



## Adult Safeguarding: Policy and Procedures (including Child Protection)

### 1) Introduction

Place2Be staff and volunteers may encounter adults who are vulnerable or at risk. As professionals and employees of Place2Be, there is an ethical duty to safeguard adults who are vulnerable. Where an adult is vulnerable, there is also a need to consider the safety and welfare of any child for whom they have responsibility. Place2Be has a statutory responsibility to take action to safeguard children (e.g. share information or submit appropriate referrals)

There is an adult safeguarding form available on Place2Be's School Services System (SSS) to provide staff with a method of recording such concerns and subsequent actions taken.

When adding Adult Safeguarding Concerns to SSS, and that adult is responsible for children, there is, by extension, a Child Safeguarding Concern and this must also be recorded on SSS.

Therefore, on almost all occasions, both Place2Be's Adult Safeguarding and Safeguarding and Child Protection Policy and Procedures will need to be followed.

### 2) Terms of Reference

In the context of the legislation, specific adult safeguarding duties apply to any adult (18+ years) who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- 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

**(Ref: HM Government: Care and Support Statutory Guidance 2014, Updated Oct 2018)**

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.

Safeguarding concerns could also include:

- Domestic violence or 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 violence or forced marriage
- Any concerns about radicalisation and extremist views or behaviours must also be reported as a safeguarding concern. Place2Be works in line with Prevent Duty 2015 guidance and will consult with local Prevent Coordinators where necessary

*NB: Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements*

This is not an exhaustive list but is intended to provide examples of situations where a member of staff would need to consider safeguarding issues in relation to an adult.

***For safeguarding advice / guidance and reporting, staff and volunteers should contact their line-managers in the first instance. In cases when they are not available, they should contact the Place2Be Safeguarding Team.***

If an adult discloses that they were abused as a child and the Place2Be member of staff suspects that the perpetrator continues to present a risk to children, this must be raised as a safeguarding concern.

Place2Be should explain to adults at the outset of any work that it may be necessary to share information where there are serious concerns about their safety or welfare, or where there are child protection concerns. This is part of the contracting with the client.

It is recognised that breaching the confidentiality of an adult's counselling work can raise ethical questions. Concerns about such issues should be discussed with line-managers (or Service Manager if line-managers are not available), so that a decision can be made about a proportionate response to concerns.

Wherever there are concerns about 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 member of staff 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.

### **3) Types of Abuse and Neglect**

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse.
- Financial or material abuse
- Modern Slavery
- Neglect or acts of omission
- Discriminatory abuse

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Reviewed and updated in May 2019

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- Organisational or Institutional abuse
- Self-neglect or self-abuse

NB: Many types of abuse are also criminal offences and should be treated as such.  
(Ref: Social Care Institute of Excellence 2015, Updated 2018)

#### 4) Other Safeguarding Concerns

**Female Genital Mutilation** - Female Genital Mutilation (FGM) is a collective term for a range of procedures which involve partial or total removal of the external female genitalia 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 Female Genital Mutilation (FGM) fall under this policy and must also be immediately reported as a safeguarding concern.

**Forced marriage** - In forced marriage, one or both spouses do not consent to the marriage and pressure or abuse is involved. The pressure put on people to marry against their will may be physical (e.g. threats, physical violence or sexual violence) or emotional and psychological (e.g. making someone feel like they are bringing 'shame' on their family). Financial abuse, for example taking someone's wages, may also be a factor. Forced marriage is primarily, but not exclusively, an issue of violence against females - 29.7% of cases involve young women and girls aged under 18 and 29.5% aged between 18 and 25 while 21.4% of cases involved males. (Ref: Home Office: Forced Marriage Unit Statistics 2017)

**Honour Based Violence** - The term "honour crime" or "honour-based violence" encompasses a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment, and murder where their family or their community is punishing the person. Honour-based violence can also be described as a collection of practices which are used to control behaviour within families or other social groups in order to protect perceived cultural and religious beliefs and / or honour

They are being punished for (actually or allegedly) undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family.

#### 5) Managing concerns about an adult - process

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

**5.1** Wherever possible, the member of staff should explain 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 member of staff is relay information about an adult to a GP for example, they should seek the adult's consent to information being shared. There may be circumstances in which this discussion should not take place, for example, if it would place the member of staff 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).

**5.2** If a member of staff becomes concerned about their own safety whilst working with an adult, they must inform their line-manager and the school's Headteacher of these concerns

**5.3** The member of staff must document their concerns using the Adult Safeguarding Form on SSS immediately after the session

**5.4** The member of staff must immediately inform their line-manager of their concerns. If their line-manager is not available, the Service Manager must be consulted. If the Service Manager is not available, the Safeguarding Team or the Director of Clinical Services must be consulted.

**5.5** The member of staff should agree a course of action with their line-manager. This could include the following:

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

The discussion with the line-manager must also include consideration of whether there are child protection issues that need addressing.

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.

**5.6** The member of staff should, if possible, feed back to the adult about which referrals have been made.

**5.7** The member of staff must ensure that the Adult Safeguarding concern is input onto the School Service System and updated as and when necessary.

**5.8** An adult safeguarding referral can be deemed 'Agreed Action Taken' when:

- A referral is made to another agency, and
- The agency has responded to this referral, and
- Place2Be has no reason to doubt that this response is sufficient to safeguard the adult

**5.9** If the concern has arisen out of the work of a Parent Counsellor, the Cluster Manager must ensure that the SPM is aware of the referral, if the children attend a Place2Be school. The SPM, Parent Counsellor and Cluster Manager will need to consider how information about the adult is shared with others in the school, on a need to know basis. The welfare of the child must always be at the centre of decisions about information sharing.

## 6) Adult Safeguarding and Child Protection

Where there are serious concerns about the safety of an adult, it is generally inevitable that there will be concerns about their children. Place2Be's Safeguarding and Child Protection Policy 2019 must therefore also be followed and this can be accessed by all staff on the intranet.

Parent Counsellors work across several different schools and children's centres. Therefore, it is important that they have up-to-date contact details of the designated child protection officers in each of these schools or children's centres, and that these details can be accessed quickly in the event of a concern.

It is recognised that Parent Counsellors are not based within schools and therefore it may be difficult for them to obtain feedback about the outcome of a child protection referral. The Parent Counsellor should endeavour to gather feedback and enlist the support of their line-manager if necessary, or the SPM, if the child concerned is in a Place2Be school.

The sharing of information between Parent Counsellor, SPM and their line-manager is crucial in keeping children safe, as it allows the bigger picture to be seen, and helps to avoid the risk of case drift.

At Place2Be, the designated lead for Safeguarding, Child Protection, and Vulnerable Adults is Sharon Cole, Head of Safeguarding, who reports directly to Place2Be's Clinical Director.

Place2Be's Safeguarding Team are available to all staff for advice and guidance and may be contacted by telephone on 0207 923 5504 / 5543 / 5522. In the first instance, staff and volunteers should consult with their line managers, where ever possible.

## Adult Safeguarding Flowchart

