

Safeguarding Adults Policy & Procedure

Version 19 – November 2024

1. Policy Statement

ESPA believes that every individual has the right to live and work in conditions which ensure they are free from abuse. We will work in collaboration with all relevant agencies to uphold the rights of the individual to ensure that they are protected from harm through abuse or exploitation.

2. Context

ESPA supports autistic individuals, who are aged 16 years or over.

For those we support who are under 18, we have a separate Child Protection and Safeguarding Policy.

This document acknowledges and adheres to the content and context of:

- Review of Sexual Abuse in Schools and Colleges – Ofsted 2021
- Keeping Children Safe in Education 2024
- Working Together to Safeguard Children 2015
- The Prevent Duty 2015
- The Care Act 2014
- The Children Act 2004
- Adoption and Children’s Act 2002
- The Health and Social Care Act 2008
- The Mental Capacity Act - Code of Practice 2020
- Deprivation of Liberty Safeguards
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- ADASS Making Safeguarding Persona 2014
- Human Rights Act (1998)
- CQC Safeguarding Protocol 2013

- Statement of Government Policy (DOH 2013)
- CQC Essential Standards of Quality and Safety
- Individual local authority procedural requirements.

ESPA adheres to the legislative requirements of the Safeguarding Vulnerable Groups Act 2006 as amended by the Protection of Freedoms Act 2012 and will refer information about staff who have harmed or may harm a child or vulnerable adult to the Disclosure and Barring Service, DBS. Checks will be made with the DBS before any potential new staff are employed through the enhanced DBS process.

This policy and procedure is based on the need for collaborative partnerships and inter-agency working in responding to and having coherent strategies for managing investigations into allegations of abuse of service users.

It describes how we aim to ensure the prevention of abuse and protection of individuals and how we will respond if abuse is identified or disclosed.

3. Key Terms

Adult at Risk

The Care Act 2014 replaced the terminology “vulnerable adult” to “adult at risk” and they are defined as a person 18 or above who:

- has needs for care and support even if they do not have care services
- is experiencing or is at risk of abuse and neglect
- as a result of their care and support needs is unable to protect themselves from the risk or experience of the abuse or neglect

Designated Safeguarding Leads (DSLs)

The group of key ESPA staff drawn from different services across the charity who are available for advice, support and guidance and have additional safeguarding responsibilities. Referred to as DSLs for the remainder of this policy.

Abuse

The Care Act 2014 gives guidance on what constitutes abuse stating:

“Abuse and neglect can take many forms. Local authorities should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.”

Abuse may be perpetrated by an individual, group or organisation and nearly always involves a misuse of power.

It is important that we separate abuse (an act of commission) from neglect (an act of omission). The former involves a conscious decision to do harm, the latter is where something that should have been done has been left undone.

Harm

This is the impairment of or an avoidable deterioration in physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development.

Harmful Sexual Behaviour (HSB)

Developmentally inappropriate sexual behaviour displayed by children and young people that is harmful or abusive. Peer on peer sexual abuse is seen as a form of HSB where sexual abuse takes place between young people of a similar age or stage of development.

Those at increased risk

Abuse can happen to anyone but the risk is increased for individuals who may be eligible for support from specialist education services, social care or health services and who may be unable to take care of themselves or are unable to protect themselves against serious harm or exploitation.

4. 10 Categories of Abuse and Neglect and important safeguarding issues for Children and Adults

ESPA recognises the following categories of abuse and neglect and safeguarding concerns.

Physical abuse: the physical ill-treatment of an individual which may or may not cause physical injury. Indicators may include changes in language or behaviour, unexplained or repeated minor injuries, bruising in well protected areas, flinching at physical contact, sudden incontinence, evidence of over or under use of medication.

Sexual abuse: direct or indirect involvement in sexual activity without consent, including acts which involve physical contact and others which do not. Indicators may include self-inflicted injury, over-sexualised behaviour or language, physical injury to genital area and evidence of sexually transmitted infection.

Financial or material abuse: the inappropriate use of an individual's money or belongings by another person or persons. It may include theft, material exploitation or personal exploitation. Indicators may include unexplained shortage of money despite an adequate income, unexplained withdrawals from bank accounts, disparity between assets and satisfactory

living conditions, items purchased which are not appropriate for the person, disappearance of bank statements or valuables.

Psychological/emotional abuse: results from being repeatedly made to feel unhappy, anxious, afraid, humiliated or devalued by the actions or inactions and/or attitudes of others. This may include humiliation, intimidation or indifference. Indicators may include depression, low self-esteem, self-neglect, loss of confidence, anxiety, tearfulness, self-harm, withdrawal, isolation and agitation.

Organisational abuse: includes the practice of an abusive regime or culture which destroys dignity and respect – it occurs when the individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation. As well as formal settings, it can also occur within a family or other community setting. Indicators may include lack of privacy, dignity and respect, arbitrary decision making, strict regimental routines or culture, unsafe/unhygienic environment, lack of choice or options.

Neglect and Self Neglect: usually the unintentional failure to provide appropriate levels of care and support. Neglect includes physical neglect, failure to provide adequate nutrition, heating or clothing, failure to intervene in situations that are assessed as being dangerous to a person, administering too much or too little medication. Indicators may include poor physical condition, poor hygiene, unexplained weight loss, malnutrition, dehydration, exposure to unacceptable risk and hypothermia.

Discriminatory abuse: this is motivated by oppressive and discriminatory attitudes towards a person's disability, race, gender, age, religion/belief or sexual orientation. Indicators may take the form of any of those already listed under any of the other categories of abuse. The difference lies in that the abuse is motivated by discriminatory attitudes, feelings or behaviour towards an individual.

Domestic Abuse: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over; who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

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

Others Include:

Female Genital Mutilation: (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of abuse with long-lasting harmful consequences. Where it is suspected that a child is subject to FGM the police must be informed immediately.

Exploitation: can occur either opportunistically or premeditated. Unfairly manipulating someone for profit or personal gain - sometimes referred to as **Hate/Mate Crime**. Further examples include **Abuse of Trust** and **Abuse by another Adult at Risk**.

Radicalisation & Extremism: Protecting service users and students from the risk of radicalisation is part of ESPA's wider safeguarding duties and is similar in nature to protecting adults from other forms of harm and abuse. Further guidance on this matter is given later in this document.

Historical Abuse

Incidents of abuse reported to us by a service user that may be recent or historical, or may have already been investigated will be reported and referred by ESPA to the appropriate agency or service.

Some instances of abuse will constitute a criminal offence. In this respect the people we support are entitled to the protection of the law in the same way as any other member of the public.

5. Principles

This policy is underpinned by the 6 principles of safeguarding practice as defined by the Department of Health in 2013 :

- **Empowerment** – Victims should be supported in making their own decisions and choices, including those related to risk and their own perceived vulnerability. If decisions are made without taking account of the victims views this may infringe their human rights and jeopardise other qualities of life
- **Protection** – Support and representation for those in greatest need
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – Safeguarding must be built on proportionality and a consideration of peoples' human rights
- **Partnership** – Local solutions through services working with their communities
- **Accountability** – Safeguarding practice and arrangements should be accountable and transparent

6. Rights

The rights of autistic people should reflect precisely those available to the rest of the population and are detailed in the European Charter for Persons with Autism.

Individuals are entitled to:

Choice: the opportunity to select from a range of options

Rights: the maintenance of all entitlements and responsibilities associated with citizenship

Independence: within the framework of risk assessment

Privacy: the right to be free from intrusion

Dignity: the right to respect regardless of circumstances

Equality: the avoidance of discrimination of any kind

7. Supporting our Adults in relation to abuse

ESPA recognises that people who are abused or who witness abuse may find it difficult to develop a sense of self-worth and to view the world in a positive way. ESPA may be the only stable, secure and predictable element in the lives of some of the people under its care. ESPA, therefore, recognises that such individuals might exhibit challenging and oppositional behaviour and will take careful note of the context of such behaviour.

ESPA also recognises that some individuals who have experienced abuse may in turn abuse others. This requires a considered and sensitive approach in order that the individual can receive appropriate help and support.

The organisation will endeavour to support all of its adults, and young people through:

- ESPA's ethos, which promotes a positive, supportive and secure environment and which gives adults and young people a sense of being respected and valued
- A coherent management of behaviour
- Liaison with other professionals and agencies who support service users, students and parents
- A commitment to develop productive, supportive relationships with parents whenever it is in the service users interest to do so
- The development and support of a responsive and knowledgeable staff team whose role it is to respond appropriately in Safeguarding situations
- Ensuring that all staff are aware of the need for maintaining appropriate and professional boundaries in their relationships with service users, students and parents
- Ensuring that staff and volunteers are aware that sexual relationships with children and young people aged under 18 are unlawful and could result in legal proceedings taken against them under the Sexual Offences Act 2003 (Abuse of position of trust)

8. This policy should be read in conjunction with other related policies in the organisation. These include, for example:

- Child Protection and Safeguarding Policy
- Safer Recruitment and Selection Policy
- The Prevent Duty Policy
- Positive Behaviour Support
- Management of Behaviours that Challenge & Restrictive Practices, Policies and Procedures
- Anti-Bullying Policy
- Health and Safety
- Medication Policy
- On-Call Policy & Procedures – Residential & Domiciliary Services
- Whistle Blowing Policy
- Disciplinary Policy and Procedure
- E-Safety/Social Media Policies
- Touch Policy
- Guidance for use of Emotive Language

9. **E-Safety & AI (Artificial Intelligence)**

ESPA endeavours to implement guidance from government agencies regarding the best way to protect service users on-line, e.g. use of CEOP (Child Exploitation Online Prevention) material. ESPA IT networks are protected by robust **Filtering and Monitoring** systems and a firewall that prevents users from accessing potentially harmful material and unsafe social network sites. All College students are inducted into the safe use of the internet and their use is monitored remotely and according to individual care plans. All College staff (and students) receive regular online/cyber safety training to accompany Safe IT Use and Social Media policies.

ESPA is keenly aware of the Safeguarding risks (such as Voice/Face recognition and algorithmic bias) posed by the emergence of AI in digital spaces. We will incorporate this into communications with families, students and service users alongside inclusion in future staff/student induction policy.

10. **Bullying and Peer abuse**

This form of abuse involves bullying, HSB/peer on peer abuse, gender based violence and sexual assaults. It can occur in any group of adults whatever its type or size or the age of its members. There are many different forms of bullying; at one end of the scale it can be teasing and at the other it may become serious assault or harassment. Verbal and psychological bullying can be just as harmful and hurtful as physical violence. Bullying and peer abuse must be reported to a responsible person who will inform the designated lead. Other examples might include '**County Lines**' and '**Cuckooing**' where vulnerable adults/young people can be exploited into serious criminal activity such as drug supply or storage.

11. Preventing and Detecting Radicalisation – Ref: The Prevent Policy

Background and context:

The Counter Terrorism and Security Act 2015 includes a ‘duty’ on specified stakeholders: local authorities, communities, police forces, education, health and care providers to fully understand the need to prevent people from being drawn into terrorism. This is also known as **The Prevent Duty**.

The government has defined extremism in the Prevent Duty as: “*vocal and active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs*”. This also includes calls for the death of members of the British armed forces.

British values are defined as “*democracy, the rule of law, individual liberty and mutual respect and tolerance for those of different faiths and beliefs*”. Institutions are expected to encourage service users and students to respect other people with particular regard to the protected characteristics set out in the Equality Act 2010.

All College staff and, where appropriate, residential and domiciliary services staff receive regular training and inputs re: The Prevent Duty which includes regionalised emphasis and contextualisation.

12. Capacity and Consent

In line with the principles underpinning the Mental Capacity Act 2005, capacity must be presumed unless proved otherwise. If in doubt a Capacity Assessment will need to be undertaken. As capacity may fluctuate, establishing whether or not informed consent can be given must be assessed on an individual basis when concerns have been expressed. This is a crucial part of the safeguarding process.

Mental Capacity Act and Safeguarding

Someone’s mental capacity, or ability to make a certain decision, may be impacted by:

- A stroke or brain injury
- A mental health problem
- Dementia
- A learning or developmental disability
- Substance misuse
- Confusion, drowsiness or unconsciousness due to illness

The Act is underpinned by 5 key principles:

Principle 1: *A presumption of capacity* – Every adult has the right to make his or her own decisions and be assumed to have capacity to do so unless

it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.

Principle 2: *Individuals being supported to make their own decisions* – A person must be given all practicable help before anyone discerns them as not being able to make their own decisions. If lack of capacity is established, you must still involve the person as far as possible in decision making.

Principle 3: *Unwise decisions* – People have the right not to be treated as lacking capacity merely because they make a decision that others deem 'unwise'. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

Principle 4: *Best Interests* – Anything done for or on behalf of a person who lacks mental capacity must be done in their best interest.

What is Best Interests? The Act provides a checklist of factors that decision makers must work through before deciding what is in a person's best interest.

Principle 5: *Less restrictive option* – Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all.

The determination of a person's capacity is made on the balance of probabilities – Is it more likely than not that the person lacks capacity? You should be able to show in your records why you have come to your conclusion that capacity is lacking for a particular decision. A person can put their wishes and feelings into a statement if they so wish, which the person determining capacity must consider. In addition, people involved in caring for someone lacking capacity have to be consulted concerning their best interests.

In relation to Safeguarding, it is important to be aware of the MCA and apply those principles and process when considering an individual's ability to make informed choices.

Deprivation of Liberty and Safeguarding

Deprivation of Liberty safeguards ensure people who cannot consent to their care arrangements in a care setting are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and in the person's best interests. Representation (from anyone concerned with their best interests such as professionals, family/staff) and the right to challenge a deprivation are other safeguards that are part of DoLS.

Key Messages

Furthermore, urgent DoLS authorisations can last up to 7 days and are initially granted by the hospital or care home where the person is being cared for, known as the 'managing authority'. If needed, urgent authorisations can be extended for a further 7 days. This type of authorisation can be used if a person urgently needs to be deprived of their liberty before they have had a full assessment.

- DoLS are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only
- The Mental Capacity Act allows some restraint and restrictions to be used – but only if they are in a person's best interests and necessary and proportionate
- Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called Deprivation of Liberty Safeguards
- DoLS can only be used if the person will be deprived of their liberty in a care setting. In other settings the Court of Protection can authorise a liberty deprivation
- Care homes or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation
- There are six assessments which need to take place before authorisation
- If a standard authorisation is given, one key safeguard is that the person has someone appointed with legal powers to represent them. This is called the relevant person's representative and will often be a family member or friend
- Other safeguards include rights to challenge authorisations in the Court of Protection and access to Independent Mental Capacity Advocates (IMCAs)

Liberty Protection Safeguards

In 2018, the government published a Mental Capacity Amendment bill which will ultimately see DoLS replaced by the Liberty Protection Safeguards (LPS). However this has yet to fully materialise and existing arrangements are still current.

What is a deprivation of liberty?

The Supreme court in 2014 gives reference to the following two acid test questions:

- Is the person subject to continuous supervision and control?
- Is the person free to leave?

Article 5 of the Human Rights Act states that, '*Everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty (unless) in accordance with a procedure prescribed in law*'. If someone is subject to a high level of supervision, and is not free to leave the premises permanently, then it is almost certain that they are being deprived of their liberty. In addition, if the following features are present, you must request the completion of assessments for a deprivation of liberty authorisation:

- Frequent use of medication/sedation to control behaviour
- Regular use of physical restraint to control behaviour
- The person concerned objects verbally or physically to restrictions
- Objections from family and/or friends to the restriction or restraint
- The person is confined to a particular part of the establishment
- The placement is potentially unstable
- Possible challenge to the restriction and restraint being proposed to the Court of Protection or Ombudsman
- The person is already subject to a DoLS which is about to expire

Restraint and restrictions

The Mental Capacity Act allows restrictions and restraint in some cases, but only if they are in the best interests of a person who lacks capacity to make the decision themselves; and only if it is necessary and proportionate to do so. When we are putting together Care Plans for people who are unable to make decisions about their care or where they live, they should consider whether any proposed restrictions or restraint amount to a deprivation of liberty.

13. Confidentiality

Information will only ever be shared on a “need to know” basis when it is in the best interests of the individual.

Confidentiality must not be confused with secrecy.

Consent should be obtained from the individual but if this is not possible and they themselves or others are at risk, it may be necessary to override this requirement.

It is inappropriate for any member of staff to give assurance of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations where others may be at risk.

14. Whistleblowing

ESPA has a Whistle Blowing Policy which provides guidance to staff, volunteers and service users (as appropriate) and families on how they can raise concerns and receive appropriate feedback on action taken.

15. Complaints against employees

A Safeguarding complaint involving a member of staff must be reported to a Senior Manager immediately. If the complaint involves the Senior Managers/ DSL then the CEO/Deputy CEO must be informed. If the complaint is about the Chief Executive/Deputy CEO then a member of the Board of Trustees must be informed. If a complaint is made about one of the Trustees then the Local Authority Designated Officer must be informed. ESPA will ensure that all concerns and complaints are investigated and will assist with the local authority to investigate any complaints about its senior staff should they arise.

16. Training and Development

ESPA DSLs receive training relevant to their role. The organisation also ensures that all its employees, visitors and volunteers are kept informed about Safeguarding issues and training requirements.

All staff joining ESPA receive a comprehensive induction that includes embedded Safeguarding training. This covers all aspects of Safeguarding including Safeguarding roles and responsibilities, ESPA Safeguarding policies and procedures and recognising and reporting questionable practice. Also covered within training are: Compassionate Care, Mental Capacity Act, Deprivation of Liberty, Equality, Diversity and Inclusion, Prevent Duty, Trauma Informed Care, Whistle Blowing and Raising a Concern.

All staff complete refresher training appropriate to their role and senior managers and DSLs complete advanced safeguarding training.

Staff working with children will undergo regular training and must have any relevant updates in relation to Child Protection & Safeguarding. The Designated Senior Leads must undergo appropriate training that is updated every 3 years as a minimum. ESPA will source the best quality training available and ensure that it is, where possible, approved by the local authority or CQC/Ofsted/DfE. All staff working with children must be issued with and sign part one of Keeping Children Safe in Education 2024.

17. Attendance at Multiagency Safeguarding Meetings

In the event of ESPA being invited to attend Initial Adult Protection Conferences, Review Meetings or similar, service managers will usually represent the organisation and provide information relevant to the meeting. [DSLs] may attend, as appropriate.

18. Safer Recruitment & Selection Policy Summary

All current ESPA staff and volunteers are required to complete a Disclosure & Barring Service form and be subject to enhanced DBS disclosure.

All applicants will receive an Application Pack which includes a relevant application form and guidance notes, job description and person specification, guaranteed interview scheme form and details about the organisation.

Applicants are informed that the post will require a criminal check through the Disclosure and Barring Service (DBS). Where possible, for applicants who have lived overseas for the previous five years, a check will be made against the criminal records held in their previous country or countries of residence. This service is supported by the DBS.

All applicants are required to provide a health declaration at the point of job offer, to ensure that they are physically and mentally fit to perform the duties of the post.

All applicants will participate in a two-stage interview process. The first stage is the 'formal interview' which is generally conducted by Service Managers. Applicants will be asked pre-set questions consistent with the requirements of the person specification and job description. The outcome of the formal interview is recorded on the Assessment Criteria Form. It is essential to ensure that enough information is recorded to help inform decisions about the suitability or otherwise of each applicant.

Applicants who meet the criteria of the advertised post will be invited back for the second stage of the recruitment process, the 'informal interview'. This will take place within the service where a relevant vacancy exists. The informal interview provides the opportunity for the service users (where possible) to be involved in the selection of staff. At the end of this process, the Service Manager will complete an informal feedback form and discuss the candidate's suitability for the vacancy with the HR Department.

Proof of identification and completion of the DBS disclosure form will be required following a successful informal interview.

Three references will be requested (two professional and one personal/character) for applicants who have successfully completed the first stage of the interview process, unless otherwise stated on the job advert. ESPA will always require a reference from the candidate's present and/or previous employer.

Once a conditional offer of an appointment has been made, the HR Department will then continue with pre-employment checks. All of which must be satisfactory for the application to be complete; three references, health declaration, DBS check, evidence of eligibility to work in the UK and evidence of any qualifications that are required for the job role. In line with KCSIE 2023/24 we should also inform potential candidates that we consider online searches as part of our due diligence process for College staff.

All references must be returned and signed by the referee. HR will validate all references that are received by telephone, in accordance with CQC guidelines. Reference request forms, both professional and personal/character, specifically ask about the applicant's suitability for the role, particularly working with vulnerable adults and children.

No external applicant can commence in a position within ESPA until all pre employment checks have been received and are deemed to be satisfactory.

19. Procedures and Guidelines

As outlined in the Staff Code of Conduct and Staff Charter, it is the legal responsibility and Duty of Care of every member of staff to respect the rights of individuals and protect them from harm at all times.

The ADASS (Association of Directors of Adult Social Services) gives clear guidelines on the thresholds of harm and neglect with each level initiated providing a graduated response according to the perceived level of risk. Staff who are involved in or are responsible for submitting safeguarding alerts should have a good understanding of threshold tools for their relevant local authorities.

All staff will be receive “Safeguarding” training during induction. This will be continuously updated to maintain current practice at a level consistent with their role/responsibility.

All staff have a responsibility to pass on information relating to possible abuse in their role of “Alerter.” This concern will be received by the “Responsible Person” (typically the College Co-ordinator or Registered Manager) . The “Responsible Person” would then then report any concerns to a DSL.

As soon as an alert occurs, action should be taken immediately to ensure the safety of those involved.

20. Procedure for managing a suspected safeguarding issue

Whilst considering the procedure below every member of staff must be mindful that if an adult at risk is in immediate danger or is at risk of harm, a referral should be made to adult social care and /or the police immediately.

The following key guidelines apply:

The Alerter

All staff have a responsibility to pass on information relating to possible abuse in their role of “Alerter.”

The Alerter **should:**

- Stay calm
- Listen patiently and without interruption
- Reassure the person that they are doing the right thing when disclosing something
- Confirm that the information will be taken seriously
- Write a factual account of the disclosure using the exact words
- Report the matter immediately, verbally and in written form (where possible) to a responsible person or designated safeguarding lead

The Alerter **should not:**

- Express disbelief
- Press for information, this is not the time for investigation
- Confront any alleged perpetrator(s)
- Judge, speculate or draw their own conclusions

- Promise to keep secrets; confidentiality must not be confused with secrecy

The Responsible Person

The Responsible Person is the most senior person on duty within a service or College site and would usually be the manager, assistant manager or team leader but could also be the senior support worker.

The Responsible Person **Should:**

- Ensure that any adult at risk is safe
- Ensure that any evidence to support the alert is preserved
- Report the matter immediately to a designated safeguarding lead verbally and in written form, where possible.
- Follow up with local safeguarding team if there is no response within 72 hours.

The Responsible Person **should not:**

- Delay reporting the alert other than to ensure that the adult at risk is safe and evidence is preserved
- Delay reporting the alert due to the time of day or day of the week
- Investigate the matter without seeking further guidance from their designated manager or safeguarding lead

The Designated Safeguarding Leads

The Designated Safe Lead role is fulfilled by the ESPA's Head of Social Care, PBS and Quality Compliance Leads, Lead Therapist and the College Principal/Vice Principal. They have responsibilities to ensure that service users and learners are safe and that any evidence in connection with an alert is preserved and that correct procedures and processes are adhered to. It will be necessary for DSLs and the service manager/responsible person, to work closely together to ensure this happens.

A External process

Where an alert is made from a member of staff, the manager/responsible person will follow local authority, CQC and ESFA (College learners only) guidelines regarding process and procedure.

B Internal process

Outside of normal office hours (Monday to Friday, 9am to 5pm), any alerts must be reported as soon as is realistically possible to a DSL. If there is a clear need to address immediate concerns, a collaborative decision will be reached between the manager/responsible person and DSL regarding the most appropriate internal actions or outcomes.

When making such decisions we will refer to the ADASS thresholds for guidance at times based on an individual basis. Where an alert is clearly or likely to be at Tier 2 [Significant], Tier 3 [Very Significant Harm] or Tier 4 (Critical/High Risk), DSLs will support the manager/responsible person and wider teams; informing the CEO, where appropriate, of the issue and actions taken.

Where an alert is clearly or likely to be at Tier 2 [Significant], Tier 3 [Very Significant Harm] or highest level Tier 4 [above] then a **Internal Safeguarding Strategy** meeting must be called (See appendix E). This meeting will take place within 48 hrs and for urgent cases can be called immediately. However this does not preclude action being taken to ensure the safety of a service user or learner e.g. informing the police service.

The meeting will be attended by senior staff and where possible will include:

- Registered Managers
- Responsible Person
- Where appropriate a DSL
- Designated Safeguarding Leads
- ESPA Deputy CEO or CEO
- Where appropriate a member of the MDT/PBS Lead
- Other senior staff where appropriate e.g. HR Manager where a staff disciplinary issue is being considered
- Relevant external professional e.g. Police or Social Worker

Where there is ambiguity regarding the level of the alert compared to the LA thresholds, then the service manager or a DSL Lead or manager will consult with the local authority safeguarding team.

* Sunderland Local Authority toolkit used for reference.

21. Recording and Storing information

It is essential that clear and accurate records are kept of all contacts and actions relating to cases of abuse. Records may need to be used at a range of safeguarding meetings or as part of legal action.

The recording of contacts and actions will be recorded chronologically and where possible immediately after any update using the form Sequential Safeguarding Log – Appendix C (College) Appendix D (Residential, Domiciliary and Day Services).

Where immediate updating of the form is not possible it should be completed as soon as practicable thereafter.

Safeguarding records will be held centrally and stored electronically via the email account safeguarding@espa.org.uk Safeguarding records will also be held in an appropriate and secure place by managers of services. Access to the records will be restricted to appropriate senior staff and their administrative support. These records will generate data around types and

frequency of safeguarding concerns which will inform future training and practice.

Any sequential log or safeguarding alert/notification must be forwarded in confidence to safeguarding@espa.org.uk for the attention of Michelle Elstob for both residential and domiciliary service users. In the case of College students then the alert or sequential log should be forwarded in confidence to the safeguarding email account for the attention of Principal/Vice Principal. Where it is not the service manager forwarding this information, it is essential that they are also provided with all documentation completed relating to the alert.

22. Management, governance and reporting

Safeguarding arrangements and procedures will be managed by the safeguarding managers via the Strategic Safeguarding Group chaired by the Deputy CEO or their nominee. This group will review the management of safeguarding throughout the organisation and has responsibilities to ensure that appropriate policies procedures and resources are in place to protect staff, service users and learners. The policy and procedures will be reviewed at least every 3 years or when legislation or guidelines change.

Safeguarding policies, procedures and outcomes are audited by our highly qualified independent Safeguarding Consultant, Celia Harbottle, who attends the Strategic Safeguarding Meeting at regular intervals

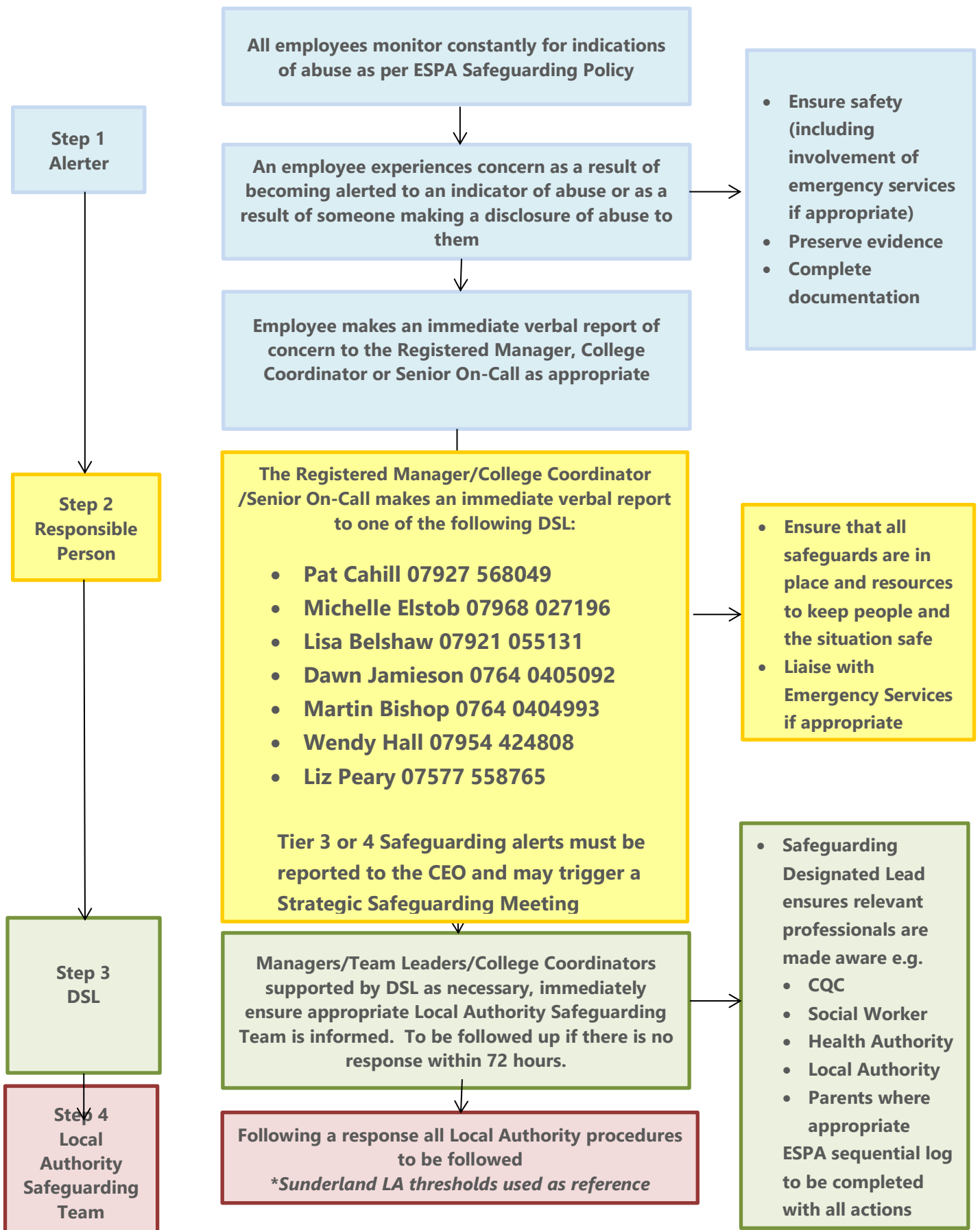
Role of the Trustees

Trustees will receive the minutes of the Strategic Safeguarding Meetings alongside summarised data in relation to the different categories of safeguarding. Significant safeguarding concerns, patterns or emerging themes will be discussed and reviewed by the group as a standing agenda item at Trustees/Board of Directors Meetings.

Trustees will receive training and refreshers in relation to The Prevent Duty and will also receive an appropriate level of training in relation to Keeping Children Safe in Education. This will be reviewed or refreshed at appropriate intervals.

Trustees should also be informed of all significant safeguarding activity. One Trustee (currently Phil Moxon) is nominated as the key safeguarding link.

ESPA INTERNAL PROCEDURE FOR SAFEGUARDING



**SAFEGUARDING
INTERNAL ALERT NOTIFICATION****Appendix B**

Name of Alerter: _____ Workplace: _____

Date: _____

Format of information received (verbal disclosure, written disclosure, event witnessed etc.):

Alleged perpetrator(s):

Alleged victim(s):

Details (facts only, exact words used, no interpretation):

Other documentation completed (e.g. Behavioural recording, Record of Discussion, Record of Concern re. expression of emotive language)

Alert passed on to: _____ (Responsible Person) _____ (DSL)

Alerter**Responsible Person****DSL**

Signed:

Signed:

Signed:

Print Full Name:

Print Full Name:

Print Full Name:

Date: _____

Date: _____

Date: _____

College - Safeguarding Sequential log:

Name:	Date of Entry:
Site name:	Did the incident happen within ESPA:
Has a safeguarding referral been made? <input type="checkbox"/> Safeguarding reference number (if available)	
<u>Description of initial alert/concern:</u> 	
<u>Action to be taken:</u> 	
<u>Additional information and follow up:</u> 	

Team Leader:		<input type="checkbox"/>
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Principal/Deputy CEO:	Pat Cahill	<input type="checkbox"/>
Head of Social Care:	Michelle Elstob	<input type="checkbox"/>
Vice Principal:	Dawn Jamieson	<input type="checkbox"/>
Registered Manager: [enter name]		<input type="checkbox"/>
ESPA PBS Lead	Wendy Hall	<input type="checkbox"/>
ESPA H&S Advisor:	Ray Barrett	<input type="checkbox"/>
Is this a notifiable incident (Please consult notifiable incident table)	Mike Smith	<input type="checkbox"/>
ESPA on-call DSL: (If applicable)		<input type="checkbox"/>
CQC:		<input type="checkbox"/>
Duty Social worker:		<input type="checkbox"/>
CHC representative:		<input type="checkbox"/>
Outcome of safeguarding concern:		
Completed by:		

Name of person(s) the concern relates to:

Internal meeting

External Meeting

Attendees:

Name	Role

Nature of concern:

Group Discussion Notes:

Agreed Outcomes & Next Steps:

Signed..... Date.....

Local Safeguarding Authority Contact details - Appendix F

Sunderland

0191 520 5552

(24 hours)

**[Report a safeguarding concerns -
members of the public -
Sunderland City Council](#)**

Hartlepool

01429 523390

Out of Hours – Duty Team Teeswide

08702 402994

https://www.hartlepool.gov.uk/info/20076/adults_and_older_people/275/teeswide_safeguarding_adults_board

Durham

03000 267979

(24 hours)

<http://www.safeguardingdurhamadults.info>

Redcar & Cleveland

01642 771500

(24 hours)

https://www.hartlepool.gov.uk/info/20076/adults_and_older_people/275/teeswide_safeguarding_adults_board

Newcastle

0191 278 8377

Out of Hours

0191 278 7878

<https://www.newcastlesafeguarding.org.uk/report-a-concern/>

Stockton on Tees

01642 527764

Out of Hours – Duty Team Teeswide

08702 402994

https://www.hartlepool.gov.uk/info/20076/adults_and_older_people/275/teeswide_safeguarding_adults_board

Northumberland

01670 536400

Out of Hours

0345 6005252

<http://www.northumberland.gov.uk/Care/Safeguarding.aspx>

South Tyneside

0191 424 4049

<http://www.southtyneside.gov.uk/article/4460/safeguardingadultsandchildren>

North Tyneside

0191 6432777

Out of Hours

0330 3337475

Emergency duty team

0330 3337475

<https://my.northtyneside.gov.uk/category/1033/safeguarding-adults>

Gateshead

0191 433 7033

(24 hours)

<https://www.gateshead.gov.uk/article/10277/Tell-us-about-a-safeguarding-concern>

Middlesbrough

01642 726004

Out of Hours

0870 2402994

https://www.hartlepool.gov.uk/info/20076/adults_and_older_people/275/tees-wide_safeguarding_adults_board