

Adult Safeguarding: Policy and Procedures (including Child Protection)

Family First Workshop is committed to safeguarding adults in line with national legislation and relevant national and local guidelines. We will safeguard adults by ensuring that our activities are delivered in a way which keeps all adults safe.

The policy applies to all Family First Workshop staff, including directors, paid staff or anyone working on behalf of Family First Workshop

Family First Workshop is committed to creating a culture of zero-tolerance of harm to adults, which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns. This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person's own home, and in any care setting.

This policy should be read in conjunction with the Child Protection Policy and Escalation Procedure

1) Introduction

Family First Workshop staff may work with adults who are vulnerable or experiencing risks. This may be through our work with adults (and staff). This policy covers all forms of contact and engagement staff, Family First Workshop and volunteers may have with adults, including, but not limited to concerns about an adult who is accessing Family First Workshop services, a Family First Workshop colleague, an employed member of staff or a volunteer.

As professionals and employees of Family First Workshop, we have a duty of care to safeguard vulnerable adults. There is also a need to consider the safety and welfare of any child for whom an adult at risk has a duty of care. The Family First Workshop has a statutory duty to take action to safeguard children, and its child protection policy and escalation procedure outlines these actions.

When recording Adult Safeguarding Concerns, and that adult is responsible for children, there is, by extension, a Child Safeguarding Concern, and this should also be documented. Therefore, on almost all occasions, both the Family First Workshop Adult Safeguarding Policy and Procedures and the Child Protection Policy and Escalation Procedure must be followed.

Safeguarding concerns could include:

- Domestic abuse
- Suicidal ideation or high-risk self-harm
- Serious mental illness such as psychosis, depression or severe post-natal depression
- High-risk substance misuse
- Adults who disclose that they have harmed, or are at risk of harming, either a child or another adult
- 'Honour'-based abuse or forced marriage
- Any issues regarding radicalisation and extremist views or behaviours must also be reported

2) Statutory Definition of an Adult at Risk

The Safeguarding Adults legislation creates specific responsibilities on Local Authorities, Health, and the Police to provide additional protection from abuse and neglect to Adults at Risk.

When a Local Authority has reason to believe that an adult is at risk, they have a duty to investigate the situation further and determine the necessary actions to support the adult.

The actions that need to be taken may be undertaken by the Local Authority (usually adults' social care) and/or by other agencies, such as the Police and health services. The Local Authority's role includes having multi-agency procedures which coordinate the actions taken by different organisations.

England: Care Act 2014 - An adult at risk is an individual aged 18 years and over who: a) has needs for care and support (whether or not the local authority is meeting any of those needs) and;

b) is experiencing, or at risk of, abuse or neglect, and;

c) as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

This includes adults with learning difficulties, adults with physical disabilities who depend on others to care for them, or adults with certain mental illnesses who lack the capacity to look after themselves. It is recognised that people in this group are vulnerable to abuse and neglect from carers, family members, and institutions as well as from strangers.

3) Types of Abuse and Neglect

Abuse takes place when someone's human or civil rights are violated by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person involved. Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance.

There are different types and patterns of abuse and neglect, and different circumstances in which they may take place.

Safeguarding legislation in each home nation categorises abuse differently.

Abuse can take place in any relationship, and there are many contexts in which abuse might take place; e.g. Physical, Sexual, Psychological, Neglect, Financial, Institutional abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyberbullying, Scams.

4) Other Safeguarding Concerns

Family/Relationship Abuse

Domestic Abuse - The cross-government definition (2014) of domestic violence and abuse is as follows:

The Domestic Abuse Act 2021 brought about some key changes to the way domestic abuse is responded to. Those changes include:

- A legal definition of domestic abuse which recognises children as victims in their own right;
- A Domestic Abuse Commissioner to stand up for survivors and life-saving domestic abuse services;
- A legal duty on councils to fund support for survivors in 'safe accommodation'

Forced marriage - A forced marriage is where one or both spouses do not, or cannot, consent to the marriage and pressure or abuse is used to force them into the marriage.. In England and Wales, it is also when anything is done to make someone marry before they turn 18, even if there is no pressure or abuse (Marriage and Civil Partnership (Minimum Age) Act 2022). The pressure put on people to marry against their will may include threats or physical/sexual violence and/or emotional or psychological abuse, for example, making someone feel they are bringing shame on their family. Forced marriage disproportionately affects females, but people of all genders can be victims. In England and Wales in 2022, 78% of cases that came to the attention of the Forced Marriage Unit involved female victims..

So-called 'Honour'-Based abuse - The term 'honour' crime or 'honour'-based abuse refers to an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or

may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community's code of behaviour. It is estimated that around 76% of victims of honour-based abuse are female, but people of all genders are at risk.

Cultural/Community Harm

Extremism and Prevent Duty - Any issues regarding radicalisation and extremist views or behaviours in children and young people must be reported as a safeguarding concern. Family First Workshop aligns with the Prevent Duty 2015 guidance and will consult with local Prevent Coordinators as necessary. Extremism is defined in the Prevent strategy as the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs.

Female Genital Mutilation (FGM) - FGM is a collective term for a range of procedures which involve partial or total removal of the external female genitalia, or other injury to the female genitals, for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting. The practice is medically unnecessary, is extremely painful and has serious health consequences, both at the time when the mutilation is carried out, and in later life. Any concerns related to FGM fall under this policy and must also be reported immediately as a safeguarding concern.

Organisational Abuse - The term 'organisational abuse' refers to neglect and poor care practice within a specific care setting. This could be a hospital or a care home, as well as the care one receives in their own home. The abuse can either be a one-off incident or an ongoing culture of ill-treatment. The abuse can take many forms, including neglect, and poor professional practices resulting from the structure, policies, processes, and practices within an organisation.

Self-harm/Mental Health

Self-harm - Self-harm is a broad term that can be used to describe a variety of behaviours that lead to physical harm. These include self-cutting or scratching the skin, burning/branding with cigarettes/lighters, scalding, overdose of tablets or other toxins, tying ligatures around the neck, punching oneself or other surfaces, banging limbs/head and hair pulling (Mental Health Foundation, 2006). It may also include risk-taking behaviours where someone is careless of their own safety and there is a risk of physical harm. It also includes neglect of physical health, for example, young people with insulin-dependent diabetes who intentionally miss insulin doses. Self-harm usually occurs in response to emotional distress.

Suicide / Suicide Ideation - The term 'suicide' means an act that is intended to end one's life. Suicidal ideations, often called suicidal thoughts or ideas, are broad terms used to describe a range of contemplations, wishes, and preoccupations with death and suicide

(PubMed, 2021). These issues can be caused by many factors, including depression and mental illness, stress, financial problems, relationship breakdown, bereavement and abuse.

Self-Neglect - Self-neglect is an extreme lack of self-care, and it is sometimes associated with hoarding and may be a result of other issues such as addictions. Some examples of self-neglect include a lack of self-care to an extent that it threatens personal health and safety, neglecting to care for one's personal hygiene, health or surroundings, the Inability to avoid harm as a result of self-neglect, the failure to seek help or access services to meet health and social care needs or the inability or unwillingness to manage one's personal affairs.

5) The Principles of Adult Safeguarding in England - Care Act 2014 - The Act's principles are:

- Empowerment - People being supported and encouraged to make their own decisions and give informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – The least intrusive response appropriate to the risk presented. • Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability – Accountability and transparency in delivering safeguarding.
- The importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation.
- The adult's abilities, background and characteristics (including their age, sex, sexual orientation, gender, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage).

6) Mental Capacity and Decision Making

UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can't. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions, even if others consider them to be unwise. We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision, we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Most adults have the ability to make their own decisions given the right support; however, some adults with care and support needs have the experience of other people making decisions about them and for them. If someone has a disability that means they need support to understand or make a decision, this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is referred to as 'lacking mental capacity'.

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision-making or to make the decision themselves.

Mental capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened; however, in some situations, the adult may not have the mental capacity to understand the choice or to tell you their views.

Each home nation has legislation that describes when and how decisions can be made on behalf of people who are unable to make decisions for themselves. The principles are the same:

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
- If the decision can wait, wait – e.g. to get help to help the person make their decision or until they can make it themselves.
- If we have to make a decision for someone else, then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
- If the action we are taking to keep people safe will restrict them, then we must think of a way to do that which restricts their freedom and rights as little as possible.

Each home nation also has legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves:

- England and Wales - Mental Capacity Act 2005

7) Managing issues regarding an adult

Where staff is concerned about the safety or welfare of an adult, the following steps must be taken:

7.1 Wherever possible, the Family First Workshop staff member should relay to the adult that they are concerned and seek to empower the adult to take action themselves. There should be a discussion regarding the sharing of information and the reasons for this, and consent should be obtained if possible. If the Family First Workshop staff member is relaying information about an adult to a GP, for example, they should seek the adult's consent to the information being shared. There may be circumstances in which this discussion should not take place, for example, if it would place the Family First Workshop staff member at immediate risk. It may also be necessary to go against the expressed wishes of the adult in relation to making a referral (e.g., if there are child protection concerns).

7.2 If a Family First Workshop staff member becomes concerned about their own safety whilst working with an adult, they must inform the Family First Workshop DSLs.

7.3 Family First Workshop staff must document their concerns

7.4 The Family First Workshop staff member should agree on a course of action with the DSLs.

This could include the following:

- referral to GP
- referral to Community Mental Health Team
- referral to Health Visitor
- referral to the Police
- referral to Adult Social Care
- referral to other agencies, such as a substance-misuse team or domestic violence service

The discussion must also include consideration of whether there are child protection issues that need to be addressed.

If there is uncertainty about which agency to refer to, the member of staff must try to resolve this as soon as possible. It may be appropriate to seek guidance from a local 'gateway' service, such as a Community Mental Health Team. Arrangements should be made to obtain feedback from the agency to which the referral was made.

7.6 The Family First Workshop staff member should, if possible, feed back to the adult about which referrals have been made.

7.7 The Family First Workshop staff member must ensure that the Adult Safeguarding Concern is regularly updated with actions

7.8 An Adult Safeguarding Concern can be said concern managed when: a referral is made to another agency and the agency has responded to this referral and/or, a Family First Workshop DSL is satisfied that the response/actions have been sufficient to safeguard the adult and/or, the adult concerned has taken appropriate action themselves in order to protect themselves or reduce their vulnerability

7.9 Refer to the Family First Safeguarding and Escalation Policy

8) Working Virtually

Safeguarding those who avail of our services is a fundamental role we all play. This is true whether we are working face-to-face, remotely, or virtually. Our policies and procedures remain the same, regardless of how we deliver our services.

9) Information Sharing

Family First Workshop staff should explain to adults at the outset of any work that it may be necessary to share information where there are serious issues regarding their safety or welfare, or where there are child protection concerns. This is part of the contracting with the client.

Wherever there are issues regarding the welfare of a child, the need to protect the child overrides the confidentiality of the counselling work, and professionals have a duty to share information and submit referrals if necessary. The welfare of the child is always paramount.

If a Family First Workshop staff member is seriously concerned about the welfare of an adult, it is appropriate to seek specialist help for that person, and to submit appropriate referrals in response to potential risks to that person.

10) Adult Safeguarding and Child Protection

Where there are serious issues regarding the safety of an adult, it is generally inevitable that there will be issues regarding their children. Family First Workshop Child Protection Policy must therefore also be followed and this can be accessed by all staff on the intranet.

If an adult discloses that they were abused as a child and the Family First Workshop staff member suspects that the perpetrator continues to present a risk to children, this must be raised as a safeguarding concern.

Appendix: Safeguarding Statement for Adults Attending Workshops

At Family First Workshop, we are committed to ensuring the safety of all adults participating in our courses.

Our commitment:

- We provide a safe, respectful, and supportive environment.
- Staff and facilitators are trained to recognise safeguarding concerns.
- We take a zero-tolerance approach to abuse, neglect, or exploitation of any kind.

What happens if you share a concern:

If you tell us something that suggests you or another adult may be at risk, we may need to share this information with safeguarding professionals. This is to ensure you receive the right help and protection.

What we will do:

- Listen calmly and respectfully.
- Explain clearly if we need to share information and why.
- Record only the facts, using your own words where possible.
- Act quickly to make sure you are safe and supported.

Who we may contact:

- Local Authority Adult Social Care (Kensington & Chelsea): 020 7361 3013 (Mon–Fri), 020 7373 2227 (out of hours).
- NHS Safeguarding Team (Chelsea & Westminster NHS Foundation Trust): 020 3315 8000
- Police: 999 (emergency) / 101 (non-emergency)
- NSPCC Helpline (if children are also affected): 0808 800 5000

Designated Safeguarding Leads (DSLs):

- Milana Kovacevic (SEND Specialist & SENCo)
- Paula Losch (Child & Adolescent Psychotherapist, MBACP)

If you ever feel unsafe or worried during our workshops, please speak directly to Milana or Paula. Your safety and wellbeing are our priority.