

SAFEGUARDING ADULTS POLICY AND PROCEDURE

This is a controlled document ratified by the Board of Trustees. It must not be altered in any way. No other internal policies or procedures for Safeguarding Adults are to be used or created. On receipt of a new version, please destroy all previous versions. If you are reading a printed copy of this document, you should check Family Action's intranet to ensure that you are using the most current version.

Updated: February 2023

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INTRODUCTION

I am delighted to introduce and commend this revised and updated adult safeguarding policy and procedures to you. We have continued to enhance and strengthen our approaches to safeguarding children and adults as a key priority across all of our services and this updated policy ensures that our practice is in line with current developments and legislation. We value our work with adults with enormously and the quality of that work is consistently recognised by external statutory inspections. This means that we have a strong platform upon which to strengthen both direct practice and our awareness and understanding of their needs.

Whilst this policy focuses on adults it should be read and understood in conjunction with the policy for safeguarding children. Whilst some of our work focusses on adults and some on children, anyone in the organisation, whatever their role, may come across information to suggest that a child or adult service user, colleague, volunteer, or member of the public may be experiencing abuse/neglect and should know what to do.

Those who work in services focussed on supporting adults should be alert to information which suggests that a child could be at risk of harm, regardless of the source of this information. Some may work with parents/grandparents who live with or care for children, some may discover information which suggests that an individual could pose a risk to children and others may come across information from colleagues/volunteers/members of the public which could suggest children are being/could be harmed. We need to remember that children are dependent on adults for their safety and wellbeing and that in any scenario the welfare of any child/ren involved is paramount.

Conversely those whose work focusses on supporting children should be bear in mind that parents/carers/others could be subject to abuse/neglect and, if they have their own care and support needs, may meet the definition of an adult at risk. They may need help to protect themselves, or to address their care and support needs in their own right and/or to enable them to care for any dependent children.

Local Safeguarding Adults Board (LSAB) procedures should be referred to, to enable you to understand the framework, specific arrangements and contact details of relevant agencies in your area.

"It is better to pick up the phone than to live with the regret of not having done so (Serious Case Review, Baby Peter 2009)"

Director of Services and Innovation
February 2023

SAFEGUARDING ADULTS POLICY

POLICY STATEMENT

Family Action believes that everyone has the right to protection from abuse, regardless of their age, culture, disability, gender, racial origin, language, religious belief or sexual orientation. Family Action is committed to safeguarding and promoting the welfare of all who come into contact with our organisation. As part of this we recognise our **specific statutory responsibilities to those adults who are deemed to be an “adult at risk” according to the Care Act 2014.**

Effective protection of adults is achieved through a multi-disciplinary approach with consultation and the sharing of information. Each local authority area will, together with their Local Adult Safeguarding Board, have agreed Safeguarding Adults Procedures. This policy and procedural guidance should be used in conjunction with those locally agreed policies and procedures. If there are any significant differences the procedures of the Local Adult Safeguarding Board should take precedence.

Where a person, having been appropriately assessed, is deemed to lack capacity under the terms of the Mental Capacity Act 2005, any decisions which are made to protect them from abuse will be made in their best interests and after discussion with senior Managers, other agencies as appropriate and, if necessary, with the help of an Independent Mental Capacity Advocate (IMCA).

This policy applies all trustees, staff, students and volunteers working for Family Action. Any allegation or concern about abuse **must** be acted upon without delay. The responsibility to report any concerns rests with the individual regardless of their place within the organisation.

All work undertaken by Family Action will be subject to continuous risk assessment and comply with Family Action’s Risk Policy and Procedures.

This policy will be reviewed annually by the Deputy Director of Quality, Performance and Safeguarding.

Recruitment and training

Every effort will be made to ensure that trustees, staff, students and volunteers recruited to work for Family Action are suitable to do so. Those who are responsible for appointing staff will be trained in safe recruitment practices. All references will be robustly scrutinised and other checks sought at the appropriate level e.g. DBS, SOVA etc.

Family Action is committed to training all staff, students and volunteers in this policy and procedure and our Code of Conduct, as part of the induction process. It requires all those working with adults to undertake Safeguarding Adults Training within their probationary period. In addition, they will

be required to undertake either refresher training or more advanced training (as appropriate) at least every two years.

LINKS TO OTHER POLICIES

All staff involved with safeguarding adults need to bear in mind the other Family Action organisational policies which support their work and provide guidance:

- ☒ Anti-bullying
- ☒ Complaints
- ☒ Code of Conduct
- ☒ Equal Opportunities and Diversity
- ☒ Health and Safety
- ☒ Internal & External Communications Strategies
- ☒ Lone Working
- ☒ Safeguarding Children
- ☒ Sharing Information and Confidentiality
- ☒ Social Care Induction
- ☒ Supervision
- ☒ Volunteers
- ☒ Whistle blowing
- ☒ Safe Recruitment
- ☒ Safeguarding Practice Standards (for children and adults respectively)

PRINCIPLES

In line with the Care Act 2014 any actions taken in safeguarding adults should be in line with the following statutory principles:

Empowerment

People being supported and encouraged to make their own decisions and informed consent.

I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

Prevention

It is better to take action before harm occurs.

I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

Proportionality

The least intrusive response appropriate to the risk presented.

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.

Protection

Support and representation for those in greatest need.

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.

Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me".

Accountability

Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."

LEGAL AND PROCEDURAL FRAMEWORK

See Appendix One for more detail

1998 Human Rights Act

2003 Sexual Offences Act.

2003 Disability Discrimination Act

2004 Domestic Violence Crime and Victims Act.

2005 Mental Capacity Act

2005 Safeguarding Adults - National Framework of Standards.

2007 Mental Health Act

2015 Information Sharing Guidance for Safeguarding Practitioners

2014 Care Act

2014 Anti-Social Behaviour, Crime and Policing Act

2015 Serious Crime Act

2015 Counter-Terrorism and Security Act

SUPERVISION OF SAFEGUARDING WORK

Supervision plays a critically important role both in our safeguarding work and in ensuring that Family Action remains a safe organisation. All staff should read and be familiar with the Family Action Supervision Policy and the Safeguarding Adults Practice Standards.

TRAINING

See Appendix Two; Training Matrix

Family Action recognises the complexity of safeguarding work undertaken by staff and the emotional impact it can have upon them. All staff, as part of their induction and as part of the Social Care Induction Programme (SCI) are introduced to Safeguarding and their responsibilities in relation to it. For staff primarily working with adults there is the "Skills for Care" induction folder.

In addition, frontline operational staff are required to complete the Protecting Adults with care needs e-learning training and Child Protection Awareness e-learning courses within their probationary period and further safeguarding training at least every two years.

Supervision and appraisal will be used to identify any specific or additional, training needs. Family Action provides a range of safeguarding training and information, at different levels, to support staff and to extend and update their knowledge and skills to ensure best practice. Staff can also access multi-agency safeguarding training locally through their **LSAB**.

VIP VISITS TO SERVICES

All VIP visits to services or service events must be discussed with and approved by the Operational Manager and Deputy Director; and Family Action's Marketing/Communications departments informed in advance. It is important that all ID is checked and that visitors to a service are accompanied by a staff member at all times and given no unsupervised access to service users. Advice about photography should be sought prior to the visit and appropriate consents obtained. No confidential information must be shared with VIPs.

ACCOUNTABILITIES FRAMEWORK

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| <p>TRUSTEES</p> | <p>As part of fulfilling their duties, as laid out by the Charity Commission, trustees must take reasonable steps to protect people from harm who come into contact with the charity. This includes:</p> <ul style="list-style-type: none"> • People who use Family Action’s Services • Staff and volunteers • Others who may come into contact with the charity through its work. • Receive regular reports on safeguarding |
| <p>CHIEF EXECUTIVE</p> | <ul style="list-style-type: none"> • Accountable to the Trustees for safeguarding within the organisation • Ensures a clear framework for the management accountability for safeguarding |
| <p>DIRECTOR OF SERVICES AND INNOVATION</p> | <ul style="list-style-type: none"> • Respond to national safeguarding policy proposals • Give leadership on safeguarding as a corporate issue • Ensure that safeguarding is made integral to Family Action’s Strategic Plan • Ensure that the corporate Quality Assurance system takes account of safeguarding • Safeguarding is given regular consideration at SLG Meetings • Accountable to the Chief Executive for safeguarding in all projects and services within the Operations Department • Commissions specific time limited work to address safeguarding issues • Together with HR ensures that safe recruitment practices are fully employed and that staff appointed have the necessary skills and experience in safeguarding appropriate to their role • Ensures that effective supervision supports safeguarding at all levels within the department • Instigates the auditing of specific areas of work • Receives internal reports as part of the Serious Case Review process • Ensures that internal systems are established and effective in supporting safeguarding • Receives reports from the various safeguarding sub groups • Manages the Deputy Director for Quality, Performance and Safeguarding |
| <p>DEPUTY DIRECTORS</p> | <ul style="list-style-type: none"> • Accountable to the Director of Services and Innovation for Safeguarding in projects and services in their region. |

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| | <ul style="list-style-type: none"> • Together with the HR Department, ensure safe recruitment practices are fully employed in the recruitment of both staff and volunteers and that they have the necessary skills and experience in safeguarding, appropriate to the role. • Line management responsibility for the safe delivery, quality and effectiveness of the services within their region • Ensure all supervisors and managers within their region receive an appropriate level of safeguarding training appropriate to their role and responsibilities • Ensure effective supervision supports safeguarding in their region • Report on the practice and management of safeguarding in their region respond to safeguarding audit as required • Offer advice and support to staff on safeguarding issues when Project Managers are absent, as well as providing support to Project Managers, co-ordinators and others as necessary. • Ensure the development of a safeguarding culture within the context of their services • Undertake management reviews when there are concerns about quality and effectiveness in relation to safeguarding and take corrective action where necessary • Cost new services to allow for the implementation of safeguarding policy and procedures • Ensure that regional management meetings have safeguarding as a standing item on their agenda. • Provide safeguarding activity reports as required • Undertake an audit of case files |
| <p>DEPUTY DIRECTOR: QUALITY, PERFORMANCE & SAFEGUARDING</p> | <ul style="list-style-type: none"> • Accountable to the Director of Services and Innovation for the development of safeguarding within the organisation • Provide annual reports to the Trustees, through the Quality and Performance Committee • Regularly receive and collate information in respect of safeguarding activity to inform a corporate assessment of risk. • Review and update the Family Action Safeguarding Policy and Procedures • Ensure, together with HR, that all new staff are inducted into Family Action’s Safeguarding framework prior to the completion of the probationary period • Review the quality and content of Family Action’s Safeguarding training to meet the needs of the |

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| | <p>organisation and to ensure any new learning can be fully integrated into working practices</p> <ul style="list-style-type: none"> • Co-ordinate, analyse and report on the annual Safeguarding audits • Link Family Action into national safeguarding networks • Circulate safeguarding information and updates as appropriate • Undertake tasks on behalf of relevant internal groups and the Director of Services and Innovation |
| <p>HEAD OF QUALITY AND SAFEGUARDING</p> | <ul style="list-style-type: none"> • Accountable to the Deputy Director: Quality, Performance and Safeguarding • Act as the deputy to the Deputy Director of Quality, Performance and Safeguarding including when complex safeguarding queries arise. • Report to senior colleagues and working groups when areas of risk, training needs and improvements are noted |
| <p>OPERATIONAL/PROJECT/SERVICE MANAGERS</p> | <ul style="list-style-type: none"> • Accountable to the Deputy Director in their region. • Together with the HR Department, ensure safe recruitment practices are fully employed in the recruitment of both staff and volunteers and that they have the necessary skills and experience in safeguarding, appropriate to the role • Line management responsibility for the safe delivery, quality and effectiveness of services provided by their project/s • Responsibility to establish and maintain effective relationships with the Local Safeguarding Adults Board and other agencies locally, in relation to safeguarding, and to challenge when appropriate • Ensure that safeguarding is integral to all Family Action processes for the assessment, analysis, planning and reviewing of outcomes, in our work with service users • Ensure all their staff, students and volunteers receive safeguarding training and support commensurate with their need • Ensure that all files clearly identify where there are concerns for the welfare of adults at risk and that files comply with organisational Safeguarding Adults Practice Standards • Ensure that supervision is provided to staff, students and volunteers in line with Family Action’s supervision policy taking into account any safeguarding issues, the complexity of the work and experience of the supervisee |

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| | <ul style="list-style-type: none"> • Ensure that supervision sessions record reflective practice and any decisions made are transferred to the case file – all records are signed and dated • Ensure that the risk assessment framework for each case is regularly reviewed and an escalation process implemented as necessary • Ensure that safeguarding practice is regularly discussed in supervision to identify any training needs and is included within the staff appraisal process • Ensure that there is a written Safeguarding Statement clearly displayed in each service • Ensure that safeguarding is a standing item on team meeting agendas • Ensure that supervisors regularly read case files and countersign them • Undertake periodic file audits in line with Family Action Safeguarding Children Practice Standards and the Quality Assurance Framework • Make referrals to Adult Social Care, as necessary • Provide information on safeguarding activity to the Deputy Director or Operational Manager as required. |
| <p>NAMED PERSONS</p> | <ul style="list-style-type: none"> • There are designated staff in each region who provide; consultation, guidance and support to staff on safeguarding matters and concerns. • Named Persons will have a thorough and current knowledge of safeguarding guidance and legislation and a working knowledge of local procedures. • For named person details for each region refer to Named Persons file on our Safeguarding website. |
| <p>ALL STAFF AND VOLUNTEERS (INCLUDING STUDENTS AND SERVICE USERS ACTING AS VOLUNTEERS)</p> | <ul style="list-style-type: none"> • Accountable to their Project or Service Manager for safeguarding within their work • Responsibility for the safe delivery, quality and effectiveness of the services they provide • Are alert to safeguarding issues in all aspects of their work • Keep accurate and timely records which are signed and dated and comply with Family Action’s procedures in relation to file format and management • Remember that the welfare of the child is paramount but also to draw to the attention of their line management any concerns they may have for the welfare of an adult • Make referrals to Adult Social Care as necessary in consultation with their line Manager • Use supervision and appraisal to reflect on practice in relation to safeguarding. • Undertake safeguarding training as necessary |

DEFINITIONS

Abuse can occur in any relationship, context or environment whether the adult lives in his or her own home, with their family or on their own, in residential care, shared or supported housing. The seriousness of abuse varies and can range from behaviour that is violent and criminal to acts which are unintentionally harmful.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Who may be the abuser?

Adults may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates. Some people deliberately exploit strangers that they view as less likely to recognise the exploitation or less likely to seek help.

Where might abuse take place?

- A person's home
- A relative or friends home
- A day centre or support service
- Within a supported living scheme
- Within an adult placement
- An educational establishment
- A hospital
- A care home
- In employment
- Whilst volunteering

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. This makes it important to look beyond the single incident or breach in standards to the underlying dynamics and pattern of harm.

Some instances of abuse will constitute a **Criminal Offence and should be referred to the police (in line with considerations of capacity and consent – see p34)**. They need to be contacted immediately, as a **criminal investigation by the police takes priority over any other line of enquiry**.

TYPES OF ABUSE

Physical abuse:

Can include assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions

Sexual abuse:

Includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.

Psychological and 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.

Financial or material abuse:

Including theft, fraud, exploitation, the misuse or misappropriation of property, pressure in connection with wills property, inheritance or financial transactions. Use of a Lasting Power of attorney which is not in the person's best interests.

Neglect and acts of omission:

This may involve ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Domestic Abuse:

Including psychological, physical, sexual, financial or emotional abuse and so called 'honour' based violence between adults who are or have been intimate partners or between family members regardless of gender, disability or sexuality. For more information on Honour Based Violence and forced marriage – see P17.

Discriminatory abuse:

This includes some forms of harassment, slurs or similar unfair treatment relating to race, gender and gender identity, age, disability, sexual orientation, or religion.

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.

Self Neglect:

covers a wide range of behaviour neglecting to care for one's personal hygiene, health or

surroundings and includes behaviour such as hoarding.

Modern Slavery:

Encompasses:

- slavery
- human trafficking
- forced labour and domestic servitude.
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

N.B. New technologies and abuse

Individuals or groups may seek to abuse others through the use of technology. This could be psychological abuse (through bullying and intimidation using mobile phones, emails, social media or games which allow players to message one another), sexual abuse (exposure to indecent images or pressure to perform sexual acts) or financial/material abuse (scams and phishing). Technologies may be used as a tool in domestic abuse (for the perpetrator to track the movements or activities of the person they are abusing, for threats or intimidation).

Technology may also be used for "grooming". "Grooming" is a term used to describe the process by which someone builds trust or an emotional connection with someone in order to exploit or abuse them.

OTHER SPECIFIC TYPES OF ABUSE

Honour Based Violence

The Association of Chief Police Officers (ACPO) definition of Honour Based Violence is; "A crime or incident, which has or may have been committed to protect or defend the honour of the family and/or the community."

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family members or acquaintances who believe that someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture – for example, becoming involved with a boyfriend or girlfriend from a different culture or religion, or wanting to get out of a forced or arranged marriage.

Honour-based violence is a "collection of practices that are used to control the behaviour within families in order to protect perceived cultural and religious beliefs and/or honour." (www.bedfordshire.police.uk)

Violence can take place when perpetrators perceive that a relative has brought shame to their family and/or to their community by breaking their 'honour code' which is closely related to their religion.

Women are most often the victims of honour-based violence but this is not always the case. However, what marks honour-based violence is that it is usually committed with some kind of approval or collusion from family and/or community members.

Males can be caught up in honour-based violence if they are believed to be supporting the victim and sometimes because of their involvement in what are perceived to be inappropriate relationships such as being in a homosexual relationship.

What does honour based violence look like?

It is important for professionals and volunteers to be alert to the nature of offences associated with honour based violence. These can be indicators of what is happening to a person and we should all carefully consider individual's circumstances when offences such as those detailed below, are committed by close or extended family members.

Remember: offences can be committed directly by family members or they can be commissioned by members of the family and carried out by others outside of the family.

The kinds of offences that may be associated with honour-based violence are listed below:

- Common assault
- Domestic abuse
- Forced marriage
- Neglect and abandonment
- Failure to secure regular attendance at school.

- Theft (for example of a passport, other form of identity or the financial means to escape).
- Child abduction
- Abduction of an unmarried girls under the age of 16 from a parent or guardian
- Abduction of a woman by force or for the sake of her property
- Forced repatriation
- Rape
- Kidnapping
- False imprisonment
- Murder

A child or adult who is at risk of honour based violence is not only at risk of the threat of physical harm but also of emotional harm as well as they may witness violence directed towards a brother, sister or other family member.

Honour crimes are not determined by age, faith, gender or sexuality.

Responding to concerns about Honour Based Violence

If you are concerned that someone is a victim of, or at risk of Honour Based Violence, it is important to have a conversation with a manager and the designated safeguarding lead for your setting (if this is a different person to the manager of the service). This conversation should occur as soon as you become concerned. **Do not speak to any friends, relatives or acquaintances of the person you are concerned about.**

If your own manager is not available, you should make contact with their manager. Highlight why you are concerned and decide on next steps. The Deputy Director of Quality, Performance and Safeguarding, Clare Lawson, and Head of Quality and Safeguarding, Liz Anderson are also available internally to discuss complex specific cases – 07515 429 421/07971 951626. It is important to document all contacts, concerns and discussions. Having a record over time, of smaller less worrying incidents or statements, can enable a picture to develop and help practitioners and managers to understand the bigger situation.

Family Action’s senior managers are available via telephone to offer advice and support to any service out of hours. If you need assistance call the Tier One number first on **0333 800 1208** and if you are unable to get a response, or if the situation requires it, please call the Tier Two number on **0333 800 1209**.

Getting specialist help and advice – Karma Nirvana

Karma Nirvana is national organisation that exists to support and work with all victims of Honour Based Violence and Forced Marriage. They operate a National helpline to support victims in immediate danger: **0800 5999 247**

Forced marriage

A forced marriage is one in which either or both people involved don't consent to the marriage. Victims can be forced into marriage in different ways – this may include physical, psychological, financial, sexual or emotional pressure.

Any marriage involving someone who lacks the capacity to give consent is a forced marriage. Forced marriage is illegal in the UK. [Read more about forced marriage](#).

It can be hard to recognise when someone is being forced into marriage, especially when this involves psychological and emotional pressure rather than physical abuse. For example, some victims of forced marriage are pressured by being made to feel responsible for bringing shame to their family.

A forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. It is recognised in the UK as a form of domestic or child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will may be:

- physical: for example, threats, physical violence or sexual violence
- emotional and psychological: for example, making someone feel like they are bringing 'shame' on their family
- Financial abuse: for example taking someone's wages and preventing them from fleeing or having control over their life, may also be a factor.

Understand the legislation on forced marriage

[The Anti-social Behaviour, Crime and Policing Act 2014](#) made it a criminal offence in England, Wales and Scotland to force someone to marry. (It is a criminal offence in Northern Ireland under separate legislation).

This includes:

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

Forcing someone to marry can result in a sentence of up to 7 years in prison.

It is also possible for victims or those at risk to apply for a Forced Marriage Protection Order (FMPO). As a civil law measure, an application for a FMPO would be made in the family court. Read [guidance from the Ministry of Justice on taking out an FMPO](#)

Failure to comply with the requirements or terms set out in a FMPO granted by the Family Court, is a criminal offence and can result in a sentence of up to 5 years in prison.

In 2017 the government introduced lifelong anonymity for victims of forced marriage to encourage more victims of this hidden crime to come forward.

Responding to concerns about Forced Marriage

'Multi-agency practice guidelines: Handling cases of Forced Marriage' can be found [here](#). Please see page 14 of the above guidance document to view a comprehensive list of indicators.

Statutory guidance on forced marriage states that all organisations should have "a nominated lead person with overall responsibility for safeguarding children, protecting vulnerable adults or victims of domestic abuse – the same person should also be the lead on forced marriage". The designated safeguarding lead for your service takes on this role locally. The Deputy Director of Quality, Performance and Safeguarding, Clare Lawson, is the overall lead for such matters across Family Action.

If you are concerned that someone is a victim of, or at risk of Honour Based Violence, it is important to have a conversation with a manager and the designated safeguarding lead for your setting (if this is a different person to the manager of the service). This conversation should occur as soon as you become concerned. **Do not speak to any friends, relatives or acquaintances of the person you are concerned about.**

If your own manager is not available, you should make contact with their manager. Highlight why you are concerned and decide on next steps. The Deputy Director of Quality, Performance and Safeguarding, Clare Lawson, is also available internally to discuss complex specific cases – 07515 429 421. It is important to document all contacts, concerns and discussions. Having a record over time, of smaller less worrying incidents or statements, can enable a picture to develop and help practitioners and managers to understand the bigger situation.

Family Action's senior managers are available via telephone to offer advice and support to any service out of hours. If you need assistance call the Tier One number first on **0333 800 1208** and if you are unable to get a response, or if the situation requires it, please call the Tier Two number on **0333 800 1209**.

There may be occasions when a practitioner or manager will need to gather some information from the person to establish the facts themselves and assist the referral. This should only be done if it is safe to do so.

- See them immediately in a secure and private place where the conversation cannot be overheard.
- See them on their own – even if they attend with others.
- Explain all the options to them.
- Recognise and respect their wishes.
- Perform a risk assessment – there are already a number of risk assessment tools available, including CAADA/DASH, however it will be best to use a tool as guided by your specific agency
- Contact a trained specialist (forced marriage specialist) as soon as possible.

- If the young person is under 18 years of age, refer them to the designated person responsible for safeguarding children and activate local safeguarding procedures.
- If the person is an adult with support needs, refer them to the designated person responsible for safeguarding adults and activate local safeguarding procedures.
- Reassure the victim about confidentiality where appropriate i.e. practitioners will not inform their family.
- Establish and agree an effective method of contacting the victim discreetly in the future, possibly using a code-word to confirm identity.
- Obtain full contact details that can be forwarded to a trained specialist.
- Where appropriate, consider the need for immediate protection and placement away from the family.

Getting specialist help and advice - The Forced Marriage Unit

The Forced Marriage Unit (FMU) is a joint Foreign and Commonwealth Office and Home Office unit which leads on the government's forced marriage policy, outreach and casework. It operates both inside the UK (where support is provided to any individual) and overseas (where consular assistance is provided to British nationals, including dual nationals).

The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from safety advice, through to helping a forced marriage victim prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases). In extreme circumstances the FMU will assist with rescues of victims held against their will overseas.

The FMU undertakes an extensive training and awareness programme targeting both professionals and potential victims, and carries out a range of work to raise awareness.

Contact

- telephone: +44 (0) 20 7008 0151
- email: fmu@fco.gov.uk
- email for outreach work: fmuoutreach@fco.gov.uk
- Facebook: [Forced Marriage page](#)
- Twitter: [@FMUnit](#)

INDICATORS OF POSSIBLE ABUSE

All staff should be alert to the potential indicators of abuse. However, the presence of one or more indicator does not necessarily mean that abuse is taking place, but may mean that further investigation/ observation is required.

Physical abuse:

- An injury not explained by the history given or different versions of the cause given to different people.
- Unexplained bruises or welts on the lips, mouth, torso, back, buttocks or thighs
- Bite marks, cigarette burns.
- Hand slap marks
- Bruising at different stages of healing, and or pinch/ grab marks
- Clusters of bruises forming a pattern or reflecting the shape of an article or implement
- Unexplained burns, untreated pressure sores or urinary or faecal incontinence
- Unexplained fractures, lacerations or abrasions
- Malnutrition, dehydration, rapid or continuous weight loss or eating disorder
- Untreated medical problems or signs that medication has been withheld or inappropriate medication given

Sexual abuse:

- Full or partial disclosure or hints about sexual abuse
- Wetting or soiling especially when it has not recently been a problem
- Unusual difficulty in walking or sitting
- Torn, stained or blood stained underclothing or bedding.
- Pain, itching or bruising in the genital area
- Sexually transmitted disease, urinary tract infection & vaginal infection
- 'Love' bites
- Significant changes in sexual behaviour or outlook
- Obsession with washing
- Bruising to thighs and/or upper arms
- Pregnancy in person who is unable to give consent to sexual relations
- Sexualised behaviour and confused sexual boundaries
- Self-mutilation

Psychological or emotional abuse:

- Loss of interest, emotional withdrawal and symptoms of depression
- Self-harm
- Fearful, may avoid eye contact/ unexplained fear or defensiveness
- Low self esteem
- Sleep disturbance
- Avoiding discussing certain subjects or people.
- Demeanour may alter when a certain person is present or their name mentioned.
- Aggressive or challenging behaviour
- Poor concentration
- Chronic indecisiveness and inability to trust own judgment

- Isolation or withdrawal from services or supportive networks
- Callers, friends, visitors are not allowed access to person

Financial/material abuse:

- Change in living conditions
- Lack of heating, clothing or food
- Inability to pay bills/unexplained shortage of money
- Support being cancelled or reduced (e.g. decrease in number of care visits without corresponding reduction in support needs)
- Unexplained withdrawals
- Unexplained loss/misplacement of financial documents
- Sudden or unexpected changes in a will or other financial arrangements
- Items which an individual hasn't ordered being delivered to or stored at their property

Neglect:

- Poor hygiene
- Dehydration, unexplained weight loss or malnutrition
- Inappropriate clothing
- Hypothermia
- Failure by carer to give prescribed medication
- Failure to ensure appropriate privacy and dignity
- Pressure ulcers/infections
- Deliberate deprivation of social contact
- Sensory deprivation (e.g. lack of access to hearing aids, glasses or other aids to daily living)
- Withholding medical treatment or social care
- Inadequate physical environment (e.g. lack of heating, lighting or space)

Domestic abuse:

as domestic abuse can cover such a wide range of abuse, see other types of abuse for indicators.

Discriminatory abuse:

- Acceptance of racist language or language which denigrates someone's disability
- The use of language which suggests that all people from the same ethnic grouping or with the same disability behave in a certain way
- Lack of respect
- Hunger due to not receiving appropriate food
- Loss of interest, emotional withdrawal or signs of depression
- Self-harm
- Low self-esteem, fearfulness, lack of eye contact
- Defensiveness
- Aggressive or challenging behaviour
- All behaviour or medical symptoms explained solely in terms of a person's disability, race, gender, religion or sexuality

- Viewing someone only in terms of one aspect of their lives

Organisational abuse:

- lack of individualised care, so that care delivered is task orientated as opposed to person centred, sensory deprivation
- inappropriate use of rules, custom and practice
- no flexibility of bedtimes or waking times
- dirty clothing or bed linen
- lack of personal possessions or clothing
- deprived environment or lack of stimulation
- use of punishment
- withholding food and/or drink

Self-neglect:

- dehydration
- malnutrition
- untreated or improperly attended medical conditions
- poor personal hygiene
- hazardous or unsafe living conditions / arrangements (e.g., improper wiring, no indoor plumbing, no heat, no running water), unclean living quarters (e.g., animal / insect infestation, no functioning toilet, faecal / urine smell)
- inappropriate and / or inadequate clothing
- lack of the necessary medical aids (e.g. glasses, hearing aids, dentures)

Modern Slavery:

- signs of physical or psychological abuse
- look malnourished or unkempt, or appear withdrawn
- rarely allowed to travel on their own
- seem under the control, influence of others
- rarely interact or appear unfamiliar with their neighbourhood or where they work
- living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address
- no identification documents
- few personal possessions
- always wear the same clothes day in day out and what
- clothes they do wear may not be suitable for their work
- 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

PREVENTION

Family Action acknowledges that its primary responsibility is the prevention of abuse, and where this fails, to ensure that robust measures are in place to deal with incidents of abuse. Measures for preventing incidents of abuse include:

- ☒ Involving service users in the development and review of Risk Management Plans to promote their learning and skill acquisition in relation to risk management
- ☒ Raising service user awareness of abuse via service inductions, service handbook, promotional posters, clarification of roles, in the Safeguarding information leaflet and through regular discussion in team/house meetings
- ☒ Promoting service user access to independent advocacy services
- ☒ Ensuring that robust policies and procedures are in place and are being followed by staff who are sufficiently skilled, trained and aware of abuse
- ☒ Effective recruitment and selection processes for staff, volunteers and service user volunteers are in place and are implemented and thorough checks are made through the correct channels.

NB. CRB and ISA (Independent Safeguarding Authority) have merged into the Disclosure and Barring Service, and checks are now referred to as DBS checks

- ☒ Ensuring that breaches of policy and procedures are dealt with appropriately and consistently
- ☒ Maintaining effective partnership with other agencies, including Adult/Children's Social Care and the police and working in line with local inter-agency guidelines for the protection of adults with care needs and where appropriate to challenge work practices and responses
- ☒ Ensuring that cases of abuse are reported to and monitored in each area by the Project Team and Steering Group (see local procedures) and individual cases of abuse are reviewed in order to improve working practices.

SAFEGUARDING ADULTS PROCEDURES

The purpose of these procedures is to ensure a speedy and effective response for dealing with concerns about abuse or neglect of an adult. Adherence to these procedures is mandatory for all Family Action staff, students and volunteers. All new staff to Family Action will be made aware of this policy and procedures through the induction process.

All Family Action staff, students and volunteers will be expected to comply with the organisation's Code of Conduct.

Each team must ensure they have a hard copy of this policy and procedure and make it easily accessible to its staff. This guidance can also be easily accessed on our intranet site for Safeguarding, see policy and procedures. Safeguarding will be considered at each OSMG, regional and team meetings as a standing agenda item and within each supervision session.

Clare Lawson, Deputy Director of Quality, Performance and Safeguarding, and Liz Anderson, Head of Quality and Safeguarding are also available to provide support and guidance on complex cases – 07515 429 421/07971 951 626.

ADULTS AT RISK (adults with care and support needs, who are less able to protect themselves because of those care and support needs)

Family Action recognises that all adults may be subject to abuse, but that **we have specific statutory responsibilities to those adults who are deemed to be an "adult at risk" according to the Care Act 2014.**

According to the Care Act an "adult at risk" is an individual over the age of 18 years old who:

- Is experiencing, or at risk, of abuse or neglect
- Has a needs for care and support (whether or not the Local Authority or anyone else has previously assessed or is meeting those needs)
- As a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Having a need for care and support can apply to:

- People with a learning disability
- People with physical disabilities
- People with sensory impairment
- People with mental health needs including dementia
- People who misuse substances or alcohol
- People who are physically or mentally frail

All concerns of abuse/neglect should be discussed with a line manager (unless they are implicated in which case the advice of a more senior manager may be sought). Nevertheless **Family Action recognises, and will support, the right staff and volunteers to make a referral to Adult/Children's Social Care or the police if they do not feel that their concern has been adequately dealt with, or there is disagreement about the need to refer.**

Anyone who meets the definition of an "adult at risk" is entitled to support via the Local Authority safeguarding adults procedures. If you are in any doubt whether someone meets the definition you should consider making a referral to Adult Social Care in accordance with our policy on capacity and consent. Advice can be sought from Adult Social Care for the area, whilst maintaining the anonymity of the service user, if this approach is required in order to reach a decision.

Adult Social Care must make, or prompt others to make, an enquiry if they believe someone meets the definition of an adult at risk*. This is called a S42 enquiry. The enquiry will determine if steps are needed to protect the individual/others.

** self-neglect may not prompt a section 42 enquiry. An assessment should be made by Adult Social Care on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. Arrangements for responding to Self Neglect differ across local areas. Please check Local Safeguarding Adults Board (LSAB) procedures. Should the LSAB website have no information on what to do in situations of Self Neglect, a referral should be made to Adult Services to initiate an assessment.*

ADULTS WHO DO NOT MEET THE DEFINITION OF AN "ADULT AT RISK"

Adults who do not meet the definition of an adult at risk will not be eligible for support from Adult Social Care, but should be helped to consider the risks they face and steps they might take to reduce the risk of harm. This may include signposting them to or helping them access relevant support services (including the police if a crime has been committed) should they wish. A list of support services is provided in Appendix 6.

All allegations or concerns of abuse should be discussed with a line manager (unless they are implicated in which case the advice of a more senior manager may be sought). Advice may be sought from the police or other support services whilst maintaining the anonymity of the adult.

If others, including any children, are at risk this should be referred to adult/children's social care as appropriate regardless of the wishes of the adult who is being abused/neglected. Information necessary for the detection or prevention of serious crime should also be shared with the police regardless of the wishes of the adult who is being abused. **Staff and volunteers retain the right to make a referral to Adult/Children's Social Care or the police if they do not feel that their concern has been adequately dealt with, or there is disagreement about the need to refer.**

All disclosures or concerns of abuse relating to a service user, should be recorded within the relevant case file, along with any action taken, and the reason for this course of action. Disclosures

relating to staff or volunteers should be recorded in the individual's personnel file. Information sharing within Family Action must be kept to an absolute minimum with only the relevant HR Business Partner and the relevant line manager involved in decision making. For more complex safeguarding decisions, the regional Deputy Director or Deputy Director for Quality, Performance and Safeguarding, can be consulted.

Please refer to our anti-bullying policy for details of how Family Action deals with allegations of bullying/harassment.

All employees of Family Action are able to access our Employee Assistance Programme.

Concerns about an adult's mental health

If you are concerned about an adult's mental health you should encourage them to seek help from their GP

If you think they may lack capacity to make a decision about seeing their GP you can make a referral to their GP in their best interests. They may give you their GP details, or you may be able to obtain these from a relative or any other agency who is involved (care provider, Adult Social Care etc).

If you are unsure what to do you can seek advice from an NHS urgent mental health helpline: [Find an NHS Urgent Mental Health Helpline](#) in your area.

In an emergency call the police who,

- can get a warrant to remove someone from their home for assessment if there is reason to believe they have a mental disorder and are unable to look after themselves or are being ill treated or neglected
- can take someone who appears to have a mental disorder from a public place to a place of safety if necessary to keep them or others safe

There may be times when individuals contact us by telephone and we do not have their name, address or GP details.

In these circumstances we should:

- Explain that we would like to contact someone who can help them and ask us to share their details
- If declined, ask if there is a family member or friend we can contact
- Report any concerns about imminent danger of serious harm to the emergency services with as much information as we have about the caller's identity and location

Always discuss your concerns with a manager, record any details of the concern and actions taken.

RESPONDING TO A DISCLOSURE OF ABUSE

Staff and volunteers should always take seriously any disclosure concerning an allegation of abuse.

They should listen carefully and not interrupt or stop someone telling them their story. They should not interrogate the details but should be empathetic and reassuring. The service user should be asked what action they would like taken. The member of staff must inform the person that they have a duty to report this to their line Manager. They should also be informed of any actions that may need to be taken including steps to protect and support them. Information should be recorded as soon as possible and definitely within 24 hours.

Prior to making a referral to the local Authority, only information about the alleged abuse should be sought. No investigation should take place, and only actions to mitigate immediate any significant risk should be taken prior to consultation.

Staff should not contact the alleged abuser or discuss the allegations with them nor should they pass the information to anyone other than those with a legitimate need to know, such as anyone who will need to be involved in ensuring the immediate safety of the adult/others, their line Manager and/or more senior manager.

Repeated allegations which are demonstrably unfounded should be managed via the risk management plan. It should be noted that false allegations are rare and may indicate that abuse is taking/has taken place elsewhere in someone's life. If the adult meets the criteria of an "adult at risk" the management of repeat unfounded allegations should be agreed with Adult Social Care.

Remember:

It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is **not** responsible for deciding whether or not abuse has occurred, this decision is the responsibility of others.

RESPONDING TO DISCLOSURES OF HISTORICAL ABUSE

This policy and procedure cannot cover every situation, but when an adult discloses historical abuse, it is important to listen carefully, remain calm and take the disclosure seriously.

At the point of the disclosure, the likely scenarios are:

1. The service user/client discloses abuse and is prepared to make a formal statement to the police (i.e. to report a crime).
2. The client discloses abuse and gives consent to the staff member making an informal/anonymous report to the police or Adult Social Care on their behalf.
3. The service user/client discloses abuse but does not wish it to be reported to other agencies (police and/or Adult Social Care). It is recognised also that the client may disclose abuse but be ambivalent about whether or not they wish to report or if reporting is necessary. The service user has the mental capacity to make this decision and it does not meet the criteria for reporting regardless of the lack of consent (see P31 capacity and consent)
4. The service user/client discloses abuse and but lacks capacity to make the decision whether to share the information with other agencies or the practitioner believes the risk is substantial enough to require reporting (please see P31 capacity and consent).

A client may decide to report, and then change their mind, retracting their allegation and possibly cancelling arrangements to be interviewed, and then later decide to re-disclose. Clients may even say that they were unwell at the time of disclosure. These are not unusual reactions and are often part of the survivor trying to cope with the enormity of disclosure. Talking about traumatic events takes time, and this can be particularly marked when events have involved sexual abuse.

If you receive a disclosure of historical abuse, immediately following this, you must speak with your line manager. For complex cases where decisions need to be made about ongoing risks to others or the client/service user who made the disclosure, and the client/service user does not wish to report the abuse to the police, involve regional senior management – including the regional Deputy Director and the Deputy Director of Quality, Performance and Safeguarding or Head of Quality and Safeguarding.

Therapy services staff – including psychologists and therapists – should also read the BPS Guidance document on the management of disclosures of non-recent (historic) child sexual abuse. This can be found [here](#)

In all cases, please refer to the multi-agency procedure for responding to Historical Allegations within your local area, which will be available on the Local Safeguarding Adults Board website.

CONCERNS/ALLEGATIONS ABOUT THE CONDUCT OF A MEMBER OF STAFF/VOLUNTEER

Including boundary transgressions, behaviour contrary to our Code of Conduct, malpractice and/or allegations that they may have harmed or pose a risk of harm to another adult or a child either in or outside of work.

If someone has concerns about the conduct of a member of staff/volunteer they should raise this with their line manager. If their line manager is the person they have concerns about/who is subject to the allegation they may contact a more senior manager.

If the concern relates to a volunteer their manager will consider whether:

- They need more training/supervision, additional support in/adjustments to their role
- They should be moved to another role
- The volunteering arrangement should be terminated.

Concerns about the conduct of a member of staff will be dealt with via our Capability or Disciplinary procedure. For concerns about serious misconduct an investigation will be set up by HR and the person may be suspended. In any case the risk posed to service users/members of staff/volunteers will be considered and action taken to mitigate this risk.

If staff have acted, or are alleged to have acted in a way which may breach the code of conduct of the professional body which they belong to we will refer the matter to that professional body. Where we have concerns that a member of staff/volunteer may have harmed a child or adult at risk, or put a child or adult at risk of harm we will refer the matter to the DBS in line with our duties under the Safeguarding Vulnerable Groups Act 2006.

If the concern is about the practices of senior leadership within the organisation or the practices of the organisation as a whole it may be appropriate to use the Whistleblowing procedure.

If anyone does not feel that their concern has been dealt with adequately they retain the right to seek advice from HR or to refer their concerns to the police/Adult/Children's Social Care as appropriate.

In cases of alleged abuse/neglect the alleged perpetrator should not be spoken to without consultation with the Local Authority/police unless immediate action is required such as suspending a member of staff. In these circumstances, the only information that can be provided is that an allegation has been made. No details of the allegation can be given at this time so as not to compromise any potential investigation.

CAPACITY AND CONSENT

All action, including referrals to Adult Social Care and the police, must be subject to the consent of the service user. Action will only be taken in the absence of consent from the service user:

- 1) If other people appear to be at risk of harm (adults or children)
- 2) If there is a 'legal restriction'* or an overriding public interest**
- 3) If the adult is exposed to life threatening risk and they are unreasonably withholding their consent
- 4) If the adult has impaired capacity (the ability to make or communicate decisions) in relation to the safeguarding issues.

**A 'legal restriction' in this context means that there may be exceptional circumstances where a service user makes a decision or intends to act in a way that is unlawful or where their need for care should be addressed under the Mental Health Act 1983*

*** An 'overriding public interest' refers to a situation where it is essential to share information in order to prevent a crime or to protect others from harm (e.g. 'Hate Crime' for which there is a statutory responsibility to report). This is supported by the Crime and Disorder Act, 1998.)*

INFORMATION SHARING & CONFIDENTIALITY

Family Action's Information Sharing and Confidentiality policies and procedures will be followed in all cases where information is received concerning the possible abuse of one of our service users.

When making decisions with regard to information sharing and confidentiality, staff should always:

- ☒ Take advice from their line Manager (unless they are implicated in which case the advice of a more senior manager may be sought)
- ☒ Ensure that they are working within locally agreed information sharing protocols and national guidance
- ☒ Remember that, when necessary, contact can be made with Adult/Children's Social Care, for advice purposes, whilst maintaining the anonymity of the service user
- ☒ **Remember that the agreement of confidentiality is between the service user and the service, never between the service user and an individual member of staff/volunteer. Confidentiality not preclude the member of staff/volunteer sharing information with their manager/colleagues.**

The basic principles of information sharing and confidentiality are:

- ☒ All staff should be aware of their responsibilities to respect confidentiality and comply with the law (NB: The Data Protection Act 1998 does not preclude the sharing of information to protect a person from harm, danger and abuse). If in doubt, check with our General Counsel based at Head Office.
- ☒ A person's consent should always be sought (apart from in exceptional circumstances see below), prior to information about them being discussed with or disclosed to someone outside the organisation
- ☒ Consent should always be recorded, together with the purpose for which the information will be used.
- ☒ Information given for one purpose should not be used for another, without further consent being obtained
- ☒ Access to person identifiable information should be on a needs to know basis (e.g. for other workers to be aware of and understand the risks facing this person and what plan is in place to reduce these risks)
- ☒ Clear documentation and record keeping must support these communications and any decision making processes.
- ☒ Service users must be kept informed and updated.

Exceptions to the above

There are some circumstances in which sharing confidential information without consent will normally be justified in the public interest. These are:

- ☒ When there is evidence or reasonable cause to believe that a child is suffering, or at risk

of suffering significant harm

- ☒ When there is evidence or reasonable cause to believe that an adult is suffering or is at risk of suffering serious harm,

or

- ☒ To prevent significant harm to a child or serious harm to an adult, including through the prevention, detection and prosecution of serious crime.

So, for example, **any disclosure of abuse/neglect (whether current or historical) where there are implications for the safety of other adults or children** (e.g. the person accused of causing harm is in position of trust, or there is domestic abuse in a household where children are present) **must be shared with statutory services** (children/adults social care or the police) **regardless of whether the person making the disclosure has given their consent.**

Someone whose DASH RIC score indicates that they are at high risk of serious injury or death should be referred to MARAC regardless of consent.

RECORDING

Accurate case records are essential. Family Action, through its induction process, will ensure that staff know what is expected of them in terms of style, content and the timely production of case records. It will make sure that there are systems in place for checking that case records are accurate and up to date.

Any allegations of abuse must be recorded in writing and placed on the case file, as soon as possible but definitely within 24 hours.

The record should include a detailed account of what was seen and said and should include details of who was present and the context. It should separate factual information, observation and third party information, from opinion. The record should be legible, in plain English which can be easily understood and must be signed and dated. Any decision making must be clearly recorded, including the reasons why the decisions have been made. Remember that your case records and notes may be required as part of any subsequent legal action or disciplinary procedures.

If the alleged abuser is a user of the same service, any relevant information about their behaviour or demeanour should also be recorded.

Remember: more minor incidents, concerns and conversations should also be recorded to ensure that there is an accurate picture of the adult's lived experience and to assist in developing a picture of potential abuse and risk.

WHISTLEBLOWING

All staff must be familiar with Family Action's Whistleblowing policy.

Whistleblowing links to safeguarding as a way to raise concerns outside the normal reporting procedures if:

- There are concerns that the practices of the organisation are putting people at risk of harm
- There are concerns that the organisation is covering up or not responding adequately to safeguarding concerns
- People who lead the organisation are implicated or complicit in causing harm
- You fear being victimised as a result of raising concerns

Family Action will ensure that the staff member making the disclosure is supported and protected from reprisals or victimisation as a result of an expression of concern. **The Public Disclosure Act (1998) provides protection for staff who raise concerns about poor practice, institutional abuse or other organisational failings that pose a risk to service users or are causing them harm**

NOTIFICATION OF THE DEATH OF AN ADULT WITH CARE NEEDS

When a member of staff becomes aware that a service user known to Family Action has unexpectedly died or been seriously injured they **must immediately** notify their line Manager and implement the Serious Incident Policy *(See Flow Chart Appendix Nine)*

The Director of Services and Innovation, having heard the detail of the case and any involvement we may have had, will advise as to whether the file should be secured. The Media Department will produce a response on behalf of the organisation, for use should there be any approach from the media. Any media requests should be referred to the Media Department.

Staff are expected to co-operate fully with any subsequent enquiries made by the Local Safeguarding Adults Board, Police or other statutory agencies.

Appendix One - National Legislation and Policy Framework

| | | |
|---|---|--|
| White Paper Modernising Social Services 1998 | Stresses the importance of protection for adults needing care and support | <i>Promotes</i> The protection of adults with care needs |
| Human Rights Act 1998 | Placed a positive duty on public bodies to intervene proportionately to protect the rights of citizens | <i>Promotes</i> An individuals right to live a life free from abuse and neglect |
| Sexual Offences Act 2003 | Outlines a range of offences against children and adults with a mental disorder | <i>Promotes</i> The safety of adults with mental disorders from sexual exploitation and abuse |
| Disability Discrimination Act 2003 | Significantly extends the rights of disabled people | <i>Promotes</i> Equality of opportunity for disabled people |
| Domestic Violence Crime and Victims Act 2004 | Strengthens the protection available to victims of domestic violence by: <ul style="list-style-type: none"> • Criminalising any breach of a non-molestation order • Extending the availability of restraining orders • Making common assault a criminal offence <p>Plus: Introduces an new offence of causing or allowing the death of an adult with care needs</p> | <i>Promotes</i> The protection of adults with care needs from domestic abuse |
| Mental Capacity Act 2005 | Aims to protect people who cannot make decisions for themselves due to due to any temporary or permanent impairment in the functioning of their brain (e.g. caused by a learning disability, mental disorder, physical health condition affecting the functioning of the brain, the influence of drugs or alcohol). It sets out a test for assessing whether a person lacks capacity to make a decision at a particular time and a process for deciding what is in a person's best interests if they do not have capacity to make that decision at the time it needs to be made. | <i>Promotes</i> The right of an adult to make his or her own decision. The assumption that adults have capacity to make decisions unless it is proved otherwise |
| Safeguarding Adults – National Framework of Standards 2005 | This document collects best safeguarding practice and sets it within 11 good practice standards. These are to be used as an audit tool and guide | <i>Promotes</i> Consistency and best practice across agencies |

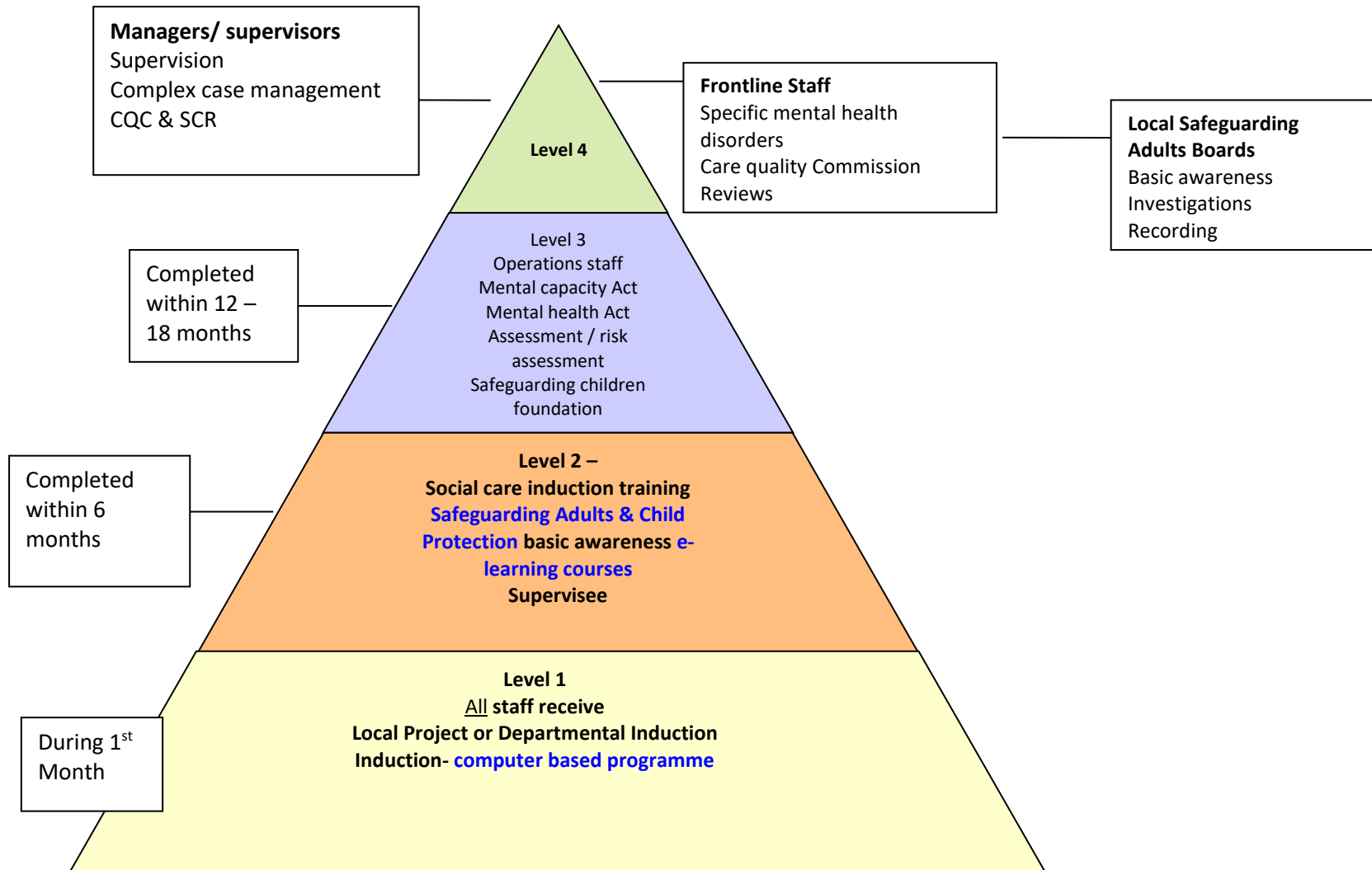
| | | |
|--|---|--|
| | for those implementing adult protection work | |
| Safeguarding Vulnerable Groups Act 2006 | Strengthens the local governance arrangements for safeguarding by putting Safeguarding Adults Boards on a statutory footing | <i>Promotes</i> Effective partnership and joint working |
| Mental Health Act 2007 | This makes changes to the procedures for authorising the deprivation of liberty of a person in a hospital or care home who lacks capacity to consent to being there. | <i>Promotes</i> Principle of supporting a person to make a decision when possible, acting at all times in a person's best interests and in the least restrictive manner |
| Care Act 2014 | Brings in new and improved support for Adults requiring care and support for their adult carers Requires every local authority area to establish a Safeguarding Adults Board Repeals No Secrets (2000) | <i>Promotes</i> Consistent approach to accessing care and support for carers |
| Anti-Social Behaviour, Crime and Policing Act 2014 | Makes Forced Marriage a criminal act. | <i>Promotes</i> Equality and informed choice for women and girls; and the prosecution of offenders |
| Serious Crime Act 2015 | Updating and clarifying the offence of child cruelty to make it explicit that it covers psychological suffering or injury as well as physical harm. (Section 66) <ul style="list-style-type: none"> • A new criminal offence of sexual communication with a child. • Amends existing sexual offences legislation so as to recognise children as victims rather than consenting participants • Extends the extra-territorial reach of female genital mutilation offences and providing anonymity to victims • A new offence of failing to protect a girl under 16 from the risk of female genital mutilation • A new duty on professionals to notify the police of acts of female genital mutilation. • A new offence criminalising repeated or continuous coercive | |

| | | |
|---|--|--|
| | or controlling behaviour perpetrated against an intimate partner or family member which has a serious effect on the victim. | |
| Counter-Terrorism and Security Act 2015 | Places the Prevent programme on a statutory footing. This means that from the 1st July 2015 every local authority (and other relevant 'authorities') will have a legal duty to, "when exercising its functions, have due regard to the need to prevent people from being drawn into terrorism. This duty is conferred upon organisations commissioned by Local Authorities and any other 'authority' named in the Act. Places. Places a statutory duty on a range of organisations – including child care settings – to co-operate with local Channel arrangements/panels. | <i>Promotes</i> Increased reporting of individuals at risk of radicalisation. Multi-agency working when an individual is deemed to be at risk of radicalisation. |

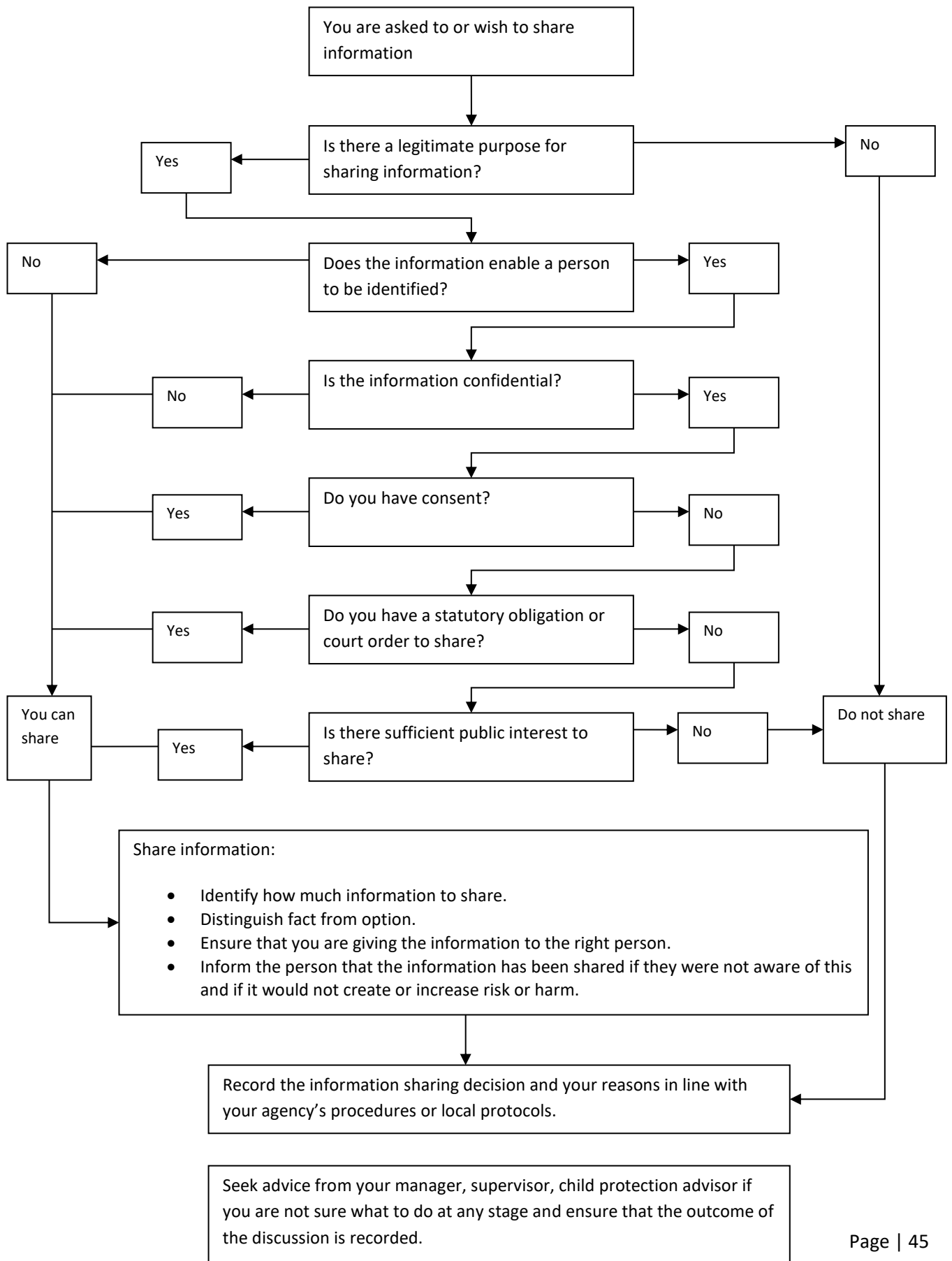
For a more extensive list and details of all adult care legislation and policy please refer to <http://www.scie.org.uk/atoz/>

The Social Care Institute for Excellence has published a useful document, NQSW "Legislation and policy for newly qualified social workers working in adult services"

Appendix Two– Training Matrix



Appendix Three – Flowchart of Key Principles for information sharing

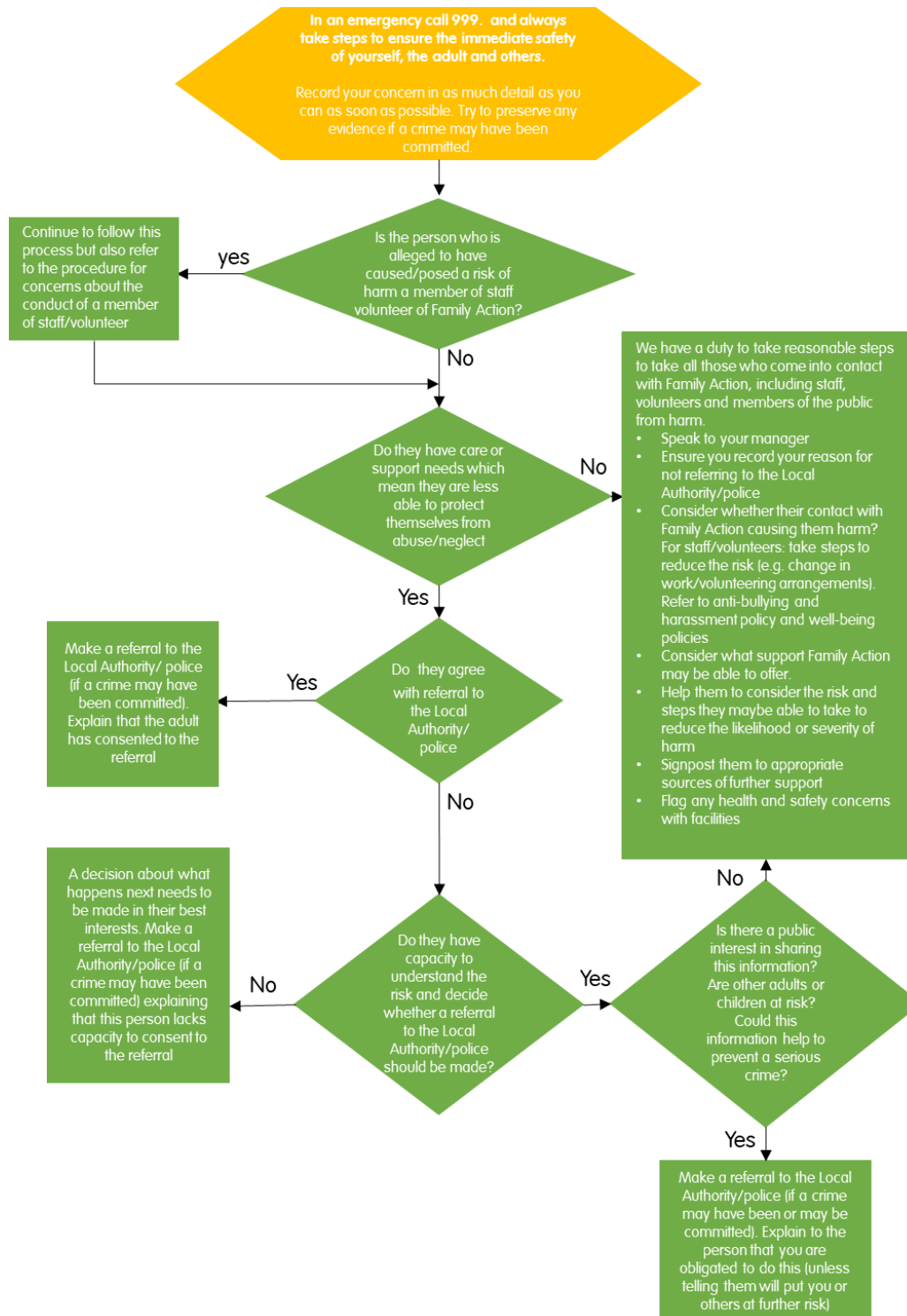


Appendix 4 – Flowchart: What to do if you are concerned about an adult

This flowchart is designed to help you if you are concerned that an adult is being or could be harmed (e.g. abuse, neglect, domestic violence, bullying/harassment, self-neglect, health and safety)

Always discuss your concerns with your manager (unless they are implicated in causing/being complicit with the harm, in which case speak to a more senior manager or use the whistleblowing policy).

Confidentiality does not prevent you from sharing concerns within the organisation. . **In all instances record your concerns, actions and decisions as soon as possible.**



Appendix Five - Code of Conduct

The Code of Conduct applies to all staff and volunteers and seeks to ensure that Family

Action's expectations of its human resources are as clear as possible. It is intended to avoid misunderstandings, which might give rise to disciplinary action including summary dismissal.

Staff and volunteers must:

- * Ensure they have an understanding (appropriate to their role) of, and comply with, Family Action's procedures for safeguarding adults at risk and for promoting and safeguarding the welfare of children in line with statutory guidance and guidance issued by the Charity Commission.
- * Work well and diligently to support the aims and values of Family Action including its Equal Opportunities Policy and to comply with relevant professional standards as well as the policies and procedures of Family Action.
- * Declare immediately to the Human Resources department any convictions, cautions, reprimands or warnings or pending ones. Details of these will only be retained if considered relevant.
- * Take reasonable care of own and others' health and safety.
- * Treat all those they come into contact with at, or through, work in a professional manner and with appropriate courtesy.
- * *Deal properly with property and money of Family Action or FWE (Family Welfare Enterprises Limited) or its service users and money that shall be deposited in their custody by a third party for Family Action, its service users or FWE.
- * Carry out those tasks, duties and responsibilities that fall within their job descriptions or tasks reasonably allocated to them from time to time.
- * Promote and maintain the good name and reputation of Family Action and FWE.
- * Report any business interests of themselves their family or friends at the very earliest opportunity to the Chief Executive, where such business is being or is likely to be conducted with Family Action or FWE or which may give rise to a conflict of interest in the performance of their duties.
- * Uphold and comply with such Family Action policies and procedures as may be issued from time to time.

Staff and volunteers must not:

- * Abuse their position of power or responsibility in relation to other staff, volunteers, service users or other contacts of Family Action.
- * Solicit, or use the name or reputation of Family Action or FWE to obtain any preferential treatment, benefits, gifts or money from service users or contacts of Family Action or FWE for personal gain or the gain of their relatives or friends.
- * Engage in inappropriate relationships with, or inappropriate contact with the users of its services, including personal and sexual relationships.
- * Receive any preferential treatment, benefits, personal gifts in kind or money from any service users or other person contacted at or through work other than in strict accordance with any guidelines, policies, rules or procedures specified by Family Action or FWE from time to time.
- * Make use of the property or equipment of Family Action or FWE other than for the purpose(s) for which it is intended.
- * Enter contractual arrangements on behalf of Family Action or FWE without specific authority. Where there is authority, never to enter Family Action into commitments for more than 5 years in relation to equipment, services or property without specific authority from the Director of Finance and (in relation to services) the Director of Services and Innovation.

Appendix Six - Useful contacts

Safeguarding - General

- * **Disclosure and Barring Service**

www.gov.uk/disclosure-barring-service

DBS Customer Services

PO Box 110
Liverpool
L69 3JD

†0870 9090 811

- * **Department of Health – Safeguarding Adults with care needs**

<https://www.gov.uk/government/publications/adult-safeguarding-statement-of-government-policy>

- * **Adult Safeguarding “statement of government policy”**

- * **Care Quality Commission (CQC)**

Regulate all health and adult social care services in England

www.cqc.org.uk

- * **The Churches’ Child Protection Advisory Service (CCPAS)**

‘Safeguarding Adults: a Manual for working with Adults with care needs and Developing Safe Practice’ is available to order from:

<https://www.ccpas.co.uk/shop>

- * **Social Care Institute for Excellence**

www.scie.org.uk/adults/safeguarding

Helplines/Professional Guidance

Sexual Abuse

☒ **Mpower**

0808 808 4321 Freephone Area Served: UK.

Helpline providing listening support and information for male survivors of rape, childhood sexual abuse or domestic violence at any time. Support for partners, families and friends of male survivors.

☒ **One in Four**

020 8697 8022 Area Served: UK - helpline and internet support.

London - therapy and groups. Helpline providing support and advice for people who have experienced sexual abuse.

☒ **RASA Rape and Sexual Abuse Support**

Freephone helpline 0808 802 9999.

Helpline support and information for survivors of rape

☒ **DABS Pathfinder Service**

Helpline 01255 852774 Area Served: UK.

Telephone support for adult survivors of rape and childhood abuse, their families, carers and helping professionals. Information on national and local support agencies, details of available literature. Information for press/media on abuse.

☒ **Family Matters**

01474 537392 Area Served: UK.

Helpline and counselling for people of all ages who have experienced rape, childhood sexual abuse or sexual assault. Limited service available for non-abusing primary carers.

☒ **Rape and Abuse Line – RAL for Women**

0808 800 0123 Freephone Area Served: UK.

Helpline for anyone who has been affected by rape and/or abuse. This line is answered by women most evenings between 7pm and 10pm. See also Rape and Abuse Line - Men.

☒ **Women and Girls Network**

020 7610 4678

Area Served: London.

Telephone advice and information, listening, signposting and onward referrals for women and girls who have experienced any form of violence, including childhood sexual abuse, rape and domestic violence.

☒ **Rape and Abuse Line - Men**

0808 8000122 Freephone

Area Served: UK.

Helpline for anyone who has been affected by rape and/or abuse. This line is answered by men on selected evenings between 7pm and 10pm. Answerphone gives details of dates and times the line is staffed by men. See also Rape and Abuse Line - Women.

Abuse - general

☒ **Stop It Now! UK and Ireland Helpline**

0808 1000 900 Freephone

Area Served: UK and the Republic of Ireland.

Advice and support for adults who suspect that someone they know presents a risk to a child and for people seeking help to stop their own abusive behaviour. Also for parents and carers concerned about a child's sexual behaviour. Advice and information for professionals.

☒ **SupportLine**

01708 765200

Area Served: UK.

Advice and information particularly for people who are socially isolated, at risk or experiencing any form of abuse. Subjects include relationships, child abuse, anger, bullying, eating disorders, self-harm, domestic violence, rape and sexual assault, depression, anxiety, panic attacks, addictions, phobias. For details of service outside opening hours phone and listen to message.

☒ **MINDinfoLine**

0300 123 3393

Area Served: England and Wales.

Information service for users of mental health services, carers, professionals and the public. Information on types of mental distress, treatments, alternative therapies, mental health law, advocacy, where to get help, local Mind groups. Access to legal advice.

☒ **Rethink - National Advice Service**

0300 5000 927
Area Served: UK.

Telephone advice service providing information and help to people affected by severe mental illness, including carers. Information and advice on a range of subjects, including benefits, community care, the Mental Health Act, complaints and inquests.

☒ **Action on Elder Abuse**

0808 808 8141 UK Helpline Freephone Area Served: UK.

Helpline offering information and support for anyone concerned about the abuse of an older person.

Abuse – workplace / allegations

☒ **False Allegations Support Organisation(FASO)**

0844 335 1992 Area Served: UK.

Practical advice and emotional support for anyone affected by a false allegation of abuse. Network of members and supporters who maintain contact with convicted prisoners.

☒ **Public Concern at Work**

020 7404 6609 Area Served: UK.

Whistleblowing helpline staffed by lawyers provides advice to workers who wish to raise matters of serious public concern, including fraud, public danger, abuse in care or other serious malpractice within the workplace which may affect others. Advice about worker's rights under the Public Interest Disclosure Act 1998.

☒ **WITNESS against abuse by health and care workers**

0845 4500 300 Area Served: UK.

Helpline offering short term support to survivors of abuse by health or social care professionals. Information and advice to clients and professionals.

Physical abuse / domestic violence

☒ **Everyman Project**

020 7263 8884 Area Served: UK.

Advice and information for anyone concerned about a man's violence.

☒ **National Domestic Violence Helpline**

0808 2000 247 Freephone Area Served: England.

Information and support for women experiencing physical, emotional or sexual violence in the home. Can refer callers to local refuges and emergency and temporary accommodation across England. Run in partnership between Women's Aid Federation of England and Refuge.

☒ **Karma Nirvana**

Helpline 0800 5999 247

Operates nationally supporting victims and survivors of forced marriages and honour based violence.

☒ **Respect Phone line**

0808 802 4040 Area Served: England and Wales.

Helpline providing information and advice to perpetrators of domestic violence, and also to professional people who come into contact with perpetrators and to former partners of perpetrators wanting to find out what help is available for the perpetrator. Typetalk aware.

☒ **Child Line**

0800 1111 Area Served: UK

Helpline for children and young people in danger or distress. Telephone counselling for any child with any problem. Provides support and advice and refers children in danger to appropriate helping agencies. Freepost address for children at Child Line, Freepost NATN1111, London E1 6BR. (For children living in care the "Face to Face" service is available also contact 0800 111)

☒ **NSPCC**

0808 800 5000 Area Served: UK

The NSPCC protects children across the UK and runs a wide range of services for both children and adults, including national help lines and local projects.

Appendix Seven - Resolving Interagency Disagreements (Escalation Procedures)

Problem solving is an integral part of interagency working and particularly in relation to safeguarding. Professional disagreements are to be expected as part of a dynamic process and only become dysfunctional if not resolved in a transparent, constructive and timely fashion.

Effective 'working together' can only be achieved when agencies establish an open and honest relationship based on a genuine commitment to partnership working. As part of this, there needs to be an agreement and an agreed system in place, to enable disagreements to be resolved promptly and hopefully to the satisfaction of all parties. The aim should be to resolve difficulties at the level at which they occur e.g. if two practitioners from different agencies disagree, in the first instance they should try and resolve the difficulty themselves. If this proves impossible, then the matter should be escalated until it is resolved.

Disagreements may arise in a number of areas, but often it can be in relation to thresholds and differing opinions about the need for action, communication difficulties between agencies and a lack of clarity about roles and responsibilities. It is really important to:

- ☒ Avoid professional disputes that put children/adults with care needs at risk of continuing harm
- ☒ Ensure the focus on the child/adult with care needs is not lost and does not become obscured
- ☒ Resolve difficulties within and between agencies quickly and transparently
- ☒ Identify problem areas in partnership working and amend, where necessary, any joint protocols or procedures

What to do when difficulties arise

When problems first arise, initial attempts to resolve the difficulty should be made by the people immediately involved. Differences in status and experience may impact on a worker's confidence to pursue this unsupported, in which case, it is imperative that they discuss the matter and get any necessary support from their line Manager, in a timely manner.

Each Local Safeguarding Adult Board (LSAB) ought to have an agreed procedure and process for resolving professional disputes. Please refer to LSAB website for your local area.

Most typically, this procedure will state that if the matter remains unresolved then it should be referred to the line Manager for resolution at the next level. It may then be necessary for that line Manager to discuss the issue with their opposite number in the other agency in an attempt to achieve resolution. This may include a face to face meeting between the Managers and workers involved in an attempt to explore the problem openly and transparently and to gain resolution.

If the problem remains unresolved, then the matter will need to be referred upwards in each agency until a resolution is found.

A clear written record should be kept at all stages and by all parties and should upon resolution, include written confirmation between the parties about the agreed outcome of the disagreement and how any outstanding issues will be dealt with.

If it proves impossible to reach an agreement and the matter is of a safeguarding nature, then the matter should be referred to the Chair of the Local Safeguarding Children Board or the Chair of the Local Safeguarding of Adults with care needs Board, for mediation.

In order to promote continuing good working relationships between agencies, it may be helpful after some disputes to have a debrief meeting for those who have been involved.

**Appendix Eight -
Serious Incident –
who needs to
know?**

