned
  - (e) Provide information and support in accessible ways to help servicepeople understand the different types of abuse, how to stay safe and what to do to raise a concern.

## **2 POLICY STATEMENT**

2.1 In line with Legislation and the respective Statutory/Government guidance, Aspris will work in partnership with local statutory agencies and other relevant agencies to protect adults at risk of abuse and provide an effective response to any circumstances giving ground for concern, complaints or expressions of anxiety.

2.2 The commitment of Aspris is to make prevention of abuse one of the absolute priorities for all our services and to have robust procedures in place for dealing with incidents of abuse where the prevention strategy has not been effective.

|       |                        |  |   |
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| 2.2.1 | <b>Empowerment</b>     | People being supported and encouraged to make their own decisions and informed consent | <i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"</i>  |
|       | <b>Prevention</b>      | It is better to take action before harm occurs   | <i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"</i>                                    |
|       | <b>Proportionality</b> | The least intrusive response appropriate to the risk presented                         | <i>"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."</i>                              |
|       | <b>Protection</b>      | Support and representation for those in greatest need                                  | <i>"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."</i> |
|       | <b>Partnership</b>     | Local solutions through services working with their communities.                       | <i>"I know that colleagues treat any personal and sensitive information in confidence, only sharing what"</i>   |

**Children's Services  
Operational**

|                |   |   |
|----------------|---|---|
|                | Communities Have a part to play in preventing, detecting and reporting neglect and abuse. | <i>is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."</i> |
| Accountability | Accountability and transparency in delivering safeguarding.                               | <i>"I understand the role of everyone involved in my life and so do they."</i>  |

- 2.2.2 All colleagues must work within the framework of the law and behaviour which is unlawful will not be condoned. Appropriate action will be taken against colleagues behaving outside the framework of the law.
- 2.3 Colleagues should be alert to indications of possible abuse of adults and understand how to raise any concerns appropriately. Safeguarding procedures should be seen as an integral part of the philosophy and working practices in all services.
- 2.4 When any concerns of possible abuse are raised, the immediate and primary concern must be the safety and interests of the individual or group of individuals. Adults have a right to have their decisions respected, even if this involves taking risks, so careful assessment of the individual's mental capacity in relation to making decisions about the specific issue is essential to protect these rights. (See AOP05 Mental Capacity).
- 2.5 Approaches to adult safeguarding should be person-led and outcome-focused. The Care Act 2014 emphasise a personalised approach to adult safeguarding that is led by the individual, not by the process. It is vital that the adult feels that they are the focus and they have control over the process.
- 2.6 'Making Safeguarding Personal' is not simply about gaining an individual's consent, although that is important, but also about hearing people's views about what they want as an outcome. This means that they are given opportunities at all stages of the safeguarding process to say what they would like to change. This might be about not having further contact with a person who poses a risk to them, changing an aspect of their support plan, asking that someone who has hurt them apologises, or pursuing the matter through the criminal justice system.
- 2.7 The views, wishes and desired outcomes of the adult are equally important should the adult lack mental capacity to make informed decisions about their safety, or have substantial difficulty in making their views known and participating in the enquiry process. Personalised practice approaches should still be taken in such cases, including engaging with the person's representative, appointing an independent advocate where appropriate, using what information is known and finding out what the adult would have considered important in decisions about their life, and by following best practice as laid out in the Mental Capacity Act Code of Practice 2007.
- 2.8 Adults have the right to independent support (See ACS59 Advocacy) at any stage of the process if they so wish. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the Local Authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.
- 2.9 All colleagues will receive basic training in safeguarding adults via e-Learning and those working directly with adults at risk will receive further training appropriate to the level of their responsibilities (see Section 5).
- 2.10 Aspris services will work closely with Local Authorities to provide an effective multi-agency approach to the prevention, detection and enquiry into abuse. The person using our services should always be involved from the beginning of any enquiry and anything that happens as a result, wherever possible, must reflect their wishes, as stated by them or by their representative or advocate. If they lack capacity a 'Best Interests Decision' on how to proceed must be taken following the process in AOP05 Mental Capacity.
- 2.11 Colleagues must be sensitive to diverse cultural, religious and ethnic identities of servicepeople in all aspects of safeguarding adult work. Where spoken English is not the

adult's primary language, or they communicate non-verbally, the assistance of appropriate interpreters will be used to ensure people's needs are being met and their views heard. See AOP29.1 for further information.

### 3 RESPONSIBILITIES

- 3.1 Overall responsibility for the organisation's arrangements to safeguard and promote the welfare of children ultimately lies with the Chief Executive Officer for Aspris together with the Executive Lead for Safeguarding and Director of Risk and Governance .
- 3.2 The Executive Safeguarding Lead is expected to ensure there is a robust governance structure that supports service leaders and their Safeguarding Leads. This role includes: Chairing organisational Safeguarding Committees; having oversight of safeguarding and associated data (including, but not limited to: Incidents, restrictive practice, quality audits and regulatory outcomes); providing expert advice regarding regulatory expectations for safeguarding; and reporting to the Executive Board.
- 3.3 The Area Directors are Regional Safeguarding Leads and their duties include:
- (a) Facilitating and/or organising appropriate safeguarding supervision to the Sub-Regional Safeguarding Leads;
  - (b) Offering sound procedural advice and support;
  - (c) Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and
  - (d) Analysis of the audits of practice and identification of any actions necessary for the region and monitor these to completion.
- 3.3.1 Regional Safeguarding Leads are also expected to report up to the organisational Safeguarding Committee in line with governance structures and support the committee with analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact with other Regional Safeguarding Leads.
- 3.4 Service Leaders are accountable for the safeguarding practice in their service, the responsibility for supporting colleagues and tracking concerns through to 'closure' is sometimes delegated to other Designated Safeguarding Leads however the Service Leader remains accountable and as such, should be involved and maintain effective oversight of the safeguarding concerns within their service.
- 3.5.1 It is the responsibility of all Headteacher / Registered Manager to ensure that adequate practices are in place in their services concerning adult safeguarding and that these practices effectively link with and reflect those of the Local Authority; the Local Procedures (AOP Form: 16) is the format in which this is expected to be recorded and communicated to colleagues. This will include following safer recruitment procedures (refer to AHR01 Safer Recruitment and Selection), and ensuring that all colleagues read this policy and undertake regular training to the levels set out in Section 5 below.
- 3.6 Colleagues are responsible for maintaining clear and professional boundaries between themselves and the service people. These boundaries define the limits of behaviour that allow colleagues and service people to engage safely in a therapeutic relationship. The boundaries are based on trust, respect and appropriate use of power, with the focus on the needs of the person using our services. Blurring of these boundaries, and moving the focus of care away from their needs, can lead to confusion and the possibility of the development of abuse. Personal relationships with service people are never acceptable. (Refer to AOP41 Professional Relationship Boundaries).
- 3.7 It is the responsibility of all colleagues to act on any concerns, suspicions or evidence of abuse and every reported incident of abuse must be given urgent priority. **Colleagues can report safeguarding concerns directly to the Local Authority Safeguarding Team, and must do so if they feel it is necessary.** Colleagues must report any genuine concerns,

ensuring the DSL at the service, or a senior colleague is informed as well as the appropriate Local Authority in line with the services Local Procedures (AOP Form: 16).

- 3.8 A failure to respond to/raise a safeguarding concern when recognised will be considered as an act of neglect and be raised as a safeguarding concern against the colleague accordingly, a failure to safeguarding a person in our care will be considered through the appropriate proportionate disciplinary procedures.
- 3.9 It is the responsibility of all colleagues to read this policy and to complete the Safeguarding training commensurate with their job role as set out in the Safeguarding Training Matrix (AOP Form 21B).
- 3.10 **Whistleblowing** - It is the responsibility of all colleagues to advise their manager of any concerns they have about the safety and wellbeing of servicepeople. If colleagues do not feel their concerns are being taken seriously or sufficiently responded to within the Priory Group they should follow the guidelines in AOP21 Confidential Reporting (Whistleblowing). Colleagues can also report safeguarding concerns directly to the local Safeguarding Board, and must do so if they feel it is necessary.
- 3.12 In matters of safeguarding, it should never be assumed that someone else will pass on information which may be critical to the safety and wellbeing of the adult, the individual who receives a disclosure or notices a concern must report it appropriately and not assume a colleague will for them.

#### 4 PREVENTION

- 4.1 **Safer Recruitment** - Safer recruitment policies must be followed for all colleagues, including volunteers. (Refer to AHR01 Safer Recruitment and Selection). All interview panels must contain one colleague with safer recruitment training. Agency colleagues' references and Disclosure and Barring Service and Disclosure Scotland checks are the responsibility of the Agency who is their employer, but must be confirmed in writing to the service prior to any shift being worked. Agency colleagues' induction will include an overview of safeguarding procedures specific to the service, this includes being provided a copy of the service's Local Procedures (AOP Forms 15 and 16).
- 4.1.1 It is the responsibility of the Headteacher / Registered manager to ensure agency colleagues have been recruited using full safer recruitment processes by their employer i.e. the agency. (Refer to AHR01 Safer Recruitment and Selection).
- 4.2 **Notifications to Regulatory, Professional or Vetting and Barring Bodies** - The Safeguarding Vulnerable Groups Act 2006 introduced a new vetting and barring scheme for all those who work with children and vulnerable adults. Across the UK this list is kept by the DBS. Employers are required to make referrals to the DBS about individuals they believe to pose a risk of harm to vulnerable groups. There is a referral guidance document available from the DBS [www.gov.uk/government/publications/dbs-referrals-form-and-guidance](http://www.gov.uk/government/publications/dbs-referrals-form-and-guidance). It is an offence for employers to employ anyone who is barred under the scheme. (Refer to AHR0.7 Disclosure (incl. DBS))
- 4.2.1 The vetting and barring schemes are linked so that they are all able to identify if and when an individual has been negatively reported in the system of any country in the UK.
- 4.2.2 It is the responsibility of the Headteacher / Registered manager to notify their specific regulatory body and DBS, if a colleague is dismissed on safeguarding grounds in consultation with Central Human Resources Department and the Regional Manager or Area Director. The responsibility to notify also applies if someone resigns or retires at the time of a safeguarding concern when there is sufficient evidence to dismiss them or they resign to avoid disciplinary.

4.2.3 The Headteacher / Registered manager has a responsibility to report to the relevant professional body, any substantial allegation of misconduct by a practitioner, which, if proven, would call into question their fitness to practice.

4.3 **Safeguarding Lead (SL) Roles** - Every Aspris service must have a senior colleague as the DSL supported by a Regional Safeguarding Lead. A register of the DSLs for all Aspris services is kept by the organisational committee, this is monitored on a regular basis. For levels and training see Section 5 and see **Appendix 1** for role description. These roles will be regularly reviewed by the Safeguarding Committee.

**NB:** All services must have a nominated lead for safeguarding children, regardless of their service user mix. An adult safeguarding lead is required in Adult services only. Safeguarding Leads undertake training on the responsibilities for both child safeguarding and adult safeguarding.

4.4 **Multi-Agency Co-operation** - No effective adult safeguarding process can work unless those concerned are committed to the concept of multi-agency and multi-professional working. All the agencies involved, private or public bodies, should have the well-being, rights and safety of the adult at risk as the first priority. Multi-agency co-operation is aimed at sharing information, improving joint working and addressing barriers.

4.4.1 Where intervention is necessary, this should be commensurate with the level of concern and the least restrictive and intrusive into people's lives. Support should be aimed at enabling the person to achieve their highest level of independence, and should be in partnership with the Local Authorities, the adult at risk and their carers where appropriate.

4.4.2 Information shared between agencies, including the local social care department and the police must be treated with the strictest confidentiality (but this must not be confused with secrecy). The safety of the adult at risk depends on the willingness of those agencies, or organisations, to share and exchange relevant information when there is concern. Early sharing of information is the key to providing an effective response where there are emerging concerns.

4.4.3 Where there is a general non-specific safeguarding concern, it is good practice to convene a professionals' meeting with other external agencies.

4.5 **Radicalisation** - Aspris recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their day-to-day contact with others. The UK government's Prevent Strategy (2011), which is a key aspect of safeguarding, outlines the commitment to be made by organisations such as Aspris in ensuring that threats of this kind are understood and responded to. (AOP08.1 Responding to Suspected Radicalisation).

4.6 **Visitors** - All visitors to and from any service must be recorded, and supervised as appropriate. Refer to Aspris policies on visitors and visiting children, including visits by 'persons of celebrity or importance'.

## 5 INDUCTION AND TRAINING

5.1 As part of their Induction programme new colleagues should be asked to read the following:  
(a) AOP08 Safeguarding Adults  
(b) AOP41 Professional Relationship Boundaries  
(c) Aspris Employee Handbook  
(d) A copy of the locally completed AOP Form: 15 (and AOP Form: 16).  
(e) A copy of ACS04 Positive Behaviour Management  
(f) A copy of AOP Form: 15B

5.2 It is the responsibility of the Headteacher / Registered manager to ensure that all colleagues comply with the induction and training plan, which is centrally managed and

monitored by People Development in Central People Team and to regularly view the compliance levels via Priory Academy reports. The e-Learning module will be completed by all colleagues within two weeks of appointment to the job role with regular updates.

- 5.3 All employees working on Aspris services will undertake the eLearning training module on Safeguarding to enable them to recognise early signs of abuse and understand how to communicate concerns to Safeguarding Leads and share vital information between agencies. The eLearning module will be completed by all colleagues within the first two weeks of appointment to the job role, followed by regular refreshers.
- 5.4 DSOs will attend centrally arranged combined adult and children & young people learning that is provided by an external training provider (two days DSO Face to Face, and one day annually DSO Face to Face Refresher), to ensure consistency of standards. Successful completion of these courses permits the trainer to deliver face to face training at their service providing they meet the competencies agreed by the Aspris Safeguarding Committee, in addition to LSP/LSCB
- 5.5 The Headteacher / Registered manager should ensure that the training materials and guidelines provided by LSP/LSCB are available to all employees.

## **6 RECOGNITION OF ABUSE**

- 6.1 Abuse may occur in any context or environment and by any person, professional colleagues, care workers, volunteers, other servicepeople, family, friends, neighbours or strangers. Abuse may be deliberate or unintentional or result from lack of knowledge. It can also occur as the result of neglect or poor professional practice, which could be isolated incidences of poor or unsatisfactory professional practice through to pervasive ill treatment or gross misconduct.
- 6.2 Although difficult to detect, colleagues should be alert to the possibility of abuse/exploitation from strangers, especially in services where adults at risk are supported by Aspris colleagues to live a more independent life.
- 6.3 Colleagues should also be aware that the perpetrator could be another person who uses our services. Research has shown that where this kind of abuse is ignored or not addressed appropriately, the victims may experience mental ill health, low self-esteem and may also become perpetrators of abuse against others. It is important to understand that an adult at risk of abuse may also be abused by another adult at risk of abuse. Adults who are subject to the Mental Health Act 1983 or the Criminal Justice System are still entitled to be protected from abuse and prevented from abusing others.
- 6.3.1 Alleged perpetrators of abuse, who are themselves adults at risk, should be assured of their right to the support of an 'appropriate adult' whilst they are being questioned by the police under the Police and Criminal Evidence Act 1984 (PACE) (See AOP18 Information Requests from The Police or Other External Agencies).
- 6.4 Colleagues should be aware that some adults at risk may not be aware that they are being abused, for instance when they become dependent on colleagues, family or carers, allowing them to take control of their finances and physical environment. They may be reluctant to assert themselves for fear of making the situation worse.
- 6.5 Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the Police is likely to have benefits in many cases.



- 6.6 Adults in need of or in receipt of community care services, are entitled to the protection of the law in the same way as any other member of the public. The responsibility for taking the lead on the enquiry of a crime rests with the Police. Decisions regarding prosecution are the responsibility of the Crown Prosecution Service. The early involvement of the Police is essential when there is reason to believe that a crime has been committed.

## 7 TYPES OF ABUSE

- 7.1 Government guidance issued in the document 'Care and Support Statutory Guidance (Issued under the Care Act 2014)' - October 2016 sets out ten categories of abuse:

- (a) **Physical abuse** - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions, female genital mutilation (FGM) (see 7.1.14).
- (b) **Domestic violence** - including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- (c) **Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- (d) **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- (e) **Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- (f) **Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- (g) **Discriminatory abuse** - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- (h) **Organisational abuse** - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- (i) **Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- (j) **Self-neglect** - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

- 7.2 **Sexual Exploitation** is a form of sexual abuse and suspicions should be reported to the Police. The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Sexual exploitation can occur through the use of technology without the person's immediate recognition. It can include, being persuaded to post sexual images on the internet/a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. There is an increasing body of evidence that adults with learning disabilities are vulnerable to being targeted by perpetrators of such abuse.

- 7.3 **Forced marriage and 'Honour-Based' Violence/Abuse** - A forced marriage is a marriage in which one or both spouses do not (or, in the case of *some* adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. The terms 'honour crime', 'honour-based violence' or 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family.
- 7.4 **Hate Crime** - A hate crime is defined as 'Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender.
- 7.5 **Multiple Forms of Abuse** - More than one form of abuse may occur to one person or groups of people. It is important for colleagues to look beyond single incidents or breaches in standards to underlying dynamics or patterns of harm.
- 7.6 In England all professionals working in regulated professions, have a statutory duty (and other colleagues have a mandatory duty) to notify the Police if they discover that an act of FGM appears to have been carried out on a girl who is under the age of 18 years (or if they suspect that a child may be at risk). If identified in women over 18 years of age, colleagues need to follow safeguarding procedures.

## 8 INTERNAL REPORTING

- 8.1 Any suspicions, allegations or disclosures of abuse or neglect must be reported internally immediately. Colleagues who suspect any form of abuse or safeguarding issue must discuss their concerns with the DSL, or in their absence discuss with a senior colleague in line with the service's Local Procedures (AOP Form: 15), immediately or with a maximum of 24 hours. All safeguarding incidents and allegations of abuse will be reported on the Aspris Incident Reporting System. A note will be made of whether the incident is disclosure of a non-recent (historical) event or whether it is a current issue that has happened whilst the child is the responsibility of Aspris colleagues. A note should also be made in the service people care records.
- NB:** Non-recent abuse is defined as an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old.
- 8.2 Adults may also disclose 'historical' abuse committed when they were legally considered an adult. The disclosure of a historical event is in itself an incident which needs reporting, so that a proportionate notification and enquiry can take place to establish the facts and to ascertain whether it is no longer continuing or current. There would be a risk in not reporting such incidents, since assumptions might be made, and transparency may be compromised. The response should be proportionate and least intrusive to the risk presented, and in consideration of the wishes of the individual concerned.
- 8.3 External reporting should be in accordance with the requirements of the local safeguarding team as indicated on the service's Local Procedures (AOP Forms 15 and 16). If an incident has been discussed with the local safeguarding team, a note must be kept of their response. Confirmation should be sent to them either by letter or e-mail according to their requirements,

stating whether they required it to be reported to them or not, and any other advice that they gave. The advice of the local safeguarding team will be acted upon.

8.4 A register of all safeguarding incidents will be kept centrally via the Incident Reporting System (Electronic Reporting System). A local register (safeguarding log) should be maintained, this can be created using the Electronic Reporting System a chronology tracking safeguarding concerns is also attached to each referral (ACS Form: 01).

8.4.1 Safeguarding incidents must be escalated through the management and safeguarding reporting structure with serious incident notifications completed in accordance with AOP04 Incident Management, Reporting and Investigation.

## 9 DISCLOSURE OR DISCOVERY OF ABUSE OR ALLEGATIONS OF ABUSE

9.1 Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the Police to investigate and make a decision about any subsequent action. The Police should always be consulted about criminal matters. If possible preserve the crime scene to make sure the evidence is not contaminated, the Police will provide advice on how to preserve the scene in such instances. This will usually mean locking off the area and securing the records in the first instance.

9.2 In the event of, or knowledge of abuse of a person who uses our services at the unit by anyone, including another service user, action must be taken on discovering any form of abuse in whatever form it presents - historical, ongoing or a one off event. Employees should use the following procedures :

### 9.3 **Step by Step Guide for responding to disclosures of abuse:**

The person in our care that has disclosed must be attended to, comforted and supported and any physical injuries taken care of.

- (a) Listen carefully to what the person has to say, but do not ask leading questions about the alleged abuse.
- (b) Ensure that everyone is safe and that the emergency services have been called if needed.
- (c) Advise the person of the procedures which will follow.
- (d) If you want to take notes, tell the person first, and keep your original notes (even if they are subsequently 'written up' in the person's notes) to give to the DSL as they will be required if a case goes to court.
- (e) Record the following information as soon as possible afterwards, if using paper notes use black ink, signed and dated by the person alleging the abuse:
  - i. All details of the alleged abuse, including location
  - ii. Times/dates of conversations and telephone calls
  - iii. Names of colleagues present at the time
  - iv. Any other relevant information
- (f) **All Aspris colleagues have a duty to refer** the case to the local Safeguarding Service using the details identified on the service's OP Form: 16 and/or seek guidance on what to do next from the DSL or Local Safeguarding Service; a multi-disciplinary discussion to agree the next steps should be held, including the person in our cares' views (where possible) and documents in their notes. This must be done as soon as practicable or within 24 hours maximum.
- (g) Ensure the safeguarding concern is recorded in the person's notes and on the Electronic Reporting System as an incident, you should ensure the service's Safeguarding Lead is aware of the concern and actions taken.

9.3.1 If you are unsure if a concern needs reporting, share any allegations or suspicions of abuse with the DSL, or in their absence discuss with a senior colleague in line with the service's Local Procedures (AOP Forms 15 and 16), they will offer advice about next steps or liaise with the local safeguarding services to seek advice and to provide clarity if you should make a referral.

- 9.4 In the event of allegations, disclosure, suspicion or knowledge of abuse of people in our care at the unit by a colleague (including Agency/Supply colleagues and Volunteers), the following procedures should be followed:
- Consult with the Safeguarding Lead, senior manager or manager on call (if out-of-hours), who will liaise with the local Safeguarding Service, either to seek advice or to make a referral. (If the concern is about the Safeguarding Lead or senior manager, discuss with the Regional Safeguarding Lead or Executive Safeguarding Lead).
  - Record in detail the circumstances, including the nature and extent of any injuries and any action taken. A Body Map on the Incident Reporting system is available for this purpose. If appropriate, a photo of the injury may be taken, after obtaining and documenting informed consent from the injured person.
  - A referral to the Local Authority Designated Officer (LADO) should be considered if the colleague works with or might work with children or young people.
- 9.5 The Safeguarding Lead (or in his/her absence, the Headteacher/ Registered manager) is responsible for supporting colleagues to refer safeguarding concerns in line with Local Procedures (AOP Form: 15 and 16), they will also ensure that the following procedures are carried out where abuse is witnessed, suspected or alleged:
- Ensure that everyone is safe and that the emergency services have been called if needed.
  - If appropriate, inform and reassure the person using our services, their GP and family that the situation is being dealt with.
  - Keep the individual and safeguarding records up to date, to evidence outcomes or further work required.
  - If the person who discovers the abuse has been unable to, refer the case to the local Safeguarding Service and/or seek guidance on what to do next, this alert must be done as soon as practicable or within 24 hours maximum.
  - To ensure that evidence is not contaminated in case the Police wish to lead, wait until the local Safeguarding Service has given consent before commencing the enquiry.
  - Advise Regulatory Body, Placing Authority/Commissioners, and Social Worker/Case Manager (if applicable) that a referral has been made.
  - Ensure the safeguarding concern is recorded in the person's notes and on the Electronic Reporting System as an incident, this should also be recorded in the service's safeguarding log (if used).
- 9.6 The Headteacher / Registered Manager (in conjunction with the Area Director, Regional Safeguarding Lead, Executive Safeguarding Lead, and the local Safeguarding Service) should decide whether it is appropriate to move to a non-client facing role or suspend colleagues in order to keep servicepeople safe, pending formal disciplinary procedures. The manager carrying out the suspension should also advise the regulatory body or relevant professional body if a suspension is made.
- 9.7 If a colleague is subject to an allegation of abuse against a person who uses our services or vulnerable individual, suspension pending investigation should be the first choice. Where a colleague is not suspended and is moved to another area, this should be an administrative role and not involve contact with servicepeople or their families or allow access to the persons care records. All decisions should be clearly documented with advice sought from the Local Authority Safeguarding Team/LADO, HR and DSLs as appropriate to the level of allegation **prior** to informing the colleague of any details of the allegation.
- (NB: Aspris disciplinary procedures may be undertaken, even if the local safeguarding or police teams decide not to take further action).
- 9.7.1 **An early recommendation from either the Local Authority / Designated Officer for the local authority (LADO) or from the strategy discussion should determine whether and when the colleague who is the subject of the allegation should be informed of the allegation and whether they should be moved to other work or suspended whilst the allegation is dealt with.**

- 9.8 The DSL will be the point of contact for all matters concerning a particular case and he/she will liaise with the local Safeguarding team and co-ordinate any actions that they prescribe or recommend.
- 9.9 The DSL will check and ensure that concerns are fully and accurately recorded on the Incident Reports by the colleagues completing the reports. These, along with other reports or details regarding any allegation or incident of abuse, will be kept securely and confidentially by the Safeguarding Lead.
- 9.10 The Headteacher / Registered Manager is responsible for undertaking all such duties described above in the absence of the Safeguarding Lead.

## **10 REFERRALS TO THE LOCAL SAFEGUARDING SERVICE**

- 10.1 Aspris services will use the documentation provided by or agreed with the local safeguarding teams to make referrals or, if not identified then AOP Form: 17 can be utilised to make referrals. However, it must be made clear to colleagues which form to use on their particular service. The locally preferred method of reporting a referral may be also on-line or via a telephone abuse line.
- 10.2 These details must be made clear to colleagues and recorded on AOP Form: 16 which should be on display in all colleague areas for reference.
- 10.3 If a practitioner is unsure which local authority to report to they should contact their local social services for advice.
- 10.4 If the person thought to be experiencing the abuse has capacity, then consent for the referral should be gained. However, this is not necessary if there is an overriding public duty to act, such as the likelihood of the perpetrator abusing others, or if gaining consent would put the person at further risk. If you are unsure whether to share the concern without consent, discuss with the Local Authority Safeguarding Team on a 'no named basis'.
- 10.5 Where an adult does not have mental capacity to make decisions about protection from abuse action should be taken to protect them. Any such action must be proportionate to the level of risk and take any knowledge of the persons previously expressed wishes into account. (See AOP05 Mental Capacity).
- 10.6 Any referral that is made to the local Safeguarding Service must also be notified to the relevant regulatory body using the appropriate notification forms provided by the regulatory bodies and accessed via their websites. **NB:** The CQC require providers to notify of all abuse or allegations of abuse at the time identified, not only those accepted as referrals by the local Safeguarding Service.
- 10.7 The Headteacher / Registered manager must ensure that all details of local safeguarding arrangements are made available to all colleagues. AOP Form: 16 is available for this purpose.
- 10.8 For the latest information on the escalation process for safeguarding incidents, refer to AOP Form: 16 or contact the Local Authority to request a copy of their escalation procedures.

## **11 PHYSICAL INTERVENTIONS**

- 11.1 Aspris policies on the use of physical interventions must be followed and colleagues trained appropriately.
- 11.2 Unlawful use of force (force that is neither necessary nor proportionate) is considered physical abuse and may require Police as well as safeguarding involvement. Incident data on physical interventions is monitored at service level and centrally to identify trends and themes.

- 11.3 The use of restraint should be as an absolute last resort in any Aspris service. Where it has been used, a full record of the incident must be made, carers/parents must be made aware and if there is any question that the intervention was not necessary and/or proportionate the appropriate authorities informed
- 11.4 Incidents involving physical interventions must be captured on the Electronic Reporting System, good safeguarding governance requires such incidents to be considered through a safeguarding lens to identify the appropriate resulting actions.
- 11.5 Concerns about the potential or alleged inappropriate or unlawful use of physical interventions by colleagues must be referred to the Local Authority/Local Authority Designated Officer (LADO) for advice about whether a subsequent investigation is required. This advice should take precedence over the opinions of physical intervention Leads, however the opinions of physical intervention Leads will undoubtedly inform a LADO process/investigation.

## 12 AUDIT AND GOVERNANCE

- 12.1 An audit of Safeguarding processes will be carried out on all services (with a maximum interval of 12 months). Audit tools specifically designed to suit the requirements of the organisation will be used. The results of the Audit will be discussed at service level local governance meetings, and brought to the organisational Safeguarding Committees. Local or organisational action plans will be developed as required.

## 13 REFERENCES

- 13.1 **Relevant Legislation:**  
Care Act 2014 (as amended)  
Care Standards Act 2000  
Counter Terrorism and Security Act 2015  
Data Protection Act 2018  
Domestic Violence, Crime and Victims Act 2004  
Equality Act 2010  
Female Genital Mutilation Act 2003  
Health Act 1999  
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13: Safeguarding servicepeople from abuse and improper treatment  
Human Rights Act 1998  
Homelessness Reduction Act 2017  
Modern Slavery Act 2015  
Mental Capacity Act 1983 (including DoLs 2007) & Code of Practice  
Mental Health Act 1983 as amended in 2007  
Police and Criminal Evidence Act 1984  
The Public Interest Disclosure Act 1998  
Safeguarding Vulnerable Groups Act 2006  
Sexual Offences Act 2003
- 13.2 **Other guidance documents:**  
CQC (2018) Statement on CQCs Roles and Responsibilities for Safeguarding Children and Adults  
DH (2011) Safeguarding Adults: The role of health service practitioners  
DH (2013) Domestic Violence and Abuse – Professional Guidance  
DHSC Care and Support Statutory Guidance, updated 2021  
Foreign and Commonwealth office & Home office (2013) Forced Marriage (updated 2020)  
Home Office (2015) Prevent Duty Guidance: For England and Wales (updated 2019)  
HM Government (2020) Multi-agency Statutory Guidance on Female Genital Mutilation  
NICE (2014) Domestic Violence and Abuse: Multi-agency working. PH50  
SCIE (2011) Adult Services Report 47 User Involvement in Safeguarding

Also refer to local Safeguarding policies and procedures published by Local Authorities

## **APPENDICES**

**APPENDIX 1** - Role descriptions

**APPENDIX 2** - Internal Safeguarding Procedure

**APPENDIX 3** - Safeguarding Adult Reviews - Process for Appointment of Writer for Chronology and IMR

**APPENDIX 4** - Safeguarding Adult Reviews - Process for Chronology and IMR

### **Associated forms:**

**AOP Form: 09A** Log of Safeguarding Incidents (Adult Safeguarding)

**AOP Form: 16** Local Arrangements for Safeguarding Adults at Risk

**AOP Form: 17** Referral of Alleged Safeguarding Concern

**AOP Form: 17B** Information for people - Safeguarding Adults

**AOP Form: 21B** Safeguarding Training Matrix - All Divisions

**AOP Form: 21C** 'Safeguarding for Colleagues' Training - Information for Safeguarding Leads, Managers and SLAs

**AOP Form: 21D** Safeguarding - Conformation of Competence

## APPENDIX 1

### ROLE DESCRIPTION FOR SAFEGUARDING LEADS (Children's Homes)

#### 1 Safeguarding Lead

The Service Leader (Registered Manager) remains accountable for the safeguarding practice at the service. The role of the Safeguarding Lead in services or clusters of services involves taking on the responsibility for several areas or safeguarding, including, as a minimum, the following:

- (a) Assist/advise other colleagues on safeguarding issues
- (b) Assuming responsibility as the named lead and point of contact for stakeholders regarding safeguarding concerns
- (c) Undertake training and updates to the level specified
- (d) To understand and advise other colleagues on referral processes
- (e) Report to the local governance meeting each month
- (f) Receive papers and documents from other agencies and to comment on behalf of the service
- (g) Provide the link from the service to the local Safeguarding Services
- (h) Co-operate fully with all safeguarding enquiries which may include attending strategy meetings and case conferences
- (i) Ensure that clear and accurate records of safeguarding concerns are kept
- (j) To be aware of what situations require referral to the local Safeguarding team
- (k) Input into the development of local safeguarding procedures which effectively link with and reflect those of the Local Authority
- (l) Communicate changes to procedures/documentation to colleagues
- (m) To share best practice and lessons learnt through regular contact (at least annually) with other safeguarding leads at the regional safeguarding meetings
- (n) If approved, to deliver appropriate face to face safeguarding training to other colleagues.
- (o) To provide safeguarding supervision to the deputy Safeguarding Leads at the service.

#### 2 Deputy Safeguarding Lead

- (a) Will be trained to the same standard as the Safeguarding Lead
- (b) Will deputise for the Safeguarding Lead. However, the ultimate responsibility, as set out above, remains with the Registered Manager.

#### 3 Regional Safeguarding Lead

- a) Facilitating and/or organising dedicated safeguarding supervision to the Cluster/Sub-Regional Safeguarding Leads;
- b) Offering sound procedural advice and support;
- c) Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and
- d) Analysis of the divisional audits of practice and identification of any actions necessary for the region and monitor these to completion.
- e) Act on behalf of the Divisional Safeguarding Committee as a member, sharing learning and influencing safeguarding practice across the Division.
- f) Support other Regional Leads by covering during periods of absence (for example annual leave or sickness)

Regional Safeguarding Leads are also expected to report up to the Divisional Safeguarding Committees in line with divisional governance structures and support the committee with analysis of disincentives to report, sharing of best practice and lessons learnt through regular contact with other Regional Safeguarding Leads

#### 4 Executive Safeguarding Lead

- (a) Support a number of identified services within the region, this may be divided by geographic region, service type or workload.
- (b) Facilitating and/or organising dedicated safeguarding supervision to the service-level Safeguarding Leads;



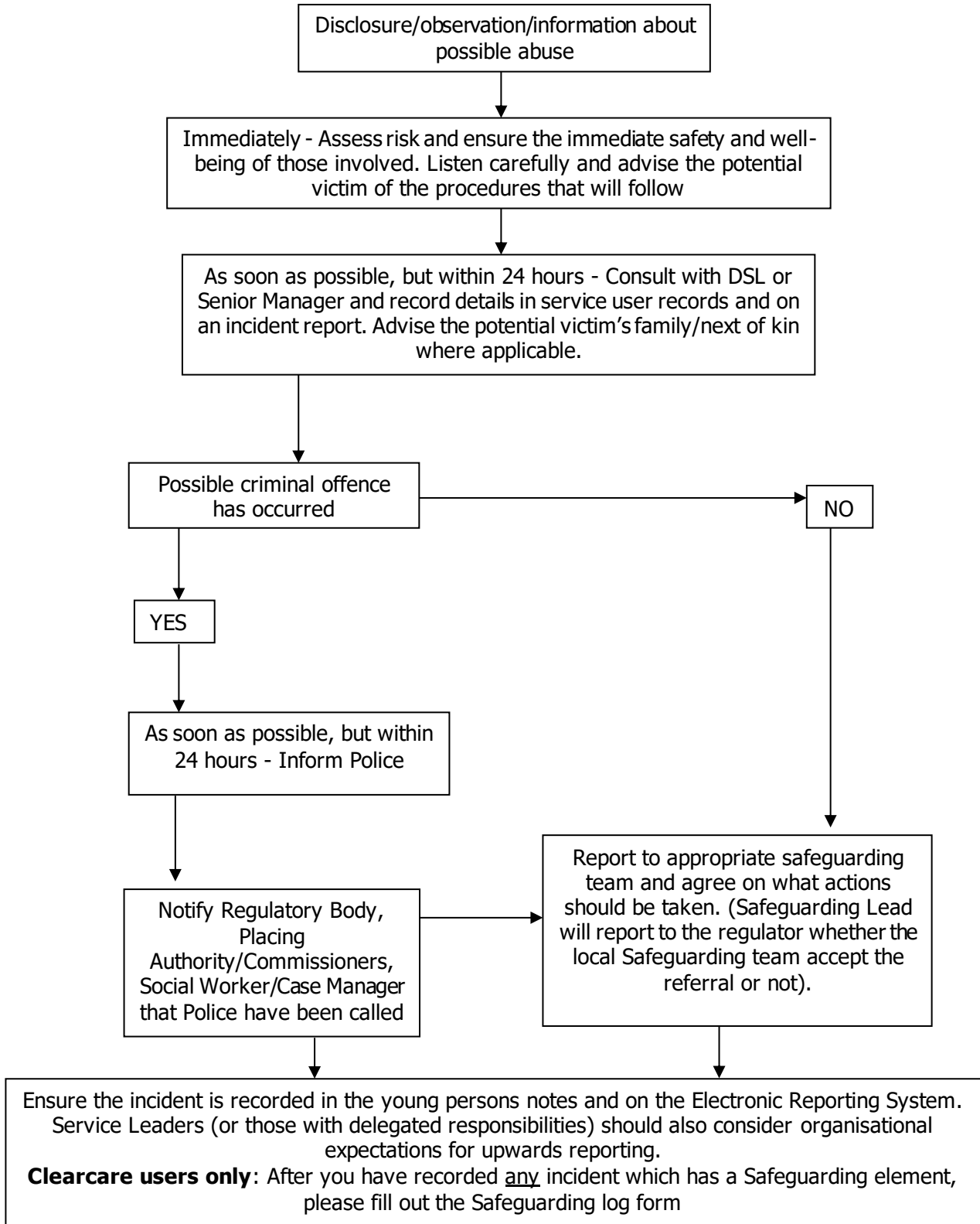
**Children's Services  
Operational**

- (c) Offering sound procedural advice and support;
- (d) Overseeing complex investigations regarding their services, acting as a point of contact for stakeholders; and
- (e) Analysis of the divisional audits of practice and identification of any actions necessary for the region and monitor these to completion.

**APPENDIX 2**

**Internal Safeguarding Procedure**

The following flowchart details actions that must be taken following suspicion that an adult at risk has been abused.



**APPENDIX 3**

**Safeguarding Adult Reviews -  
Process for Appointment of Writer for Chronology and IMR**

Safeguarding Board Chair communication to Chief Executive Officer (CEO) that Safeguarding Adult Review is underway  
Or  
Service is contacted directly to contribute, escalated upwards to Executive Safeguarding Lead who will inform the CEO)



CEO formally delegates to Executive Safeguarding Lead, who writes acknowledgement letter to Chair of Safeguarding Board



Executive Safeguarding Lead conducts impact assessment with relevant operational Manager



Agreement reached by Executive Safeguarding Lead on appointment of author(s) for chronology and IMR

**APPENDIX 4**

**Safeguarding Adult Reviews - Process for Chronology and IMR**

