

**SECTION POLICY**

1. AUTISM HAMPSHIRE  
SAFEGUARDING ADULTS  
POLICY AND PROCEDURE
2. SAFEGUARDING ADULTS  
MULTI –AGENCY POLICY, GUIDANCE AND TOOLKIT



# Safeguarding adults

## Policy and procedures

**Approver** Senior Management Team

**Policy** Safeguarding Adults

### Appendices

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**Authors** Diane Wilson

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**Related Documents**

- Code of Conduct
- Health and Safety
- Safe Management of Medication
- Disciplinary
- Whistleblowing
- Mental Capacity Act
- Safeguarding Adults: 4LSAB Multi-agency policy, process and guidance June 2020

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**Signed:**

*Debra Harrison-Sales*  
**Chief Executive Officer**

*Jeremy Webb*  
**Human Resources Lead**

## Quick Reference Guide

For quick reference, this page summarises the actions required by this policy. This does not negate the need to be aware of and to follow the further detail provided in this policy.

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect” (Department of Health, 2014).

If an adult with care and support needs is experiencing harm, abuse, or neglect (including self-neglect) all members of staff must consider a referral to the Local Authority.

Safeguarding is not a substitute for:

- Providers’ responsibilities to provide safe and high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property.

The Care Act (2014) introduced a number of provisions to support a multi-agency system to prevent abuse from occurring and to safeguard adults. These include:

- **The s.42 Enquiry Duty:** This is a duty on Local Authorities to make, or cause to be made, enquiries into the abuse, harm, or neglect (including self-neglect) of adults who because of their needs for care and support are unable to protect themselves – ‘adults at risk’.
- **Safeguarding Adults Boards (SAB):** Each Local Authority area must have a statutory Safeguarding Adult Board. Their purpose is to help and protect adults at risk through coordination of a multi-agency system made up of Local Authority, NHS commissioners and providers, the Police, and regulatory services.
- **Safeguarding Adults Reviews (SAR):** A statutory review must take place if the agreed criteria have been met; if an adult with care and support needs dies and abuse or neglect are known or suspected and there are concerns about how members of the multi-agency system worked together to safeguard the individual.
- **Sharing of Information:** Safeguarding Adults Boards are also empowered to request and receive information in relation to its duties or functions.

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# Safeguarding adults

## 1 Introduction

- 1.1 “Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect” (Department of Health, 2014).
- 1.2 The Care Act 2014 was implemented in April 2015 consolidating existing community care legislation, therefore placing safeguarding adults on a statutory footing.
- 1.3 Care and Support Statutory Guidance (2016) was issued under the Care Act 2014 and replaces previous Guidance: No Secrets (2000).
- 1.4 This policy sets Autism Hampshire’s statement of purpose for all staff to promote the wellbeing of everyone who is supported by the Organisation and their carers’, act positively to prevent harm, abuse or neglect (including self-neglect) and responding effectively if concerns are raised. Autism Hampshire is committed to an organisational culture which prevents abuse and neglect and has a zero tolerance of practice that harms the people we support.
- 1.5 This policy must be read in conjunction with the Safeguarding Adults 4LSAB Multi-Agency Safeguarding Policy, Guidance, June 2020
- 1.6 The Care Act 2014 statutory guidance outlines a number of fundamental principles that must now underpin the care and support system including adult safeguarding. It also sets common expectations for how Local Authorities should approach and engage with people when assessing need and providing support as explained below:
  - The principle of promoting wellbeing applies in all cases where a Local Authority is carrying out a care and support function, or making a decision, in relation to a person, including the support provided in the context of adult safeguarding.
  - The duty to promote wellbeing applies equally to those who do not have eligible needs but come into contact with the system in some other way (for example, via an assessment that does not lead to ongoing care and support) as it does to those who go on to receive care and support and have an ongoing relationship with the Local Authority.
  - People must be supported to achieve the outcomes that matter to them in their life with practitioners focusing on the needs and goals of the person concerned.
  - The importance of beginning with the assumption that the individual is best placed to make judgments about their own wellbeing. Building on the principles of the Mental Capacity Act 2005, practitioners should assume that the person themselves knows what is in their best interests in relation to outcomes, goals and wellbeing.

- Consideration of the person's views and wishes is critical to a person-centred system. Where views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about their support, these should be taken into account. This is especially important where a person has expressed views in the past, but no longer has capacity to make decisions for themselves.
- The importance of a preventive approach because wellbeing cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating.
- The importance of the individual participating as fully as possible in decisions about them and being given the information and support necessary to consider options and make decisions rather than decisions being made from which the person is excluded.
- Promoting participation by providing support that is co-produced with individuals, families, friends, carers and the community. 'Co-production' is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered. This approach promotes resilience of individuals and helps to develop self-reliance and independence, as well as ensuring that services reflect what the people who use them want.
- The importance of considering a person in the context of their family and wider support networks, considering the impact of an individual's needs on those who support them, and take steps to help others access information or support.
- The need to protect people from abuse and neglect. In carrying out any care and support functions the Local Authority and its partner agencies should consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues but should be a general principle applied in every case.
- The need to ensure that any restriction on the individual's rights or freedom of action is kept to the minimum necessary. Where action has to be taken which places restrictions on rights or freedoms, the course followed must be the least restrictive necessary.

1.7 The Department of Health (May 2013) published the government's policy on adult safeguarding, this outlines six key principles, for the use by Local Safeguarding Boards, and member agencies. These describe, in broad terms, the outcomes for adult safeguarding, for individuals and organisations, of safeguarding. The six key principles are:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

## 2 Purpose and scope

- 2.1 Autism Hampshire is committed to ensuring that the right of a person, to live a life free from harm and abuse is both recognised and met. Autism Hampshire is committed to ensuring that in the event abuse does take place that it acts swiftly, effectively and in ways that are proportionate to the issues. In addition, Autism Hampshire will ensure that the person at risk remains at the centre of any safeguarding concern, and that they stay in control of decision making as much as possible, ensuring the rights of the individual are heard throughout the process to ensure a continued personalised care and support approach. All staff, whatever the setting, have a key role in preventing harm or abuse occurring and in taking action when concerns arise. This Policy and Procedure sets out clearly organisation's responsibility in protecting vulnerable people, and to working in partnership with other agencies for the protection of people at risk. Autism Hampshire is committed to promoting a Person Led safeguarding approach that supports the safeguarding and welfare of vulnerable people ensuring that an appropriate response is made to any allegation or suspicion of harm and neglect. In addition, Autism Hampshire expects all staff, supply workers and volunteers to share this commitment.

Autism Hampshire will, as stated in the Safeguarding Adults 4LSAB multi-agency policy process and guidance June 2020, work in partnership to ensure that.

- We promote the wellbeing of the people we support
- The interests of the people we support are always respected and upheld
- The human rights of each person are respected and upheld
- A proportionate, timely and professional and ethical response is made to any person we support who may be experiencing abuse.
- All decision and actions for an adult that lacks capacity to make a specific decision are taken in line with the Mental Capacity Act (MCA) 2005
- We make safeguarding personal and that their chosen outcomes are at the heart of all safeguarding responses.



2.2 The purpose of this policy is to protect people that we support from harm and neglect through ensuring:

- There are clear priorities for safeguarding and the promotion of the people we support's well-being
- That this policy is delivered with the expectation that all management, staff, supply workers, agency staff and as appropriate volunteers, recognise that all people we support, without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs
- A clear commitment by the Senior Management Team as to the importance of safeguarding and promoting the well-being of people we support
- Recruitment and Human Resource management procedures take account of the need to protect by reflecting Autism Hampshire's commitment to Safeguarding through Safer Recruitment methods including preventative recruitment methods within the recruitment process and appropriate checking systems for all new staff, Supply workers, agency and volunteers
- Staff have an awareness and understanding of their responsibilities and Autism Hampshire's Safeguarding Policy and Procedures through training, refresher training and practice working
- A positive environment is created where Safeguarding awareness is promoted in order to deter, prevent and deal with Safeguarding issues within which the person at risk is listened to and engaged
- Transparency and appropriate reporting of concerns & whistle-blowing procedures are in place, and a culture nurtured to ensure and enable staff to feel able to raise issues about safeguarding and the promoting of people with autism's welfare, and such issues to be appropriately addressed
- Autism Hampshire supports appropriately all those involved within safeguarding concerns
- Effective joint working with other organisations to safeguard and promote the welfare of people at risk, including arrangements for information sharing, as appropriate

### 3 Aim

This policy aims to make sure that the people we support maintain choice and control, safety, good health, good quality of life, and are always treated with dignity and respect. We do this by:

- Ensuring that the human rights of persons at risk are respected and upheld.
- Always respecting and upholding the needs and interests of persons at risk.
- Ensuring a person led, safeguarding approach, which promotes empowerment, independence and well-being of persons at risk and respects the rights of the individual to lead an independent life.
- Having a well-trained workforce operating in a culture of Zero Tolerance.
- Involving the person at risk from the start, provide access to information, make them aware of the safeguarding procedures. Providing support to assist their decision making, ensuring there is an assessment of decision-making capacity in accordance with Mental Capacity Act.
- A proportionate, timely, professional and ethical response is made to any person at risk who may be experiencing abuse, neglect or exploitation.
- Working in partnership with agencies to support persons at risk to live safely.

### 4 References

- Care Act 2014 statutory guidance (Department of Health, 2014)
- Mental Capacity Act 2005 (MCA)
- Code of Practice: Mental Capacity Act (2005) (Department of Health, 2014)
- Mental Health Act 1983
- Government Statement of Policy on Safeguarding Adults (HM Government, 2013)
- Information sharing guidance (Department of Health) Statement of Government Policy on Safeguarding (HM Government, 2013)
- Police and Criminal Evidence Act 1984
- Domestic Violence, Crime and Victims Act 2004
- Fraud Act 2006
- Safeguarding Vulnerable Groups Act (2006)
- Safeguarding Adults: 4LSAB Multi-agency policy, process, and guidance June 2020

### 5 Declaration

- Autism Hampshire will have regard for all current and relevant legislation and codes of practice.
- Autism Hampshire's policies and procedures apply to all staff, supply workers, agency and volunteers, as appropriate.

- Any action taken under this policy will be recorded and placed in Autism Hampshire records.
- This Policy is non-contractual and does not form part of the terms and conditions of employment and can be changed at any time by Autism Hampshire subject to legislative requirements.
- The Corporate Policies are to be read in conjunction with this Policy.

## 6 Application of the policy

- 6.1 Autism Hampshire is accountable for ensuring that there are “reliable systems, processes, and practices in place to keep people safe and to safeguard them from abuse and neglect” (CQC, 2015).
- 6.2 This policy applies to all members of staff, whether paid or unpaid, student, or volunteer. And it is designed to complement the Multi-Agency Policies and Procedures of Local Safeguarding Adults Boards, and links closely to other Policies on:
- Confidentiality and information sharing
  - Incident management, and investigations
  - Mental Capacity Act and Deprivation of Liberty Safeguards
  - Code of Conduct
  - Disclosure and Barring Service
  - Whistleblowing
  - Intimate Care
  - Proactive behaviour support

## 7 Duties and responsibilities

- 7.1 The Board has a responsibility to set safeguarding adults within their strategic objectives; to ensure there is Board level leadership, an overall policy in place and an organisational culture which places people we support and their wellbeing at the centre of safeguarding, and that endeavours to prevent harm, abuse, and neglect from occurring.
- 7.2 The CEO is responsible for reporting safeguarding to the Board and providing leadership. They are accountable for the governance of safeguarding to the service, partners and regulators.

- 7.3 Area Managers are responsible for leading improvements, innovations and best practice: for providing support, responsive supervision, leadership and practice advice, providing information in respect of compliance and performance updates.
- 7.4 Registered /Support Managers are responsible for ensuring that staff are aware of the policy and offer support to those reporting abuse. Managers should also ensure that the level of responsibility for each staff member is explicit as a statement in all job descriptions to meet the expectations of each individual role. Good leadership and high professional standards are paramount in the provision of care and the prevention of abuse.
- 7.5 All employees (including supply & agency staff), volunteers and contractors are required to adhere to the policies, procedure and guidelines of Autism Hampshire, including their roles and responsibilities under this policy. All staff should make sure that they have familiarised themselves with their local multi-agency safeguarding policy as Autism Hampshire's policy is designed to complement rather than replace the multi-agency policies which define the local practice that must be followed, and the local responsibilities of Autism Hampshire's staff within multi-agency safeguarding practice.

Staff must always also work within the guidelines their codes of conduct and the policies of Autism Hampshire to prevent abuse through an act or omission to act. Omissions to act and poor practice can amount to neglect even if the abuse was unintentional.

## 8 Definitions

- 8.1 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect (Department of Health, 2014). It includes self-neglect in some circumstances. It is everybody's business.
- 8.2 "Three Point Test" (Care Act 2014, section 42) Safeguarding duties apply when: An 'Adult at Risk' is any person over the age of eighteen years old who:
1. Has needs for care and support (whether the [local] authority is meeting any of those needs),
  2. Is experiencing, or is at risk of, abuse or neglect, and
  3. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it."
- 8.3 Abuse: It is important not to limit abuse or neglect as it may take various forms and can be dependent on the circumstances of the case and the individual. Abuse can be intentional or unintentional and may be single or repeated acts. It can occur in any setting including residential and nursing home settings, family homes, day care settings, social settings, public places and hospitals. Abuse, harm, and neglect often incorporate a misuse, or abuse, of power and an individual's dependence on others.

In addition to exploitation the following list, reproduced from the Care and Support Statutory Guidance (2014), gives examples of different types of abuse:

<b>Types of Abuse:</b>	<b>Behaviours include:</b>
<b>Physical</b>	Hitting, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
<b>Sexual</b>	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.
<b>Psychological</b>	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.
<b>Financial or material</b>	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
<b>Neglects and acts of omission</b>	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or education services, withholding the necessities of life such as medication, adequate nutrition and heating.
<b>Discriminatory</b>	Racism, sexism or acts based on a person's disability, age or sexual orientation. It also included other forms of harassment, slurs or similar treatment such as disability hate crime.
<b>Domestic abuse</b>	Psychological, physical, sexual, financial, emotional abuse and so called "honour" based violence.
<b>Organisational abuse</b>	Neglect and poor practice within a care setting such as a hospital or care home or in relation to the care provided in someone's home ranging from one off incidents to on-going ill treatment. It can be neglect or poor practice as a result of structure, policies, processes and practices within a care setting.
<b>Modern slavery</b>	Encompassing 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.
<b>Self-neglect</b>	Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

## 9 Principles

- 9.1 The six principles of safeguarding adults, as published in statutory guidance (Care Act (2014) are;

### Safeguarding Principle 1: Empowerment:

- i. Empowerment is about people being supported and encouraged to make their own decisions and provide informed consent (Department of Health, 2014).
- ii. Self-determination / consent: Staff must be aware that adults have the right to make their own decisions and can make choices to stay in abusive situations that may cause them significant harm.
- iii. Even when a people we support does not want a safeguarding response, a referral should be made to the Local Authority if the 'three-part test' (Section 42 Care Act 2014) is met. However, it is vital that the views and wishes of the adult at risk are known. This will enable the Local Authority to meet their legal duty under Section 42, to enquire and decide if there is anything that agencies can do to mitigate risk.

### Safeguarding Principle 2: Prevention:

- iv. Members of staff play a key role in preventing abuse and in taking positive action on suspicion of abuse or neglect. Safeguarding adults is core to delivering high quality care.
- v. Members of staff should endeavour to recognise potential vulnerable situations where abuse or neglect may occur, to mitigate the risk of abuse or neglect. Early identification of potential risks of abuse or neglect can ensure appropriate and timely action.
- vi. Staff should empower people to use services to protect themselves from abuse through a variety of community support services, such as service user groups and advocacy services. This does not mitigate staffs' responsibilities in protecting adults at risk from abuse or neglect.
- vii. Routine processes such as assessment, capacity assessment, risk assessment, care planning, should be used to enable people and other stakeholders, to acknowledge the risk of abuse and take active steps to minimise the risk and subsequent impact.

### Safeguarding Principle 3: Proportionality:

- viii. An important aspect of a person-centred approach to safeguarding is that services and safeguarding should act proportionately to the risk that is identified.
- ix. The concept of proportionality is apparent throughout the Human Rights Act 1998 and is reflected in the principles of less restrictive (MCA 2005 and Code of Practice) and least restrictive (MHA 1983 and Code of Practice) practice.
- x. Proportionality means that interventions may range from single agency responses, care management, or professionals' meetings, bespoke single agency or joint-agency s.42 Enquiry (Care Act 2014), leading only to full multi-agency safeguarding procedures where absolutely necessary.

## Safeguarding Principle 4: Protection – the management of abuse allegations

- xi. When an allegation of abuse is made, the primary consideration must be to ensure the safety of the service user. Where a criminal offence may have occurred, this may include supporting the service user to contact the police, or you may need to do this yourself.
- xii. Please refer to the section on raising a concern.

## Safeguarding Principle 5: Partnership:

- xiii. Partnership working is the cornerstone of effective safeguarding practice. In addition to working in close partnership with adults at risk, it is essential that professionals from different agencies are able to work together and coordinate their responses to safeguard adults at risk and prevent harm, abuse, or neglect from occurring.
- xiv. The role of the Safeguarding Adults Board is statutory following The Care Act (2014), under Section 43.
- xv. Each Local Authority must establish a Local Safeguarding Adults Board whose purpose is to help and protect adults at risk through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police, and regulatory services.
- xvi. The Local Safeguarding Adults Boards have been granted legal powers to support them in the coordination of effective safeguarding, in particular the power to request and receive information that will support its key functions.

## Safeguarding Principle 6: Accountability

- i. Principle 6 of safeguarding calls for accountability and transparency in delivering safeguarding.
- ii. Adults at risk should be aware of the actions that professionals are intending to take, what their role is within safeguarding, and they should be confident that professionals are also aware of each other's roles.

# 10 Self-neglect

- 10.1 Self-neglect can encompass a range of behaviours: for example, hoarding, or neglecting personal health. Not all cases of self-neglect will prompt a section 42 enquiry; each assessment should be looked at individually.
- 10.2 Staff members should consider self-neglect under safeguarding and seek further assistance if required. Staff should additionally consider what the risks are for that individual and how we might manage those risks with the support of the multi-disciplinary team.



## 11 Domestic violence and abuse

- 11.1 Domestic violence and abuse is defined as any incident or pattern of incidents of controlling, coercive threatening behaviour, violence or abuse between those aged 16 or over who are, have been, intimate partners or family members regardless of gender or sexuality.
- 11.2 The serious crime Act 2015 introduced a new offence linked to domestic violence; coercive and controlling behaviour.
- 11.3 Domestic violence and abuse must be considered under safeguarding and appropriate referrals made when required to the local authority and the police, if it is suspected a crime has been committed.

## 12 Think family

- 12.1 Where the concerns lie within a family, staff must have regard for the safety of any children who may be at risk and make a referral to children's services as appropriate.
- 12.2 Staff must 'think family' at all times and not limit their scope to only the adults that they may be working with.

## 13 Raising a safeguarding concern

- 13.1 Members of staff should, as soon as they become aware of allegations of harm, abuse, or neglect (including self-neglect) of an adult with care and support needs, contact their Local Authority Social Services department – whether directly to the adult's care manager or social worker, or through to a generic number.
- 13.2 Organisations have a responsibility to establish and operate systems and processes effectively to ensure that adults at risk are protected, and the investigation of allegations of abuse as soon as they become aware of them (CQC, 2015).
- 13.3 Safeguarding concerns should be made with the consent of the adult at risk – in keeping with the first principle of safeguarding (Department of Health, 2014).
- 13.4 Where the person lacks capacity to consent, a decision will need to be made in the person's best interests.
- 13.5 Where the person refuses to give consent it may be justifiable *in certain circumstances* to override confidentially and share information due to the risks posed to themselves or others. Staff should seek support if unsure from their manager or a member of the safeguarding team.



- 13.6 Adults at risk, in keeping with the principles of Making Safeguarding Personal, should be an active partner in the raising of a concern. The purpose of which is to enable the local authority to decide if a duty to make or cause an enquiry under section 42 needs to be activated and, if so, who will undertake the enquiry, and whether any actions need to be taken as a result.

## 14 Managing disclosure

- 14.1 In the event of a disclosure of abuse it is important to respond sensitively and appropriately in order to support adults at risk and preserve the integrity of evidence. Members of staff should therefore:

- Stay calm
- Don't over react.
- Do not make assumptions
- Listen patiently
- Don't try to deal with this yourself.
- Reassure the person they are doing the right thing by telling you
- Explain the safeguarding process and what you are going to do
- Find out what the person would like to happen
- Report immediately to your line manager or On-Call manager
- Write a factual account of what you have seen/heard immediately as well as anything you have said or actions you have taken, and the person's views and wishes
- Seek to protect any possible evidence

- 14.2 If the person at risk has capacity and does not consent to a referral and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation. The person at risk will need to be informed that an alert will still need to be raised and as a minimum an accurate and factually correct **written record that is signed and dated by the person** making the record, must be made of the concern, as well as the person's decisions with reasons. A record should also be made of what information the person at risk was given.

## 15 Supporting people during the safeguarding process

It is important that the person is given the opportunity to talk and every effort should be made to ensure that this takes place in private. The person at risk may not understand that they are being abused and so may not realise the significance of what they are telling you. Some disclosures happen many years after the abuse. There may be good reasons for this for example the person they were afraid of has left the setting. Therefore, any delay in individual reporting should not cast doubt on its truthfulness.

### 15.1 Principles of Responding to a disclosure

- Assure the person you are taking them seriously
- Listen carefully to what they are telling you, stay calm, try to get a better picture of what happened, but avoid asking too many questions
- Do not give promises of complete confidentiality
- Explain that you have a duty to tell your manager or the safeguarding officer if not your manager and that their concerns may be shared with others who could have a part to play in supporting and protecting them
- Reassure them that they will be involved in decisions about what will happen
- Explain that you will try to take steps to protect them from further abuse and neglect
- If they have specific communication needs provide support and information in any way that is more appropriate to them
- Record the words of the person at risk and accept the statement as fact, record full details including time date and location disclosure was made. Provide the record to the manager you are alerting the concerns to.
- Do not confront the person alleged to have caused the harm as this could place you at risk, or provide opportunity for evidence to be destroyed or intimidation of the person alleging the harm or witnesses
- Do not be judgmental or jump to conclusions
- Staff and volunteers must follow Autism Hampshire's Safeguarding Young People and Adults policy and procedure

**When a person discloses to you, remember you are not investigating**

### 15.2 Supporting Immediate Needs

In line with information sharing considerations, staff and managers may need to take into account the following actions:

- Make an immediate evaluation of the risk to the person at risk and any others who may be at risk
- Take reasonable and practical steps to safeguard the person at risk as appropriate
- Consider referring to the policy if the abuse is a suspected crime
- If the matter is to be referred to the Police discuss risk management and any potential forensic considerations

- Consider the support needs of the person at risk in line with their individual support plans and communication needs
- Arrange any necessary medical treatment note that any offences of a sexual nature will require expert advice from the Police
- If there is a need for an immediate safeguarding plan refer to the Adult Social Care Team out of hours emergency duty service
- Consider appropriate action in line with Autism Hampshire's disciplinary procedures if staff member is suspected

### 15.3 Preserving Evidence

The first concern is to ensure the safety and well-being of the person at risk. However, in situations where there has been or may have been a crime and the Police are called it is important that forensic and other evidence is collected and preserved.

### 15.4 Vital Interest

If a person at risk has the mental capacity to make informed decisions about their safety and they do not want any action taken, this may not preclude the sharing of information under safeguarding procedure with relevant professional colleagues. This vital interest decision is considered to enable professionals to assess the risk of harm to the person and others, and to be confident that the person at risk is not being unduly influenced or intimidated and is aware of all the options. It is good practice to inform the person at risk that this action is being taken unless doing so would cause the risk of harm.

### 15.5 Best Interest

If the person lacks capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, we have a duty of care to act in their best interests under the Mental Capacity Act 2005 and an appropriate mental capacity assessment must be completed

### 15.6 Public Interest

If the person at risk has the mental capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, where it is assessed that there is potential harm to others we may have a duty to share the information with relevant professionals to prevent harm to others in the public interest.

### 15.7 Personal Risk Taking

The person at risk may have views about what is an acceptable level of risk to them and about balancing the risks to achieve safety whilst maintain their independence and chosen lifestyle.

A person with mental capacity may choose to live in a situation which is considered unsafe by professionals, if they think the alternatives they are offered unacceptable they have the right to make informed decisions to continue to take these risks. However they do not have the right to make decision about the protection of others where they may also be at risk from the same person or setting.

The individual needs to be able to make an informed choice from the information they are given. In order to do this they may need support in a variety of ways such as help from family or friends an advocate or communication needs provided in line with their individual support plans.

Choice must not be an excuse for inaction. We have a responsibility to help the individual explore their decision and to offer regular opportunities for them to review their decision.

When a decision is made not to support a person's choice clear evidence and reasoning in the risk assessment and risk management plans must be made. This would need to be discussed as appropriate with the person at risk.

#### 15.8 **Witness Support and Special Measures**

If there is a Police investigation, the Police will ensure that interviews with the vulnerable person are conducted in accordance with Achieving Best Evidence in Criminal proceedings. Special measures can also be taken to support the eligible witnesses.

#### 15.9 **Responsibilities to Persons Who Make Repeated or Unfounded Allegations**

Where a person who uses Autism Hampshire's services has made repeated allegations of abuse which have been thoroughly investigated and found to be unsubstantiated, a review of the person's individual support plan will need to be made with the appropriate external agencies, and it may be agreed that making repeated allegations is a part of the person's behaviours, and due to their autism. If this situation arises, a robust multi agency risk management plan must be developed in recognition that a similar allegation may be raised in the future. This must consider measures to protect those who are at risk of falsely being accused.

If a new allegation is subsequently made, and presents the same issues as before, then the allegation should be managed and recorded as agreed in line with the risk management plan. However, all new allegations must still be taken seriously and revised and if the allegation presents different issues then those specified within the risk management plan then the concern should be reported as a new safeguarding alert.

#### 15.10 **Responsibilities to those who are alleged to have caused the harm**

Adults who are alleged to have abused another adult have the right to be presumed innocent until the allegations against them are proven on the evidence. Whether they are staff, a volunteer, relative or carer, they also have the right to be treated fairly and their confidentiality respected. If the person is a staff member then Autism Hampshire's Disciplinary Policy and Procedure must be followed.

If the person causing harm is also a vulnerable adult, they should be provided with appropriate support in line with their individual support plans. If a person is living within a supported living or residential site then the impacts of their actions upon other people we support should be taken into account.

### 15.11 Risk Assessment and Risk Management

We have a responsibility to support the person at risk through risk assessment which is an integral part of the safeguarding process and is specifically concerned with the identification of specific risk to a person and to others. A risk assessment must be undertaken when an alert is raised, and this should clarify the degree of risk to the vulnerable person, other persons including staff. The risk should be constantly re-evaluated and wherever possible shared with the person at risk and others to ensure they and others involved are appropriately supported and protected. The risk assessment must be completed in line with Autism Hampshire's Risk Assessment approach.

### 15.12 Involving and support families, carers, friends and significant others

Where concerns are raised about the potential abuse of a person at risk, it is important that their families, carers (not employed staff) friends and/or significant others are involved and supported throughout the safeguarding process where appropriate. Family, carers and friends who are not implicated in the allegations of abuse can have an important part to play in providing support to the person at risk. Where appropriate and where the person at risk has capacity to consent, relevant family and friends and significant others should be consulted in relation to the support needs for the person at risk.

Where the person at risk does not have capacity to give consent for information to be shared or a make a decision relevant to the concern in question, family, carers and friends must be consulted in compliance with the Mental Capacity Act 2005.

### 15.13 Families, Friends, Carers and Significant Others raising an Alert

Families, friends, carers or significant others are often the first to pick up on concerns, have details of abuse disclosed, or note unexplained injuries or see change in behaviour that may suggest that something has occurred that has distressed the vulnerable person. When an alert is made by any of the above referred persons then they must be informed of the safeguarding process and where appropriate the decision to make a referral and the actions and outcomes as a result. They should be advised of the principles of confidentiality and information sharing. They should be advised that the person at risk will be sensitively handled and the person at risk supported to be engaged with and involved in the process if they wish.

Families, friends, carers and significant others can raise an alert themselves directly with the Locality Authority.

Families, friends, carers and significant others must be advised that they should not do anything that would prevent any enquiries being completed.

15.14 **If a Referral or Complaint is received after a Person at Risk has died**

The referral or complaint could contain an allegation or suspicion that the abuse or neglect contributed to the person at risk's death, such referral/complaint gives rise to action under the Safeguarding policy and procedures. Consideration must also be made to ensure that no other person is at risk internal and external to Autism Hampshire. The Adult Social Care Team may consider whether a serious case review will be undertaken.

15.15 **Abuse of one adult in a Care setting by another**

The significance of the harm caused to the person, rather than the relationship to the person who has abused them, is the most important factor. If both persons are within one of Autism Hampshire's residential settings then the frequency and risk of harm can be increased and compounded by emotional distress of living with someone who is a potential perpetrator. The Multi Agency Safeguarding Adults Policy states that the multi-agency safeguarding procedures will not be needed if it does not appear that any significant harm has occurred, that the incident was an isolated one and that risk assessment and management plans have been made and monitored to ensure the incident is not repeated. A care management/care coordination review of the success of the risk management plan should be undertaken after an appropriate period of time.

## 16 Section 42, Safeguarding Enquiry

- 16.1 Section 42 (Care Act 2014) places a duty on local authorities to make enquiries, or cause others to do so, when the safeguarding duty applies – that is where an adult with care and support needs is experiencing, or at risk of abuse, and unable to protect themselves because of their care or support needs.
- 16.2 A section 42 Safeguarding Enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by who. It is about deciding whether or not the Local Authority, or another organisation or person, should do something to help or protect the adult at risk.
- 16.3 An enquiry may be anything from a simple conversation with the adult at risk to full investigation of an adverse incident. When a member of staff, or the Organisation itself is caused with making an enquiry the Local Authority retains overall responsibility for the enquiry and will take an active part in agreeing any terms of reference, and for decision making about what actions should be taken, and by whom, as a result of the outcome.

- 16.4 Staff must cooperate when asked to undertake or contribute to enquiries, and they must inform the Area Manager. It should be noted that under statutory guidance that “safeguarding is not a substitute for:

- Providers’ responsibilities to provide safe and high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property.” (Department of Health, 2014)

## 17 Safeguarding Adults Boards (SAB)

- 17.1 Each Local Authority area must have a statutory Safeguarding Adult Board – often referred to as the Local Safeguarding Adults Board (LSAB) whose purpose is to help and protect adults at risk through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police, and regulatory services such as the Care Quality Commission (CQC).
- 17.2 Safeguarding Adults Reviews (SAR): A statutory review must take place if the Safeguarding Adults Board believe the criteria for a SAR has been met. Section 44 (Care Act 2014) requires Local Safeguarding Adults Boards to commission a Safeguarding Adult Review (SAR) when:

- An adult has died as a result of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked more effectively to protect the adult; or
- An adult in its area has not died, but it is known or suspected that the adult has experienced serious abuse or neglect.
- Safeguarding Adults Boards are free to arrange Reviews in any other situation involving an adult in its area with needs for care and support.



- 17.3 Safeguarding Adults Boards must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- 17.4 Safeguarding Adults Boards must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.
- 17.5 Safeguarding Adults Boards are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support.
- 17.6 Autism Hampshire has a responsibility to refer such cases to the Local Safeguarding Adults Board for consideration of Review. As this is a multi-agency process, it need not be the Organisations services where abuse, harm, or neglect may be known of or suspected.
- 17.7 If you believe you know of a case that may meet the criteria for a Safeguarding Adults Review you must contact the Area Manager who can support the referral to the Safeguarding Adults Board.

## 18 Information sharing

- 18.1 Information sharing between organisations is essential to safeguard people at risk of abuse, neglect, and exploitation. Organisations involved within the safeguarding process could include for example: Local Safeguarding Board and Regulator, Social Services, Housing Authority, Police, Crown Prosecution Services, and organisations that provide advocacy. Information should be shared within and between the principles set out below:
- People have a right to independence, choice, and self-determination. These rights extend to control over information about them and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.
  - The person's wishes should always be considered. However, when there is a concern of abuse, a general principle is that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved. All information shared is subject to the Data Protection Act 1998



- There may be occasions where managers believe that key information is shared without consent or delay, such as in emergency or life-threatening situations (Vital Interest, DPA 1998). However, where similar circumstances arise but not in an emergency situation, the decision to share information without consent should only be made after a risk assessment is carried out by the organisation rather than by the individual manager. In all cases, the decision and rationale should be fully documented

Sharing information about individuals between multi agencies is often essential if a person at risk is to be kept safe or to ensure they receive appropriate services. The sharing of information must only happen when it is legal and necessary to do so and adequate safeguards are in place to protect the security of the information. Please read the Safeguarding Multi Agency Safeguarding Adults Policy, Guidance and Toolkit.

## 18.2 Information Sharing when the person at risk has not given consent

There are situations where information can be shared legally without obtaining the consent from an individual. An element of information sharing will need to happen as part of a referral and during the strategy discussion/meeting stage, where initial assessments of the risk factors indicate a person may potentially be at risk.

Even if there is no legal requirement to obtain consent before sharing information it is often good practice to do so. The emphasis is on obtaining the informed consent of the person at risk to share the information at the first point of contact.

Informed Consent is a freely given, specific and informed indication of a person's agreement to a course of action where information is given to that person about the proposed course of action. With regard to the people we support we will need to ensure that information is provided to the person at risk in line with their individual support plans, communication needs and mental capacity assessment (as appropriate) of the person at risk. If information is not explained appropriately to the person at risk then they will not be able to give valid informed consent for information sharing to take place.

The following information should be recorded clearly in the Individual Support Plans when consent to share information has been freely given:

- Why the information needs to be shared
- What information the person at risk has consented to be shared
- Who the person at risk has consented for the information to be passed to, and any limitations to this.
- That this has been explained to the person at risk and they understand the implications of giving consent to share their information
- Any comments made by the person at risk in relation to the disclosure
- Date consent given
- Decisions to refer/not to refer

Consent should be reviewed through existing working practices, for example when and if the person at risk's circumstances change or an investigation is in progress.

Information given by the person at risk to an individual member of staff belongs to Autism Hampshire not that member of staff.

Personal Information shared with a staff member in the course of their employment is:

- Confidential to Autism Hampshire and can be shared internally as appropriate
- Should only be used for the purposes for which it was intended
- Can be shared with another organisation in line with the Information Sharing requirements outlined within this policy
- A breach of confidentiality by a staff member will be addressed through Autism Hampshire's Disciplinary Policy and Procedure

### 18.3 Information Sharing when the Person at Risk does not have the Capacity to Consent to Information Sharing

When someone reaches the age of 18, no one can take decisions on their behalf unless the person is deemed not competent to take their own decisions in this case professionals should share information that is in the person at risk's best interests. The capacity to be able to give consent can be assessed by considering if the person has an impairment of the mind or brain. If so, you need to consider does it prevent them from being able to:

- Understand the information about the decision including the reasonably foreseeable consequences of deciding one way or another
- Retain that information long enough to make a decision.
- Weigh the fact of choosing one way or another in the balance and making the decision
- Communicate their decision

As long as the person's rights are not adversely affected and any action is in the person at risk's best interests, the most appropriate and safe level of consent must be obtained at the time a decision has to be made.

#### 18.4 Information Sharing when the Person at Risk withholds Consent to Share Information

Individuals have the right to refuse, or withhold consent, for organisations to share information in relation to suspected abuse. Whenever possible the views and wishes of the person at risk will be respected. However, if it is thought that they are in a situation that will result in their abuse, or if they may be abusing another person, the duty of care overrides the individual's refusal.

The need to protect the individual or the wider public outweighs their rights to confidentiality. Decisions to share information about the person at risk must be made by Autism Hampshire and not a member of staff acting on their own. This, however, should not cause unnecessary delay in the disclosure process. It must be explained to the person at risk why disclosure needs to take place and to whom the information will be passed to. This should generally be done, unless it would increase the risk of harm.

The person's decision to withhold consent to share information must be recorded, along with any further decisions about sharing information. Decisions to share information without consent must make sure that it does not interfere with that person's human rights. That is to say that we must ensure we follow the guidance within this policy regarding information sharing which take into account the principles under regulatory requirements, including the Human Rights Act.

#### 18.5 Information Sharing with Carers, Parents, Families, Partners etc.

When the person at risk has the capacity to make the decision, it should be up to them to decide what information is disclosed to their parents / guardians / carers / families / partners, and our records should reflect this.

When the person at risk does not have the capacity, consideration should be given to when to share information with parents/guardians/carers/families/partners about the person at risk. In addition, consideration must be given to the relationship between the parents/guardians/carers/families/partners and the alleged abuser.

Clear decisions must be recorded about when and what to share, and who is the most appropriate person to talk to the parents/guardians/carers/ families/partners. More generally, an assessment should be made as to whether the sharing of certain information with a person or organisation is in the person at risk's best interests.

#### 18.6 Information Sharing with Third Parties about the (alleged) Person Causing Harm

We must ensure that we honestly and reasonably believe that the sharing of information is necessary to protect a personal risk or the wider public and must use the test of pressing social need. To pass the test we must consider the following issues:

- How strong is the belief in the truth of the allegation? The greater the conviction that the allegation is true, the more compelling the need for disclosure.
- What is the interest of the third party in receiving the information? The greater the legitimacy of the interest of the third party in having the information, the more important the need to disclose.
- What is the degree of risk posed by the individual if disclosure is not made?
- Decisions about who needs to know and what needs to be known should be taken on a case by case basis. The consequences of disclosure should be balanced against the risk to the vulnerable person. In such cases the issue of proportionality is key.
- This decision will be made at the strategy discussion stage, where it will be determined who will contact and speak to the alleged abuser, and how this will be managed.

## 19 Disclosure to other organisations

There may be some cases where the risk posed by an individual in the community cannot be managed without disclosure of some information to a third party outside of the organisations immediately involved in the investigation. Such examples could be a voluntary group or church. Caution should be exercised before making such disclosure. The risk to the individual should be considered although it should not outweigh the potential risk to others, were disclosure not made. The individual retains their rights under the Human Rights Act and consideration must be given to whether those rights are endangered because of disclosure. Consideration should be made in line with the Information Sharing guidance within this policy and should such a situation arise then the designated manager who is attending the Safeguarding Adults meetings, needs to raise it at the strategy meeting with the Adult Social Care Team.

## 20 Staff concerns regarding safeguarding actions taken

Should staff not be content with the actions undertaken in relation to the safeguarding investigation, then they should raise their concerns immediately with the Area Manager, or as an alternative, the Human Resources Department. If it is likely that further investigation is required, this will be carried out through initial informal investigation, however referral may be made to the Disciplinary policy and procedure as appropriate. If after this process is exhausted the staff member remains dissatisfied with the outcome they may report their concern directly to Hampshire County Council Safeguarding Team or Southampton City Council Safeguarding team and/or the Care Quality Commission (as appropriate) and/or Disclosure and Barring Service (DBS).

## 21 Making Safeguarding Personal (MSP)

- 21.1 In 2010 a national programme 'Making Safeguarding Personal' was launched with the aim of promoting a shift in culture away from a process driven intervention to a person-centred response.
- 21.2 Under Care Act statutory guidance all agencies have a responsibility to “engage a person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety” (Department of Health, 2014).
- 21.3 In practice following a Making Safeguarding Personal approach with adults at risk means working with individuals to answer the three MSP questions of:
- What difference is wanted or desired?
  - How will you work with someone to enable that to happen?
  - How will you know that a difference has been made?
- 21.4 Seeking answers to these questions when concerns are identified is good practice and should be the norm rather than the exception. Making Safeguarding Personal offers an opportunity to educate individuals about their right to live a life free from abuse, harm, or neglect and about the safeguarding process as a tool to enable change.

## 22 Mental Capacity Act

- 22.1 The right to live a life free from harm, abuse or neglect (including self-neglect) is universal and applies to everyone equally, regardless of their ability to make decisions or engage independently with a process.
- 22.2 The principles and implementation of the Mental Capacity Act 2005 may well influence the level of support needed to enable individuals to participate in safeguarding and the Making Safeguarding personal Approach. It may be that use of safeguarding procedures itself arises out of a best interest decision-making process.
- 22.3 Section 44 of the Mental Capacity Act introduced criminal offences of ill treatment and wilful neglect of a person who lacks capacity. The offences, which carry penalties from a fine to up to 5 years' imprisonment, or both, may apply to:
- anyone caring for a person who lacks capacity
  - an attorney appointed under an Enduring Power of Attorney (or Lasting Power of Attorney from 1st October 2007)
  - a deputy appointed for the person by the Court.

- 22.4 Ill treatment: deliberate ill treatment of an individual lacking capacity or recklessness in the way they ill-treat the person or not. It doesn't matter whether the behaviour was likely to cause, or actually caused, harm or damage to the victim's health.
- 22.5 Wilful neglect: the meaning varies depending on the circumstances but usually means a failure to carry out an act the person knew they had a duty to do.
- 22.6 Since April 2015, it now a criminal offence for care workers to ill-treat or wilfully neglect someone in receipt of care, irrespective of the person's mental capacity. The new offences have been introduced under the Criminal Justice and Courts Act 2015 and have far broader implications as they protect all people we support and apply to both care workers and care providers. The offence is not intended to catch genuine mistakes; the care worker must act deliberately or recklessly.

For more information on the Mental Capacity Act, please refer to the Mental Capacity Act Policy and Guidance.

## 23 Recording

- 23.1 The harm, abuse, or neglect of an adult at risk as a result of their care or support from Autism Hampshire is a reportable incident, regardless of whether the alleged harm, abuse, or neglect, is or was intentional/unintentional.
- 23.2 The Organisation's internal incident policy will need to be used alongside safeguarding procedures. Incident reporting is one of the key methods for alerting when unintended or unexpected incidents could have or did lead to harm. An incident report form should be completed for all safeguarding adult incidents that occur within the Autism Hampshire.
- 23.3 Specifically, an incident form should be completed in the following circumstances:

- When a safeguarding referral is made to the Local Authority about support and care received from Autism Hampshire.
- Where abuse, neglect or intimidation is suspected because of the actions of a staff member
- Suspected abuse, neglect or intimidation which takes place on Autism Hampshire's premises
- Where a person has been seriously harmed within the care and support of Autism Hampshire.

## 24 Safeguarding allegation management advisor (SAMA)

- 24.1 The Allegations Management Framework (2016) sets the standards in relation to the management of allegations against people in a position of trust. This framework applies to anyone in a position of trust regardless of the sector.
- 25.2 In Autism Hampshire this role is held by the Chief Executive Officer.
- 24.3 The SAMA is responsible for coordinating complex cases where concerns or allegations about the harm or abuse of an adult at risk are raised against a member of staff of that organisation.
- 24.4 If there is an allegation made about a Autism Hampshire staff member the line manager must make the SAMA aware and complete an incident form.
- 24.5 In addition, Disclosure and Barring Service (see below) must be notified as soon as there is sufficient evidence of a risk of harm to children or adults at risk with details of any management action taken such as restriction of practice or exclusion. A referral may also be required to the professional body of the staff member concerned. Advice should be sought from HR alongside the Safeguarding Allegation Management Advisor.
- 24.6 Where an internal investigation or the safeguarding investigation establishes a suspected crime this will need to be reported to the police.
- 24.7 Where there is an allegation against an employee unconnected to their employment, the line manager will consider the facts and will need to consider whether the actions of the employee pose a risk and warrant notifying the SAMA.

## 25 Whistleblowing

- 25.1 The members of staff are encouraged to speak to their manager if they have any concerns over the quality or safety of the care and support being delivered.
- 25.2 The whistleblowing policy is intended to enable staff to report that something is wrong, has happened, or may happen, and to support staff in raising genuine concerns which will be treated seriously, promptly and fairly. Raising a concern does not mean the individual has to provide proof of the problem – the individual only needs a genuine belief that something may be wrong and may need looking into.
- 25.3 Whistleblowing is relevant to safeguarding where there are concerns of abuse due to the actions of another staff member. In these circumstances the case should also be notified to the Area Manager.



## 26 Prevent

26.1 Prevent is part of the Government's counter terrorism strategy CONTEST, which is led by the Home Office. The main purpose of prevent is to focus support for vulnerable individuals in order to prevent them from being drawn into terrorist related activities, and/or recognising when vulnerable individuals are being exploited for terrorist related activities. This can be achieved by making safety a shared endeavour by working with partner organisations and following safeguarding measures to protect vulnerable people.

To support the prevent strategy Autism Hampshire will:

- Raise staff awareness through training so that staff can recognise exploitation of vulnerable individuals being drawn towards terrorist related activity
- Raise staff awareness of policy and procedure, the safeguarding reporting procedure, and the support in place that enables them to discuss their concerns
- Work with partners to develop and strengthen safeguarding of vulnerable individuals and obtain specialist advice and support as appropriate
- Assess and reinforce safeguarding systems for vulnerable individuals
- Ensure staff feel confident to raise concerns with the appropriate contact points, who are the Safeguarding Officers, in the knowledge that their concerns will be handled appropriately and where necessary specialist advice obtained
- Promote shared responsibility and respect for vulnerable individuals access to and involvement in their care.
- Use feedback from surveys/comments to improve services
- Effective partnership working through engagement, information sharing, and utilising partner agency expertise when dealing with concerns

26.2 Prevent forms one part of the Government's overall counter terrorism strategy, 'CONTEST', which is led by the Home Office.

26.3 Prevent is aimed at front line staff and is designed to help make staff aware of their role in preventing vulnerable people being exploited for terrorist purposes.

26.4 The Counter Terrorism and Security Act (2015) places a duty on a range of organisations to have due regard to the need to prevent people of all ages being drawn into terrorism.



- 26.5 The Prevent strategy recognises that staff may come into contact with individuals (both children and adults) who are vulnerable to radicalisation. Radicalisation is usually a process, not a one-off event, and during that process it is possible to intervene to safeguard the vulnerable individual before any harm has occurred or crime has been committed. Staff must have an awareness of the risk of radicalisation, identify those individuals who may be vulnerable and intervene to prevent them from supporting terrorism or becoming terrorists themselves.
- 26.6 If a staff member has concerns that a child or adult may have been radicalised or is at risk of radicalisation, staff must be aware of their responsibilities under this policy to report their concerns and complete a Prevent referral to the Local Authority.
- 26.7 All concerns relating to PREVENT must be escalated as a matter of urgency to the CEO.
- 26.8 The Prevent referral process can be described in three stages; notice, check and share.
- **Notice;** Staff must be aware of an individual's vulnerability to radicalisation, changes in behaviour, ideology and other forms of extremism.
  - **Check** out your concerns with the individual where possible, and where safe, with your line manager, and colleagues. Checking out your concerns with the Area Manager will help to ensure a proportionate response to the concerns.
  - **Share** your concerns with partner agencies, and as far as possible be open and honest with the individual about the duty to share your concerns.
- 26.9 Should any staff member have a concern relating to an individual's behaviour which indicates that they may be being drawn into terrorist related activity then they will need to take into consideration how reliable or significant these indicators are, indicators may include:

- Graffiti symbols, writing or artwork promoting extremist messages or images
- People we support and/or staff accessing terrorist related material online, including through social networking sites.
- Parental/family reports of changes in behaviour, friendships or actions and requests for assistance
- Partner organisations, local authorities and police reports of issues affecting vulnerable individuals in other healthcare organisations
- People we support voicing opinions drawn from terrorist related ideologies and narratives
- Use of extremist or hate terms to exclude others or incite violence.

It may be that a service user maybe experiencing multiple challenges in their life, of which exposure to terrorist related influences is just one. Autism Hampshire will use its judgment to determine the significance of any changes in behaviour where sufficient concerns are present, and they will be reported in accordance with the safeguarding reporting practice as outlined within this policy.

## 27 Duty of candour

The duty of Candour requires us to be open with people when things go wrong. The regulations (CQC) impose specific and detailed duty on providers where harm to a person in their care is above a certain threshold. The Duty of Candour is a legal requirement and CQC will be able to take enforcement action when it finds breaches. Autism Hampshire staff will act in an open, transparent, candid way, unless there are justifiable reasons for not being so, for example where the person we support actively sat that they do not want further information about the incident.

The duty requires us to offer an apology and state what further action we intend to take of this situation.

The provider is must.

- Make sure that it has an open and honest culture across the entire organisation
- Tell the people that we support in a timely manner when particular incidents have occurred.
- Provide in writing a truthful account of the incident and an explanation about enquiries and investigations that they will carry out.
- Supply the person or representative with the results of any further enquiries into the incident and to keep records of all correspondence and notifications in person.
- Offer an apology in writing.
- Provide reasonable support to the person after the incident.

## 28 Recruitment induction and training

- 29.1 The delivery of effective training is crucial to the success of the safeguarding adult's agenda. There are differing levels of safeguarding training dependent on roles and responsibilities. All new starters will undertake safeguarding training as part of their corporate induction. Staff are required to attend and complete refresher training annually.

29.2 Autism Hampshire's Human Resources Department always ensures that recruitment and selection procedures relating to staff and supply workers are carried out and maintained in line with Department of Education Recruiting Safely, CQC, and DBS requirements in order to support the deterrence, rejection and identification of those people who are deemed unsuitable to work with children, vulnerable young people and adults.

The primary elements of the recruitment and selection procedures include the following:

- Ensuring that all advertisements and recruitment documentation details the organisation's commitment and approaches towards Safeguarding and Safer recruitment methods.
- Ensuring every job description refers to the responsibility for safeguarding and promoting the welfare of children young people and adults, as appropriate.
- Ensuring that the person specification includes specific reference to safeguarding and suitability to work with children young people and adults, as appropriate.
- Application Form approach used to obtain set of core data; CVs are not accepted.
- Full written employment history obtained and gaps in employment raised and reasons for leaving identified.
- Obtaining and scrutinising comprehensive information from applications and taking up and satisfactorily resolving any discrepancies or anomalies.
- Obtaining both verbal and written independent professional and character references that answer specific questions to help assess an applicant's suitability to work with young people and adults and following up any concerns.
- A face to face interview.
- Written verification of the successful applicant's identity.
- Written verification of the successful applicant's right to work within the United Kingdom.
- Written verification of the successful applicant's academic or vocational qualifications claimed.
- Checking previous employment history and capability.
- Verifying their health and physical capacity for the job.

- Where appropriate checks and enhanced disclosure via DBS, Overseas Criminal Records/ Certificate of Good Conduct and Disclosure Asylum & Immigration checks. The DBS has the power to bar certain people from regulated activity with children and adults at risk. Autism Hampshire is known as a regulated activity provider for the purposes of the scheme. The DBS will make all decisions about who should be barred and will hold a central register of those who are barred from working with children or adults at risk. It is a criminal offence for individuals barred by the DBS to work or apply to work with children and adults at risk in a wide of range of posts. Employers and service providers will be able to check an individual's status on-line free of charge.

All checks are completed before the person's appointment and records kept showing that the checks have been carried out.

The above list is not exhaustive, for further reference; refer to Autism Hampshire's Recruitment Policy and Procedure.

No Lone Working should be undertaken until Autism Hampshire is satisfied that training has been undertaken and a risk management plan is in place.

- 28.4 Recruitment and selection procedures are the initial support to ensuring staff suitability to work with young people and adults. However, it is crucial that everyone working in the organisation's services are aware of safeguarding issues and adopt ways of working and appropriate practice to help reduce allegations. It is equally important that everyone can raise concerns about what seems to be poor or unsafe practice by colleagues, and that those concerns, expressed by people we support, staff, parents/families or others are listened to and taken seriously.

## What to do (frontline staff)

### 1. Ensure Safety of all

- Take any disclosure seriously, reassure person, explain need to inform others
- Ring **999** if required
- Secure scene and preserve evidence

### 2. Contact Line manager

- If line manager is unavailable or you suspect they may be involved, contact the senior at next level
- **If required** ring local safeguarding team using number displayed in house/service

### 3. Write Incident report/ Body Map

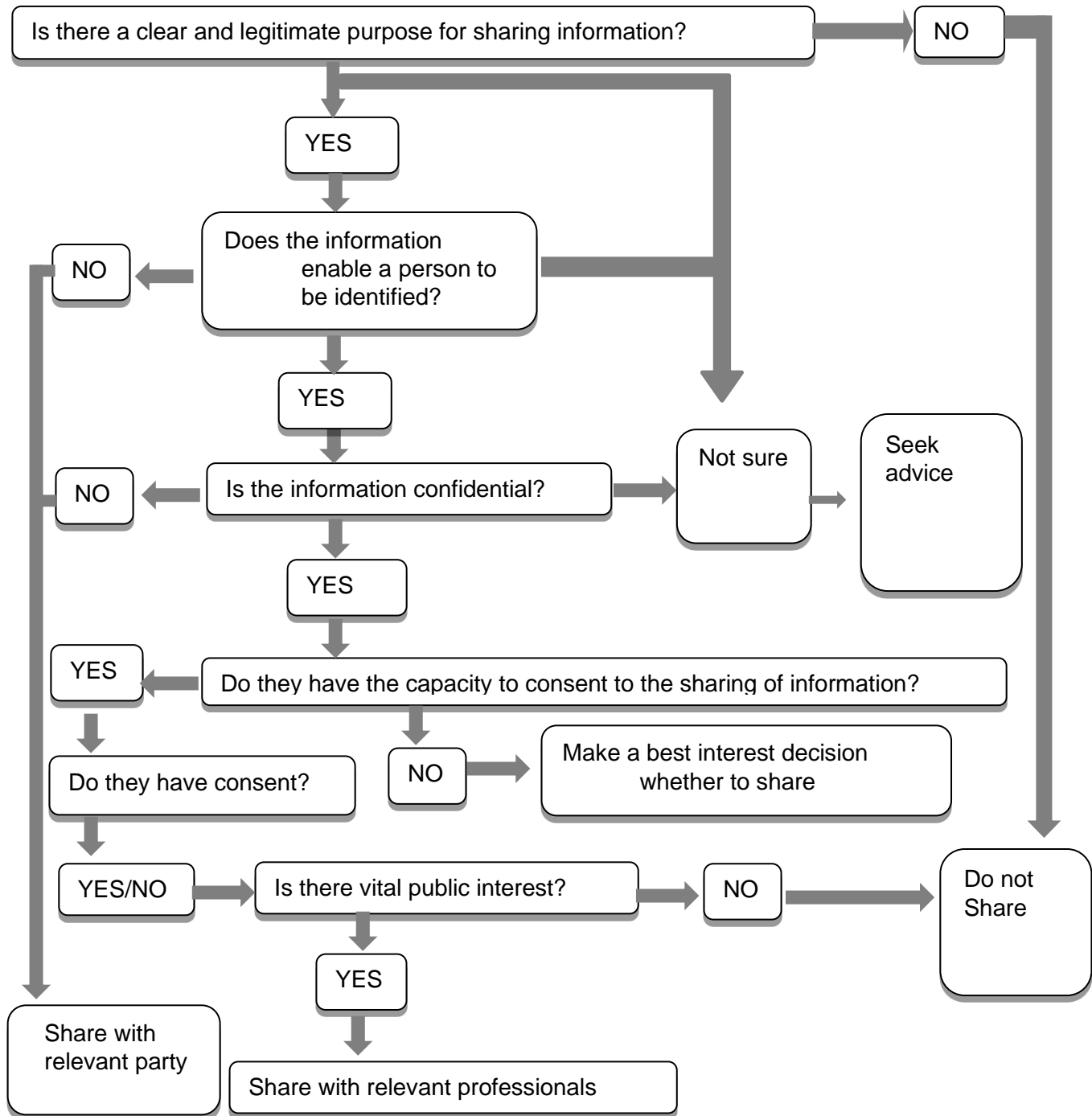
- Date, time, setting, those present
- If possible use person's own words-**Don't lead or prompt**
- Record fact not opinion

**Do not take any extra action unless instructed to by line manager**

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Appendix 2

30 Information Sharing – flowchart and Key Principles



**Key Principals to Information Sharing:**

- Identify how much information to share
- Distinguish fact from opinion
- Ensure that you are giving the right information to the right person
- Ensure you are sharing the information securely
- Inform this person that the information has been shared if they were not aware of this and would not create or increase risk of harm

**Record the information sharing decision and your reasons**

If there are concerns that a child may be at risk of significant harm; or an adult may be at risk of serious harm, then follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.