SAFEGUARDING ADULTS WITH CARE AND SUPPORT NEEDS

Person responsible:	Principal
Date approved by governing body:	November 2025
Review cycle:	Every year
Date of policy review:	November 2026

POLICY & PROCEDURE DOCUMENT

SAFEGUARDING ADULTS WITH CARE AND SUPPORT NEEDS

All DSL's are members of the School and College Leadership Team. Safeguarding is an agenda item on all leadership meetings, school and college management team meetings and full governing body meetings.
The safeguarding team attend termly safeguarding reflection and practice development meetings.
This policy has been updated in line with the revised publications of:

- The Prevent Duty (DfE, 2015) & Prevent Duty guidance 2023
- Fundamental Standards as laid down by the Care Quality Commission
- The Care Act 2014

This policy should be read in conjunction with the following school and college policies and documents:

- Safeguarding children and young people (incl children protection procedures) policy
- Safer recruitment policy and procedures
- Care policy
- Data protection policy
- Counter bullying including cyber bullying policy
- Online Safety policy
- Remote education policy
- Staff Acceptable Use policy – details communication with young people, including the use of technology and the use of social media
- Health & Safety policy
- Behaviour Management policy
- Whistleblowing policy
- Compliments and complaints policy
- Disciplinary policy
- Staff code of conduct - Guidance for safer working practice for adults who work with children and young people in education settings (DfE, 2015) Addendum April 2020
- Working together to safeguard children (HM Government 2018)
- Keeping children safe in education 2025

MISSION STATEMENT
Working together as a team, parents, governors and staff endeavour to provide the young people with knowledge, skills, opportunities and resources in the context of a lively, Christian organisation which will enable them to realise their full potential, together with a conviction of their worth as children of God. This implies a duty to value all people and therefore to support them and to protect them from harm.

AIMS OF THIS POLICY

St Rose's and St Martin's regards the protection of young people at risk as a priority and is committed to the safeguarding of our young people. The aim of the organisation is to ensure that the young people who use it, are as far as is reasonably practicable, protected from abuse at all times. All staff must ensure that the needs and safety of the young people are at the forefront of their practice. Everyone at St. Rose's and St Martin's is expected to work with and support different agencies to enable the most appropriate intervention to take place. All staff and volunteers should be alert to possible concerns being raised. Safeguarding is everyone's responsibility.

All Governors, Trustees of the English Dominican Congregation as proprietors of the organisation, staff and volunteers have an appropriate disclosure and barring check (DBS). It is a legal requirement that recruitment panels appointing paid staff and volunteers should include at least one person who has been trained in safer recruitment.

All possible steps will be taken to prevent abuse or harm of service users from occurring. It is the responsibility of the management to create and maintain an environment and ethos that encourages service users and staff to raise their concerns/suspicions without any fear of intimidation or reprisals. Staff will be encouraged to develop positive and trusting relationships with service users, relatives and carers that help to keep people safe.

Background

This organisation recognises that it has a fundamental duty to ensure that its service users, many of whom are vulnerable and frail, receive the best quality care possible and are protected at all times from all forms of abuse and harm.

Abuse can be defined as the mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. In cases of adult abuse the abuse is often perpetrated by someone who is in a position of power, trust or authority over the victim.

WHAT IS ABUSE?

The organisation understands that abuse can take many forms including:

- **PHYSICAL ABUSE** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

- **DOMESTIC VIOLENCE** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

- **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.

- **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.

- **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.

• **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.

• **DISCRIMINATORY ABUSE** – including forms of harassment, slurs or similar treatment; because of 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.

• **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.

• **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.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm.

Research shows that abusers take many forms and can include health and social care staff and managers, visitors, carers, friends and family, volunteers, and even other service users. Abuse is usually carried out deliberately but it can also be the result of thoughtlessness, carelessness, ignorance, inefficiency or recklessness.

It is recognised that, in a health or social care organisation, it is essential that all staff have a well-developed understanding of the issues around abuse, know how to recognise the signs of it and know what to do if they have suspicions that abuse may be taking place. Cases of abuse can be very complex and will typically involve a range of different agencies and bodies, including the police and social services, and it is vital that all organisations know the local multi-agency procedures to follow and have the appropriate policies and procedures in place.

Legal requirements

This organisation complies fully with all legal requirements and best practice guidance relating to the safeguarding of adult social care service users from abuse. This includes:

- the Care Act 2014
- the Mental Capacity Act 2005
- the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The organisation understands that Chapter 14 of the Care Act 2014 contains statutory multi-agency guidance and a safeguarding framework that health and social care providers must follow. In particular, the following six key principles apply:

- Empowerment - people should be supported and encouraged to make their own decisions and offered informed consent.
- Prevention - it is better to take action before harm occurs.
- Proportionality - the least intrusive response appropriate to the risk presented should be used.
- Protection - support and representation should be provided for those in greatest need.

- Partnership - local solutions should be sought through services working with their communities which have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability – there should be accountability and transparency in safeguarding practice.

In addition to the statutory guidance, the organisation also recognises that service users who lack mental capacity are particularly vulnerable to abuse and exploitation. It will always therefore act in accordance with the Mental Capacity Act 2005 and its associated code of practice.

Lastly, the effective safeguarding of service users is also a key part of compliance with the registration requirements of the Care Quality Commission.

GLOUCESTERSHIRE ENCOMPASS COMMITMENT

As part of our commitment to keeping young people safe we have signed up to implement the principles and aims of the Gloucestershire Encompass Model. The aim of this service is to ensure that all incidents of domestic abuse are shared with schools.

In signing up to Gloucestershire Encompass the Governing Body and Senior Leadership Team:

- Endorse the Gloucestershire Encompass Model and support key adults at St Rose's to fulfil the requirements of the Gloucestershire Encompass Protocol.
- Promote and implement Gloucestershire Encompass processes and use these in accordance with internal safeguarding children processes.
- Recognise the sensitive nature of the information provided and ensure that this is retained in accordance with the principles of data protection.

ROLE OF THE GOVERNING BODY

The designated governor for safeguarding will liaise with the school and college safeguarding team on matters arising concerning safeguarding. The safeguarding policy will be reviewed annually; any changes to policy and procedures will be discussed by members of the governing body for approval.

The designated governor for safeguarding will deal with any allegations of abuse made against the Principal. Safeguarding is an agenda item on all full governing body meetings.

The Governing Body will work with the Principal to ensure that the single central register (SCR) is maintained and monitored.

SAFER STAFF RECRUITMENT

St Rose's and St Martin's creates a culture of safe recruitment of all staff

Job advertisements will:

- Make explicit the need for DBS disclosures.
- Include statements about responsibilities relating to safeguarding in the post, in the job description and person specification.
- Include information about the organisation's safeguarding policy and practices.

At least one member of every recruitment panel will have completed accredited safer recruitment training. The training covers best practice that should be adopted when recruiting and selecting adults to work with young people and it sets out procedures and strategies to help those involved in the recruitment process to deter, identify and reject applicants who are unsuitable to work with young people. It also seeks to strengthen safeguards for young people in settings by helping to deter and prevent abuse, with the aim of creating an environment where concerns can be raised on poor or unsafe practice. Details of all appointments and relevant checks are held in a Single Central Record (SCR) on the office network.

Service users will be protected from abuse by the operation of sound recruitment policies that are designed to exclude untrustworthy individuals or potential abusers from working in a position of trust with vulnerable service users. In this organisation we will ensure that all new and potential appointments and volunteers are given rigorous pre-employment recruitment checks, including the use of appropriate Disclosure and Barring Service (DBS) checks and by the taking up of two references before the individual starts work.

SINGLE CENTRAL RECORD

It is a requirement that we maintain a single central record (SCR) of recruitment and vetting checks. Our SCR contains details of all staff, governors, Trustees of the English Dominican Congregation as proprietors of the organisation and visitors. The SCR is maintained and monitored by the Principal, the Business Manager and the governing body. It is held in electronic form as an Excel document. Access to the SCR is password protected.

INDUCTION

All new staff will receive an induction programme. It is recommended that this takes place within their first week. The induction training will be delivered by a DSL; it will include child and adult protection and safeguarding responsibilities. Staff will be given a copy of the safeguarding policy. A record of this induction, including names of staff involved and dates of training is kept in staff files.

All staff will be issued with a photographic name badge with a blue staff lanyard that must be worn at all times.

All staff and volunteers will be trained to be aware of their safeguarding responsibilities and adult protection issues. The need for vigilance should be stressed to staff of all job roles and positions during induction training and subsequently in regular updates. Induction training will also include training in what staff should do if they suspect abuse is taking place and who to report their concerns to.

ON-GOING TRAINING

We are committed to supporting our staff and students. Through regular training and updates we ensure everyone understands their role in safeguarding children and adults and the safeguarding referral processes. All staff and volunteers undertake the GSCB e-learning courses relevant to safeguarding both children and adults with care and support needs.

There are safeguarding noticeboards in all staffrooms where safeguarding updates are displayed.

AUDIT

We carry out annual safeguarding self-audits for authorities that commission our services. The audits and action plans are reviewed mid-year in the safeguarding reflection and practice development meetings. The Principal or DSL also carries out regular personnel file/SCR audits.

VISITORS

All visitors to St Rose's and St Martin's will be asked to sign in and out. They will be given a safeguarding information leaflet on arrival and will then be issued with a visitor badge with a yellow lanyard. The safeguarding leaflet and information on their visitor badge informs them who they can talk to if they have any safeguarding concerns during their visit.

DEALING WITH DISCLOSURE OR REPORTING OBSERVATIONS

A staff member who suspects that abuse may be occurring, or who witnesses a situation in which a service user may be actually being abused, should report the incident to the DSL or their line manager

or duty manager immediately. They should not delay, for instance, waiting for a supervision session. They should not discuss the events with other staff or relatives but should make factual notes about the events so they can remember exactly what happened.

In the meantime they should:

- Listen to the young person, keeping calm and offer reassurance. The young person should lead the discussion.
- Accept what the young person says without challenge – reassure them that they are doing the right thing and that you recognise how hard it is for them.
- Consider using phrases such as 'you've done the right thing'
- Allow the young person to talk but do not interrogate or ask leading questions.
- Try to clarify details with them.
- You cannot promise confidentiality therefore explain that they have done the right thing and who you will need to tell and why.
- Do not make promises about what might or might not happen next.
- Do not make judgements about the people being referred to – they may be people they love.
- Do not lay blame or criticise either the young person or the perpetrator.
- Try not to show any shock you might feel.
- Take what they say seriously.
- Stay calm and reassure them that they have done the right thing in telling you.
- Explain what will happen next and who you will need to talk to.
- Make brief notes at the time and write them up afterwards – keep both sets just in case.
- Use a body map to record the position of any bruising or marks.

Where a young person or a relative raises concerns or confides information about abuse to a member of staff, that member of staff should report the concerns or disclosure immediately to a manger. They should not promise to keep the information secret.

After the disclosure, appropriate support should be offered to both the young person and the members of staff receiving and dealing with the disclosure.

Upon receiving a report of suspected or alleged abuse the line manager/senior manager must take immediate action to stop the abuse wherever possible and ensure the safety and wellbeing of the service user concerned. The manager should speak to the service user concerned to establish the facts but is not responsible for investigating the allegations themselves. They should not confront the alleged perpetrator and should not touch anything that may be used as evidence of the abuse. In an emergency situation the police should be called.

In all cases of suspected neglect or harm, local multi-agency policies, protocols and procedures will be followed. In all cases the safety of the individual concerned should be of paramount importance.

Where appropriate, an alert should be raised by a senior manager to the local adult safeguarding authorities. Where possible the service user's consent should be obtained. In serious cases an alert should be raised irrespective of the consent of the service user. It should not be assumed that the alert will be raised by another agency. The senior manager should liaise with the Police/Social Services as required and co-operate fully with any investigation. Ongoing support should be provided to the service user concerned as appropriate. Where required this should include advocacy.

Ongoing support should be provided, where required, to the member of staff who raised the concern, especially in a whistleblowing situation.

Under Regulation 18: Notification of other incidents, of the Care Quality Commission (Registration) Regulations 2009, the CQC must be informed of any abuse or allegation of abuse in relation to a service user and any incident which is reported to, or investigated by, the police.

Any member of staff who has been dismissed for misconduct that harmed or placed at risk of harm a vulnerable adult will be referred to the DBS.

Staff and managers will work closely with partner organisations where required, including the police and local safeguarding boards, and will cooperate in any abuse investigations. They will follow any protection plan agreed through multi-agency procedures in order to reduce the risk of further abuse after an actual or suspected case of abuse.

Records will be kept of all adult protection issues and relevant decisions.

In all cases the organisation will work in cooperation with the local authority adult safeguarding board and in compliance with its policies and procedures. The organisation understands that the safeguarding of adults, especially those that are vulnerable, is the responsibility of all and that the different agencies involved in the care of an individual must work closely together in partnership.

In cases where a service user may lack mental capacity then a full mental capacity assessment under the Mental Capacity Act 2005 should be conducted by staff, where necessary in partnership with other agencies involved in their care and safeguarding. Any best interests decisions derived from the application of mental capacity principals must be fully documented.

RIGHTS & RESPONSIBILITIES

Responsibilities of Managers at St Rose's and St Martin's

Know and understand local safeguarding policies and procedures, and the actions they need to take in response to suspicions and allegations of abuse, no matter who raises the concern or who the alleged abuser may be.

Understand their individual responsibilities to respond to concerns about abuse when providing care and treatment, including investigating concerns.

Regularly revise policies and procedures to combat abuse, updating them with current good practice.

Operate systems of management, supervision, internal inspection, and quality control which are designed to reveal abuse if it exists and encourage a culture and ethos for the organisation that is hostile to any sort of abuse.

Operate recruitment policies and procedures that identify and exclude from employment in the organisation potential or actual abusers.

Provide training for staff in all aspects of abuse and protection, including their duties to protect service users from abuse and their rights to protection under the Public Interest Disclosure Act 1998 and the organisation's Whistleblowing policy.

Investigate any evidence of abuse speedily and sympathetically in full collaboration and cooperation with all other relevant adult protection agencies.

Monitor cases and incidents, analysing trends and patterns and implementing improvements to procedures if an investigation into abuse reveals deficiencies in the way in which the organisation operates or loopholes that could be exploited by abusers.

Notify the appropriate agencies if abuse is identified or suspected

Support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability

To DBS check volunteers and employees that have access to or work with vulnerable adults

Responsibilities of St Rose's and St Martin's employees and volunteers
Familiarise themselves with all safeguarding policies and procedures.

Provide young people with the best possible care at all times and to never engage in any action or activity that could be construed as abusive.

Be aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment.

Understand their roles and associated responsibilities in relation to preventing abuse.

Report any suspicions they might have that abuse is occurring.

Cooperate in every possible way in any investigation into an alleged abuse.

Participate in training activities relating to abuse and protection.

To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possible resulting in dismissal

Support for those who report abuse
All those making a complaint or allegation or expressing concern, whether they are staff, service users, carers or members of the general public should be reassured that:
• They will be taken seriously. Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk
• If service users, they will be given immediate protection from the risk of reprisals or intimidation
• If staff, they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998.

Any staff member who is afraid that they may be victimized because of a disclosure should be made aware by the line manager that there is a Whistle Blowing Policy in place. This organisation will always work to support and protect staff who have raised suspicions or concerns about the welfare or safety of service users in good faith.

The Vulnerable Adult has the right:
• To be made aware of this policy
• To have alleged incidents recognised and taken seriously
• To receive fair and respectful treatment throughout
• To be involved in any process as appropriate
• To receive information about the outcome

GOOD PRACTICE
a. Recruitment of staff and volunteers
Follow St Rose's and St Martin's recruitment procedures and policies, including:

- Risk assessment of role to assess need for DBS Disclosures
- Completion of an application form
- Check references thoroughly including appropriate disclosure
- All staff and volunteers have a duty to declare any existing or subsequent convictions.

Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal

b. Training

- Familiarisation with all of St Rose's and St Martin's policies and procedures during induction
- Further training, dependent on nature of role
- Risk assessment & management
- Types of abuse and recognising signs of abuse
- Keeping appropriate records
- Listening skills

c. Management and Supervision

• It is the line manager's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact. Regular supervision for staff and volunteers will monitor the work and offer the opportunity to raise any issues.

d. Record Keeping

• There should be a written record of any concerns. This confidential information will be kept in a locked cabinet by the appropriate person, and will be kept for as long as deemed necessary, in line with Data Protection principles. *(Please refer to Data Protection Policy)*

- All incidents should be discussed in supervision with line manager**.**
- Records kept by paid workers about vulnerable adults should only include:
  - Contacts made
  - Referrals made, including date, time, reason and referral agency

e. Planning

• Wherever possible paid staff and volunteers should avoid lone working with an adult with care and support needs; if unavoidable, one to one contact should take place in an environment where other staff or volunteers are present or within sight

f. Access to an independent person

• Any adult with care and support needs who comes into contact with St Rose's and St Martin's staff or volunteers regularly, should be given information on their right to talk with an independent person, and their name and contact arrangements.

PROCEDURES FOR MONITORING, RECORDING AND REPORTING

At the time of disclosure

Brief notes made immediately after will help to complete the safeguarding concern form.
You should note:

- Date and time of disclosure/incident observed.
- Place and context of disclosure or concern.
- Facts you need to report.

As soon as possible after the disclosure

Complete a safeguarding concern form (Appendix 4) which is available from and stored in the offices. This should then be passed to a DSL.

Remember to keep to factual information and not assumption or interpretation. Use the young person's own language to quote rather than translating into your own terms. Be aware that these sheets may be used at a later date to support a referral to an external agency.

A Designated Safeguarding Lead will

- Make a decision whether to continue to monitor the situation or take the referral further. This decision should be communicated to the individual making the initial referral.

- Seek advice from Adult's Social Care. Help desk – 01452 426868 or 01452 614194(out of hours). They will give advice about whether a referral is appropriate or whether there are alternative ways of addressing the concern.

- Recorded information from social care meetings and other reports are stored securely in the office. Any documents for inclusion in this folder should be given directly to a DSL.

RESTRICTIVE PRACTISES

We will always consider whether the support offered to a young person is the **least restrictive** way of providing that support, and a blanket approach to restrictions on liberty will never be used. We may need to use equipment to keep our young people safe that may be deemed as restrictive, such as wheelchair belts, high sided beds and listening monitors. If equipment is used it will be risk assessed and supported by all professionals involved in the support planning for the young person.
If required we will apply for Deprivation of Liberties Safeguards authorisation for each young person where restrictive practices are used.

ALLEGATION(S) AGAINST A YOUNG PERSON

If a young person makes an allegation against another young person, the matter will be treated as a safeguarding incident and dealt with as described above. This, therefore, may result in both young people being referred.

An allegation or concern could include:

- The young person has behaved in a way that has harmed a young person.
- The young person has possibly committed a criminal offence against or related to a young person.
- The young person has behaved towards a young person in a way that indicates they are unsuitable to work with young people.

Any allegation should be reported to the Principal and the designated Safeguarding Lead. They should ensure both young people are protected. If a serious criminal offence has been committed the police must be informed.

WHAT TO DO

To act or not to act

All allegations or suspicions are to be treated seriously. No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible. To determine the appropriate action it is important to consider:

Risk – does the adult with care and support needs, staff member or volunteer understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?
Self-determination – is the adult with care and support needs able to make their own decisions and choices, and do they wish to do so
Seriousness – A number of factors will determine whether intervention is required. The perception of the victim must be the starting point. Factors informing assessment of seriousness will include:
The **perception** by the individual and their **vulnerability**

The **extent** of the abuse
The **length of time** it has been going on
The **impact** on the individual
The risk of **repetition** or **escalation** involving this or other vulnerable adults
Is a **criminal offence** being committed?

SUMMARY

• The employee or volunteer's primary responsibility is to protect the adult with care and support needs if they are at risk
• Each employee or volunteer has a duty to take action
• Employees or volunteers should not have to cope alone

ACTIONS AND CONSIDERATIONS

The first priority should always be to ensure the safety and protection of adults with care and support needs. To this end it is the responsibility of all staff to act on any suspicion and to pass on their concerns to a responsible person or agency.

If the line manager is alerted to any suspicion or alleged abuse affecting the service user, they should take immediate action to ensure the service user concerned is removed from danger.

• In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)
• Remember to have regard to your own safety. Leave the situation if it is not safe for you.
• Listen to the adult with care and support needs, offer necessary support and reassurance.
• Issues of confidentiality must be clarified early on. For example staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.
• Where an adult with care and support needs expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the adult with care and support needs wishes may be overridden in favour of considerations of safety.
• Decisions to override the adult with care and support needs wish not to take the matter further should if possible be the product of discussion with appropriate line management.
• Note your concerns and any information given to you or witnessed by you.
• Report concerns to the appropriate line manager.

• **REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE.**

By supporting the adult with care and support needs and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.

• You must understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

DISCUSSION AND DECISION MAKING

Information should be shared with your line manager, who must approve any actions to be taken and any documentation or correspondence being sent out. (Unless they are involved in the allegation)
Employees with concerns should discuss them with their line manager on the same day.
Volunteers with concerns should discuss these with their Line Manager as soon as possible after the abuse or suspicions of abuse are observed.
If you have concerns about colleagues these should be addressed initially with the Line Manager, but if this is not possible or the concern is about the Line Manager or other senior member of staff then

speak directly to the designated safeguarding lead or if that person is the person concerned then contact the CQC.

TO REFER OR NOT TO REFER

The decision to refer/ not refer should be made by the safeguarding lead. When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, and Care Quality Commission) the following should be taken into account:

- The wishes of the adult with care and support needs, & their right to self-determination
- The mental capacity of the adult with care and support needs
- Known indicators of abuse
- Definitions of abuse
- Level of risk to this individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

ISSUES OF MENTAL CAPACITY & CONSENT

The consent of the adult with care and support needs must be obtained except where:

- The adult with care and support needs lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
- Others may be at risk
- A crime has been committed

WHO TO REFER TO OR REPORT CONCERNS TO

- Local Adult Safeguarding Board
- Emergency Social Services duty team, if urgent and outside normal office hours
- Relevant hospital Social Services team if adult with care and support needs is in hospital
- Community Mental Health Team where the adult with care and support needs has an ongoing mental health need
- Social Care
- Care Quality Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
- The Police, if there is an emergency where delay may result in serious harm to the adult with care and support needs or if the abuse may constitute a crime

INFORMATION, IF KNOWN, WHICH WILL BE REQUIRED WHEN YOU MAKE A REFERRAL OR REPORT YOUR CONCERNS:

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability
- Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there are any concerns/doubts about this?)
- If appropriate advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.

Also, any relevant information, for example:

• Reasons for concerns and therefore this referral
• Details of how these concerns came to light
• Specific information relating to these concerns
• Details of any arrangements which have already been made for the protection of the adult with care and support needs or any immediate action taken
• Details of anyone else to whom this referral has also been made
• Details of the alleged perpetrator and if they are an adult with care and support needs
• Details of alleged abuse and information about suspicions
• Details of any other background information
• An impression of how serious the situation might be
• Details of any other professional involved
• Details of carers and any significant family members, neighbours, friends

Information passed on must be relevant necessary and up to date. Confirm in writing information given verbally

Do's and Don'ts

Staff member or volunteer should:

- Stay calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain what you are going to do
- Report to relevant Manager
- Write a factual account of what you have seen/heard, immediately.

Discuss with the relevant Manager who will:

- Ascertain whether the situation might fall within the definitions of abuse outlined in this policy
- Consider the vulnerable adult's capacity to make decisions
- Ascertain whether an advocate or appropriate adult might be necessary
- Ascertain any immediate action required
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures
- Where abuse is suspected conclude that a referral be made to the appropriate agency

Staff member or volunteer should not:

• Appear shocked, horrified, disgusted or angry
• Press the individual for details (unless requested to do so)
• Make comments or judgments other than to show concern
• Promise to keep secrets
• Confront the abuser
• Risk contaminating evidence

PREVENT DUTY

The governors and leadership team at St Roses and St Martin's have deemed our young people to be at a low risk of radicalisation; however we recognise that protecting young people from the risk of radicalisation is part of our wider safeguarding duties. We understand that during the process of radicalisation it is possible to intervene to prevent vulnerable with care and support needs people being radicalised. This is new legislation on preventing radicalisation. This is known as the Prevent Duty. We must have 'due regard to the need to prevent people from being drawn into terrorism.'

The Principal is our link person for the Prevent strategy.

WORKING WITH PARENTS/CARERS

It is important that St Rose's and St Martin's has a consistent approach to working with parents and carers. Attitudes to and contact with parents/carers should be non-judgemental in order to obtain the most conducive working relationship. The priority is the needs of the young person and effective liaison is crucial for this.

It should be recognised that families from different backgrounds and cultures will have different approaches to caring for their children. These differences should be acknowledged and respected, provided they do not place the young person at risk.

REVIEW AND MONITORING OF THE POLICY

This policy will be reviewed by the governing body on an annual basis or earlier if legislation should change.

It is considered part of the Terms and Conditions of Employment for all staff at St Rose's and St Martin's.

Chair of Governors **Date:**

Principal **Date:**

Appendix 1

Designated Safeguarding Leads (DSL) for adults with care and support needs – Sheila Talwar, Mike King and Abi Clark
Governor with safeguarding responsibility – Julie Dyer
Designated Safeguarding Lead (DSL) for Children – Lisa Taylor
Deputy Designated Safeguarding Lead (DDSL) – Jo Pearch

SIGNS AND SYMPTOMS OF ABUSE

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a young person

.

The physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body
- multiple bruises- in clusters, often on the upper arm, outside of the thigh
- cigarette burns
- human bite marks
- broken bones
- scalds, with upward splash marks.
- multiple burns with a clearly demarcated edge.

Changes in behaviour that can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example in hot weather
- depression
- withdrawn behaviour
- running away from home

Psychological abuse

Emotional abuse is the persistent emotional maltreatment of a young person such as to cause severe and persistent adverse effects on the young person's emotional development.

It may involve conveying to young people that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the young person opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on young people. These may include interactions that are beyond the young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the young person participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing young people frequently to feel frightened or in danger, or the exploitation or corruption of young people. Some level of emotional abuse is involved in all types of maltreatment of a young person, though it may occur alone.

Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g. sulking, hair twisting, rocking
- being unable to interact
- fear of making mistakes
- sudden speech disorders
- self-harm

Sexual abuse

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

The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

Sexual abuse by young people

The boundary between what is abusive and what is part of normal development or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include young people who exhibit a range of sexually problematic behaviour. Developmental Sexual Activity encompasses those actions that are to be expected from young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, in appropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is "acting out" which may derive from other sexual situations to which the young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Neglect

Neglect is the persistent failure to meet a young person's basic physical and/or psychological needs, likely to result in the serious impairment of the young person's health or development.

Neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a young person from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.
- provide adequate stimulation

It may also include neglect of, or unresponsiveness to, a young person's basic emotional needs.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other young people
- constantly dirty or 'smelly'
- loss of weight, or being constantly underweight
- Inappropriate clothing for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

Bullying
There is clear evidence that bullying is abusive and will include at least one of the defined categories of abuse. Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group).

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to young people to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). All settings in which young people are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies.

Self-harm
If it comes to the attention of a teacher/member of staff that a young person is self-harming, they should alert a designated safeguarding lead. Their actions might include:

- Contacting parents/carers
- Contacting Mental Health Services (with parent/carer support)
- Contacting Social Care if the young person meets the referral criteria

Domestic Violence
Domestic violence is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can be emotional, physical, sexual, financial or psychological abuse.
It can happen in any relationship, and even after the relationship has ended. Both men and woman can be abused or abusers.
Witnessing domestic violence is a child protection issue, if domestic violence is suspected in a family the child will be referred to social care for support. Children living in a home where domestic violence is happening are at risk of other types of abuse too. (nspcc.org.uk)
Staff at St Roses understand the correlation between domestic violence and child protection. They are vigilant, will listen to the child and report their concerns.

Discrimination
Where one group are preferred over another

Inhuman or degrading treatment
For example the use of punishment or inappropriate/excessive restraint.

Financial abuse
Including theft and fraud

Forced Marriage
This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

Female Genital Mutilation (FGM)

FGM is internationally recognised as a violation of the human rights of girls and women. The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004.
The Act

- Makes it illegal to practice FGM in the UK;
- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country.
- Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad.
- A conviction of FGM has a penalty of up to 14 years in prison and/or a fine.

Mandatory reporting duty of FGM - Since Oct 2015 there is a mandatory requirement that all staff report cases of FGM to the police. The duty has been brought through the Serious Crime Act 2015 and will mean that whenever regulated professionals (health, social care and education) identify that a girl under 18 has had FGM, or if the girl discloses this herself, the professional must make a report to the police.

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.
4 types of the FGM procedure:
Type 1 Clitoridectomy – partial/total removal of clitoris
Type 2 Excision – partial/total removal of clitoris and labia minora
Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

It is carried out as the belief is:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

The profile of Female Genital Mutilation has increased considerably over the last couple of years as a result of the Department of Health FGM Prevention Programme and launch of the NSPCC FGM Helpline (0800 028 3550).

APPENDIX 2

ONLINE SAFETY AND THE USE OF MOBILE TECHNOLOGY

This section should be read in conjunction with our Online Safety Policy, Remote Education Policy, Code of Conduct, Staff acceptable use policies,

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- **content**: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- **contact**: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes
- **conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- **commerce** - risks such as online gambling, inappropriate advertising, phishing and or financial scams. If you feel your students or staff are at risk, please report it to the Anti-Phishing Working Group (https://apwg.org/).

At St Rose's when students use the school's network to access the internet, they are protected from inappropriate content by our filtering and monitoring systems. However, some students are able to access the internet using their own data plan therefore to minimise inappropriate use, as a school, all personal student devices are connected to the school Wi-Fi network which is filtered and monitored and students and their parents are asked to sign our ICT usage agreement.

USE OF MOBILE TECHNOLOGY

We aim to ensure the safety and privacy of students by regulating the use of mobile technology.

within the school environment. Our intention is to provide an environment reducing the following concerns:

- Staff being distracted from their work with students.
- The inappropriate use of mobile phone cameras, smart watches, cameras and videos
- Inappropriate use of mobile phones and cameras around the students.

It is our intention to provide a safe environment and prevent:

- The possible identification of students when a photograph is accompanied by personal information.
- The inappropriate use, adaptation or copying of images for use on child pornography websites.
- The taking of inappropriate photographs or recorded images of students. The breach of conduct orders restricting photography of specific students.

We recognise that staff, parent/carers, visitors and contractors accessing our premises will be in possession of a mobile phone device and/or other technology and have procedures in place to set clear guidelines for the use of mobile phones, smart watches, digital cameras and recording equipment.

APPENDIX 3

CQC regulation and the five key question test

Fundamental Standards requirements

The **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** apply to adult social care service providers. The regulations include the fundamental standards, below which care must not fall. They are enforced by the Care Quality Commission through inspection and registration.

With respect to safeguarding adults, Regulation 13: Safeguarding Service Users, states that:

- Service users must be protected from abuse and improper treatment
- Systems and processes must be established and operated effectively to prevent the abuse of service users
- Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of abuse
- Care or treatment for service users must not be provided in a way that:
  - includes discrimination against a service user on grounds of any protected characteristic (as defined in section 4 of the Equality Act 2010)
  - includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint
  - is degrading for the service user, or
  - significantly disregards the needs of the service user for care or treatment.

For the purposes of this regulation this organisation recognises that 'abuse' means:

- any behaviour towards a service user that is an offence under the Sexual Offences Act 2003
- ill-treatment (whether of a physical or psychological nature) of a service user
- theft, misuse or misappropriation of money or property belonging to a service user, or
- neglect of a service user.

In addition, Regulation 13 states that a service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

Guidance for providers on meeting the regulations, published by CQC in March 2015, provides guidance on how service providers should comply with the regulations.

The guidance states that service providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.

The guidance makes clear that, where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

The five key question test

When inspecting a health or social care service, this organisation understands that inspectors are prompted by CQC guidance on the five key question test to ask how service users are protected from bullying, harassment, avoidable harm and abuse that may breach their human rights. To answer this, inspectors are prompted to ask:

- How are people protected from abuse and avoidable harm?
- How are people protected from discrimination?
- Are people kept safe by staff who can recognise signs of potential abuse and know what to do when safeguarding concerns are raised?
- How are people supported to understand what keeping safe means, and how are they encouraged to raise any concerns they may have about this?

The organisation understands that assessment under the five key question test contributes to the quality rating given to the service.

Appendix 4 – ST ROSES EARLY HELP

Early Support for young people with care and support needs means helping early enough to prevent a crisis, or to stop problems arising in the first place. By reaching out early, we can reduce the number of neglected young people, improve their health and boost their life chances. Practical ways of helping young people and families to help themselves should be provided to overcome problems before they start. It means identifying the right services to offer the support needed

At St Rose's and St Martin's we provide:

- Staff that are qualified and experienced in identifying the needs of young people with care and support needs
- An open door policy to parents/carers
- Effective communication between home, school and college
- Coherent partnerships with multi-service agencies and educational specialists to ensure the best educational achievement and health and wellbeing for our pupils, including;
    - Education Psychologist
    - Community Learning Disabilities Team (CLDT)
    - Social Workers
    - Clinical Psychologists
    - Family Support Workers
    - Community Paediatricians
    - Neurology and Epilepsy specialists
    - General Practitioners
    - Dieticians
    - Community Occupational Therapy team
    - Continence service
- On-site Nursing and therapy teams who are able to provide regular care advice and support to families, the therapy team include:
    - Speech and language therapists
    - Physiotherapists
    - Occupational therapists
    - Music therapists
- Guidance, support and onward referrals on issues as they arise.

Appendix 5 – SAFEGUARDING CONCERN FORM

Name of young person:

Date of Birth:

Parent's/Carers name(s):

Home address (and phone number if available):

Are you reporting just your own concerns or passing on those of somebody else? Give details:

Brief description of what has prompted your concerns: include dates, times, etc. of any specific incident:

Any physical signs? Behaviour signs? Indirect signs?:

Has the young person spoken to you? If so, what was said?

Name, time and date reported to member of safeguarding team

Signature of person reporting concern:

Date and time:

Signature of member of safeguarding team receiving concern: