

The Mount Camphill Community

Safeguarding children and adults policy and procedure

Purpose

The Mount Camphill Community is a residential college providing innovative, craft and experience-based education; care and support to young people (aged 16 and above) with a range of learning disability needs, with a view to developing self-care skills, independence skills and developing experience of work. The young people are known as students or co-housers. The Mount Camphill Community wishes to enhance the student's/co-houser's quality of life, improve health and promote welfare.

The Mount aims to create a safeguarding culture and environment where the opportunities for abuse, neglect or exploitation to occur are minimised, and within this a culture where children, adults at risk and everyone living and working at The Mount have the confidence to voice any concerns or fears they may have about abuse, neglect or exploitation and where they feel able to disclose allegations of harm or abuse.

The Mount Camphill Community recognises a responsibility to ensure the safety and wellbeing of all children and adults at risk involved in the Community's activities. The protection of these groups is a priority. Safeguarding is the duty of all staff, students and co-housers. This Policy aims to describe the actions that must be taken when abuse, neglect or exploitation is suspected or disclosed. Furthermore, this policy aims to meet legislative and Audit requirements.

Context

This policy and procedures aim to integrate theory and practice of adult protection contained in the current legislation as per guidance of Sussex Safeguarding Adults Policy and procedures; and for child protection from the guidance from the DfE and Ofsted.

When a student is still a child, (students under 18) due reference will need to be applied to their legal age and the responsibility to involve parents or guardians in making decisions.

- Sussex Safeguarding Adults Policy and Procedures 2019
- Care Act 2014
- The Children and Families Act 2014
- Sussex Child Protection and Safeguarding procedures
- Working together to safeguard children 2018
- Keeping children safe in education 2021
- The Children Act 1989
- The Children Act 2004
- The Counter Terrorism and Security Act 2015 (Prevent)
- The Human Rights Act 1998
- The Protection of Children Act 1999
- The Care Standards Act 2000
- Sexual Offences Act 2003
- National Minimum Standards for Residential Special Schools 2013
- National Minimum Standards for Care Homes
- Mental Capacity Act 2005 and also Deprivation of Liberty Safeguards (2009)
- The Health and Social Care Act 2008
- Ofsted: Inspecting safeguarding in early years, education and skills settings

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- 2010) and also informed by best practice as outlined in
- Adult Services SCIE Report 39 Protecting Adults at Risk January 2011
- Recruitment Policy
- Whistle Blowing Policy
- Bullying Policy
- Complaints Policy
- Health and Safety Policy
- Challenging Behaviour Policy
- Behaviour Support Policy
- E-Safety Policy
- Staff Code of conduct

Principles

The Mount believes in and fosters the following principles in relation to the protection of children and adults at risk:

That safeguarding means protecting an adult's and a child's right to live in safety and to be free from abuse and neglect. Furthermore, to prevent young people's impairment of mental and physical health and development and to ensure that young people are growing up in a safe and nurturing environment. The Mount wishes to foster well-being and the achievements of best outcomes of young people at all times and not to grow complacent. In order to achieve this and to be awake to possible safeguarding concerns, **everyone** supporting students and co-housers at The Mount must work with the principle 'it could happen here' through a whole college approach.

The 'duty of candour' (CQC) principle is particularly relevant to safeguarding and The Mount is committed to working openly and transparently with students, families and all external stakeholders.

Our aims are:

- To stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults and children with care and support needs.
- Safeguard adults and children in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults and children concerned.
- Raise public awareness so that The Mount, alongside professionals, play their part in identifying and preventing abuse and neglect.
- Provide information and support in accessible ways to help our students understand the different types of abuse, how to stay safe and what to do to raise a concern about their safety or well-being.
- Address what has caused the abuse or neglect.

The Mount also believes that **Making Safeguarding Personal (MSP)** supports and empowers each vulnerable person to make choices and have control about how they want to live their own life. MSP is about having conversations with people about how responses to safeguarding situations can be made in

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a way that enhances their involvement, choice and control as well as improving their quality of life, well-being and safety.

MSP focuses on achieving meaningful improvements to our vulnerable people's lives to prevent abuse and neglect occurring in the future, including ways for them to protect themselves. Safeguarding arrangements should not prescribe a process that must be followed whenever a concern is raised, but instead take a more personalised approach.

Promoting wellbeing

The Mount aims to promote wellbeing when carrying out any of its care and support functions. At the Mount, wellbeing is at the heart of all care and support. This is described by the Care Act as the "the wellbeing principle".

Definition of wellbeing as described in the Care Act 2014 Wellbeing relates to the following areas in particular:

- Personal dignity (including treating the individual with respect).
- Physical and mental health and emotional wellbeing.
- Protection from abuse and neglect.
- Control by the individual over day-to-day life.
- Participation in work, education, training or recreation.
- Social and economic wellbeing.
- Domestic, family and personal life.
- Suitability of living accommodation.
- The student's and Co-houser's contribution to society.

Preventing abuse:

The most effective way to safeguard students and co-housers from abuse is to enable them to safeguard themselves. In order to safeguard themselves, people who support them should consider the following:

- What kind of harm or exploitation the student/co-houser may be at risk of.
 - Where the risk might arise.
 - Who might potentially exploit or harm the student/co-houser.
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- The welfare of children and adults at risk is paramount. All children, young people and adults at risk have an absolute right to a life free from abuse, neglect or exploitation.
 - All children, young people and adults at risk should have access to relevant procedures and services for addressing issues of abuse, neglect and exploitation, including the civil and criminal justice system and victim support services.
 - The protection of children and adults at risk is everyone's responsibility. We recognise a duty to care for all students at The Mount Community.
 - All staff (teaching and non-teaching, employees and volunteers) working or involved with children and adults at risk have a **duty to report** and refer any concerns, however minor they may appear to be, about possible abuse, neglect or exploitation.
 - The Community recognises that adults at risk may have the mental capacity to make an unwise decision, however as an organisation we recognise our duty to put appropriate and reasonable support in place to minimise the possibility of harm and /or significant harm.
 - All children and adults at risk – whatever their age, culture, disability, gender, sexual orientation, racial origin, language and/or religious belief - have the right to protection from any form of harm.

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- The Mount will follow statutory and specialist guidelines in working with children, young people and adults at risk when responding to all allegations and/or suspicions of abuse.
- The Mount is committed to supporting multi-agency training, education and information for everyone concerned to create a climate in which child and adult abuse is regarded as unacceptable. The Community acknowledges the value of staff training in supporting a respectful and inclusive culture, in enabling the identification of abuse, and in encouraging proactive communication about safeguarding concerns. All staff will therefore receive safeguarding training and training in the use of the Community's safeguarding policy and procedures every year or when needed, in case of concerns. They will also receive training on Positive Approaches to managing and understanding behaviour that challenges.
- The Mount requires all staff who undertake regulated activity with students to hold an enhanced DBS disclosure acceptable to the Community.
- We recognise that all matters relating to child protection and the protection of adults at risk are confidential.

The 6 key principles as outlined by the Care Act, which underpin all adult safeguarding are

1. Empowerment
Students and co-housers being supported and encouraged to make their own decisions and give informed consent.
2. Prevention:
It is better to take action before harm occurs.
3. Proportionality:
The least intrusive response appropriate to the risk presented.
4. Protection:
Support and representation for those in greatest need.
5. Partnership:
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. Accountability:
Accountability and transparency in delivering safeguarding.

Roles and responsibilities

The Mount Safeguarding Co-ordinator

The Safeguarding Coordinator (Designated Safeguarding Lead/DSL)

- Is responsible for the overall coordination and management of all Safeguarding children and adults issues at The Mount, which includes reporting, assessment, investigation and following up of incidents.
- Provides support, supervision, advice to all staff at The Mount regarding safeguarding, supported by the Safeguarding Team.
- Plans and resources the appropriate assessment and supervision of students to ensure their safety and safeguarding in collaboration with tutors and house coordinators.
- Liaises with relevant stakeholders like families and social workers.

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- Seeks appropriate support /guidance. This may include referring to the Local Authority Safeguarding Team or 'Channel'.
- Makes sure that there is a completed incident form and any other documentation necessary, which is kept securely in the individual's folder in the locked cabinet in the double locked office away from any other day to day documentation.
- Ensures that steps are taken to keep the abused child or adult safe while the initial enquiries are made.
- Is responsible for the initial training and refresher trainings of all members of staff as well as making sure that all members of staff work according to best practice.
- Is responsible to update their own training at least every two years.
- Is responsible for keeping up to date with best practice and legislation regarding safeguarding.
- Will report /discuss any incidents involving accidents and Health and Safety concerns with the Health and Safety Group, so that learning and follow up can take place.
- Will communicate (with the support of the team and the Health and Safety Group) all strategies designed to reduce the risk of further incidents.
- Will review this Policy annually.
- Will write regular anonymised reports (4 times a year and one annual summary overview) and updates to the board of trustees.

The Safeguarding Coordinator upon receiving an incident report of an allegation or suspicion of abuse or concerns will:

- In the case of an incident that poses immediate danger, take necessary steps to ensure the safety of the student/co-houser in question and any other person who might be at risk. Listen and record concerns/allegations/disclosure.
- Assess the information received and, in consultation with the Safeguarding Team, decide on the appropriate steps of action.
- Ensure that the victim and the suspected abuser are separated from each other as soon as possible after the potential abuse is reported.
- Report the matter to the appropriate local authority team i.e. Children/ Adults at Risk Protection Teams and seek advice within one working day of the concern. Report to CQC when necessary.
- In some serious situations, it might be necessary for the safeguarding Co-ordinator to immediately notify the police (and subsequently CQC) prior to contacting the local authority safeguarding team.
- Ensure that the Safeguarding Incident Report is completed by or with the person who reported the original concern.
- Notify the parents or guardians of any harm or injury caused as a result of peer-on-peer abuse in a timely manner. Where the incident concerns a child and the relevant abuse has taken place, we would follow ESCC protocols regarding possible Harmful Sexual Behaviour.
- Assess the situation at this point in the process and decide on appropriate next steps in collaboration with the safeguarding team and others involved such as the house coordinator, tutor or therapist.
- If necessary, and in collaboration with the safeguarding team, continue to: review the details of the case as required, share and review the advice from the local authority safeguarding team, plan actions that need to be undertaken in following up the details of the completed safeguarding form.
- Ensure that written records are kept of all conversations, meetings etc. relating to the safeguarding issue.

Procedure for the Safeguarding Coordinator if an allegation involves a member of staff (teaching and non-teaching, employees and volunteers) working with students

The Safeguarding Co-ordinator will:

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- Ensure that the victim is safe.
- Inform the Coordinator group.
- Inform CQC and the Local Authority with regard to local authorities' multi agency safeguarding policy and procedure.

The Local Authority and Safeguarding Co-ordinator will decide if the allegation meets the criteria for a Safeguarding meeting based on whether the member of staff working with students has:
Behaved inappropriately in a way that has harmed or may have harmed a child/young person or adult at risk.

Possibly committed a criminal offence against or related to a child/young person or adult at risk.

If the allegation does not meet the above criteria, it will be dealt with through our Supervision and Disciplinary procedures.

- Referral to LADO (Local Authority Designated Officer). This will take place if the allegation concerns a child and is linked to conduct, including:
 - contact with children and young people through social media and personal email or phone.
 - emotional abuse, bullying, threats, intimidation or derogatory comments.
 - non-sexual contact, which breaches a code of conduct or positive handling policy.
 - providing rewards and incentives which are not sanctioned within a code of conduct and could single out particular children or young people to the detriment of others.
 - being under the influence of drugs or alcohol in the workplace
 - inappropriate use of work IT equipment in work or at home e.g. viewing adult pornography
 - failure to protect or report a safeguarding concern.
 - involvement with Children's Services, such as care proceedings or Child Protection Plans, for own children.
 - domestic abuse.
 - arrest or prosecution for a criminal offence outside of work.

Trustees

The board of trustees has the overall legal and governance responsibilities for all activities at The Mount Camphill Community. A named trustee is responsible for overseeing safeguarding activities, reviewing incidents and for liaising regularly with the Safeguarding Co-ordinator.

The governing body will ensure that through a whole college approach, our college will safeguard and promote the welfare of students and work together with other agencies to ensure adequate arrangements within the College to identify, assess and support those students who are suffering harm. All relevant policies will be reviewed annually (or when required) by the governing body. The governing body will not receive details of individual students' situations or identifying features of families as part of their oversight responsibility (unless the student concerned is an adult, has the capacity to decide on the issue of information sharing and wishes to disclose such detail)

House Coordinators, Tutors and therapists

Are responsible to report any safeguarding concerns immediately to the Safeguarding Coordinator. This includes the awareness for all types of abuse as defined for children and adults (see below) and any concern regarding grooming or radicalisation.

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Coordinator for care and support/ Registered Manager

The Coordinator for care and support carries the overall responsibility for all safeguarding issues at The Mount and works in close cooperation with the safeguarding coordinator.

The Coordinator for care and support will notify CQC if and when necessary.

The Coordinator for care and support recruits all long term co-workers in collaboration with the HR group and the home faculty, who work with children and adults at risk according to 'Safe from Harm' principles and in line with the Government's Safer Recruitment programme by ensuring that everyone working with children or adults at risk has undergone a Disclosure and Barring Service check at an enhanced level and is adequately trained and supervised within their working role.

The Coordinator for care and support ensures that appropriate recording and monitoring systems are in place.

Co-workers/ all staff

Have the responsibility to raise concerns to the Safeguarding Coordinator or tutors/ house coordinators immediately if they have any concerns regarding the safety of a child or adult at risk. This includes the awareness for all types of abuse as defined for children and adults (see below) and any concern regarding grooming or radicalisation.

The Police

The early involvement of the police may have benefits, in particular:

- It will help ensure that evidence is not lost or contaminated.
- Early referral or consultation with the police will establish whether a criminal act has been committed and this will give the opportunity of determining if and at what stage, the police need to become involved.
- A higher standard of proof is required in criminal proceedings than in disciplinary or regulatory proceedings (where the test is the balance of probability).
- Police officers have considerable skill in investigating and interviewing and their early involvement may prevent the abused adult being interviewed unnecessarily on subsequent occasions.
- Police investigations should proceed alongside those dealing with health and social care issues.

The Care Quality Commission (CQC)

CQC ensures inspection reports are available on their website: www.CQC.org.uk

Informs Social Services when information is received that one or more service users may be or are at risk of abuse or neglect within registered establishments or their own homes.

Works jointly with other agencies where service users require a response under these procedures

CQC may attend safeguarding meetings in respect of regulated services.

CQC will keep other agencies informed of any relevant enforcement action taken by the Commission on any regulated service.

Where a potential breach of Regulation(s) has occurred, CQC will undertake appropriate inspection activity.

CQC pursues statutory action where appropriate.

Response to referrals (Local Authority)

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The person who raises a safeguarding concern with one of the agencies about actual or suspected abuse should have their referral acknowledged, preferably in writing, with a summary of the action likely to be taken.

The child or adult at risk should be central to the whole process and be aware of, and participating in, any action taken or planned (as appropriate, particularly when this involves a child).

The **person alleged responsible** will need to be informed of the allegation and how this is done will be guided by the Safeguarding meeting. For example, the Police will want to manage this if there is a criminal investigation.

The person raising a concern (Alerter)

Alerters can be any of the responsible people mentioned above as well as health workers, social workers, college staff, family members or any member of the public. The Alerter must use the procedures described below.

Procedures

Raising a safeguarding concern:

In the event of an Incident or Accident

1. When someone is in immediate danger or seriously injured, immediately deal with the emergency first and call the emergency services on **999** if appropriate – to dial out press “9”.
2. Call The Mount Safeguarding Adults and Children at Risk Team as soon as possible (leaving a message where necessary):

- | | | |
|-----------|---------------------------|---|
| 1) | Adrian Pye | 786152 (ext. 223) |
| 2) | Valentina Monguzzi | 786174 (ext. 243 or 238 or office 244) |
| 3) | Sabine Hope | 786178 (ext. 280) |
| 4) | Vicky Syme | 786172 (ext. 241) |

If you are unable to reach someone within 2 hours, please call:

For adults (over 18):

Health and Social Care Connect

Tel: 0345 6080191

For children (under 18):

Single Point of Access (SPOA).

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Tel: 01323 464222

Any behaviours of concern that could lead to radicalisation, contact Adrian Pye, Vicky Syme, Valentina Monguzzi or Sabine Hope.

3. On the same day, ensure that an Incident Form is completed and emailed to incidents@mountcamphill.org. If you need help, please ask Adrian, Vicky, Valentina or Sabine. Copies can be found on the M: Drive/AA-Policies/Current Forms/Safeguarding.

The Mount Safeguarding Team will then follow the incident as appropriate.

The telephone number for the Child Protection Services is: 01323 747373 and the number for the NSPCC (National society for prevention of cruelty to children) is 0800 028 0285.

4. If the incident was also an accident – if someone was injured or nearly injured – you should also make a note in the Accident Book and file appropriately in the Accident Folder (see Accident Procedure). If you need help, please contact Andrew Vestrini.

Other important numbers:

CQC: 03000 616161

Sussex Police: 0845 60 70 999

Guidance on identifying an incident

It may not be clear sometimes if an incident should be reported. For example, if a student had an argument or nearly hit someone but nobody was hurt, offended or injured. In these circumstances, it is always best to report and discuss the situation either with one of The Mount Safeguarding Team or with the Community Learning Disability Team (West). If the issue is not considered an incident, then it will be quite clear after discussion that this is the case. **Always check. Always report.**

For further information:

The Mount's Safeguarding Policy

East Sussex Multiagency Adult Protection Procedures

All allegations and suspicions of abuse will be taken seriously and responded to swiftly and appropriately. The need to protect the child or adult at risk is paramount. It is therefore the responsibility of all staff to report any safeguarding concerns they may have and not to decide whether a concern constitutes abuse or not without seeking advice of the Safeguarding Coordinator/Team. Even if a member of staff thinks or believes that an allegation or disclosure may be untrue, it is still their duty to report it. It is not the job of staff to investigate any safeguarding concerns they may have.

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The following procedure must be followed by all college staff or volunteers when:

- A student discloses to them that abuse has, or may have, occurred.
- They witness an incident that would be considered to be abusive.
- They have a significant concern that a student may have been or is being abused.

The response to an incident has to be proportionate to the event and those responsible have to keep in mind the empowerment of the person who has been affected. The individual must feel in control and it is important to include the individual and seek consent.

Receive

- When a student/co-houser makes a disclosure of abuse, staff will not question the alleged victim about the incident.
- At this point it is not appropriate to gather specific information about what has happened. Avoid leading questions; respond to the student/co-houser but do not interrogate as any further questioning by staff could affect the validity of any statement collected by the police at a later date.
- Listen without displaying shock or disbelief.
- Accept what you are told; you do not need to decide whether or not it is true.
- Clarify anything you do not understand and repeat back what has been said.

Reassure

- Acknowledge the person's courage in making a disclosure.
- Do not promise confidentiality.
- Avoid making statements or promises that are incorrect or unrealistic.
- Remind them they are not to blame; avoid criticising the alleged perpetrator.
- Do not promise that "everything will be all right now" (it might not be).

Respond

- The student or co-houser may be in a state of shock or very anxious, therefore it is important to explain carefully what you will do next, i.e. inform the Safeguarding Coordinator.
- Always encourage and allow the individual to be involved in any next steps and where possible support the individual to speak directly to the Safeguarding Coordinator, accompanied by a supportive adult if wished for by him/her.
- Seek to ensure the person's safety.
- Do not confront the alleged perpetrator.
- If the alleged abuse happened very recently, do not allow access to any room where this may have occurred. Any items handed on by the victim are to be passed to the Safeguarding coordinator.

Record

Recording must be done as soon as possible and during the disclosure if appropriate, including:

- Name of student/co-houser and date of disclosure.
- Facts of the conversation/disclosure.
- Date and time of the alleged incident(s).
- Use of the individual's own words where possible.
- Your observations of the student's/co-houser's behaviour, appearance and emotional state.
- Cross out mistakes with one clear line but do not use Tippex and do not destroy your original notes. They may be needed later on and must be given to the Safeguarding Coordinator.

Support

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- Making a disclosure can be emotionally and psychologically traumatic and/or distressing. It is therefore important to consider what kind of support will be needed for the individual.
- Student/co-houser's disclosures and allegations can be extremely stressful and time consuming; it is important to ensure you, as the recipient, seek appropriate support through discussion with your supervisor or directly with a safeguarding team member as appropriate.

Responding to a Disclosure

The abused person may not understand they are being abused and so not realise the significance of what they are telling you. Some disclosures may happen many years after the abuse. There may be good reasons for this, the alleged abuser may no longer be working with them, and the abused person may have felt or feel threatened.

When someone discloses to you remember you are **not investigating**:

- **Do** stay calm and try not to show shock.
- **Do** listen very carefully.
- **Do** reassure the person they have done the right thing by telling you.
- **Do** record what the person has told you using their words.
- **Do** tell the person you are treating the information seriously.
- **Do** be aware there may be the possibility of forensic evidence.
- **Do** reassure the person that they are not at fault and will not be blamed.
- **Do** tell the person that you will need to share their disclosure with the appropriate person i.e. Designated Safeguarding Lead (DSL) in the community. This will be done with the person's consent, however, in specific circumstances the DSL may need to contact other appropriate agencies, including The Local Authority Safeguarding team in Uckfield, ESCC LADO (Local Authority Designated Officer), Social Services, Police and the Quality Care Commission (CQC), without the adult at risk's consent. The person's wishes will, however, be listened to and explanations for decisions will be given at all stages. The abused person should be given the option to inform their family if they wish, however this is their decision and this decision will need to be recorded. If a child has been the victim of abuse the family will be informed and involved.
- If a referral is made but the adult at risk is reluctant to continue with the investigation, this will be recorded and discussed with the DSL. This then enables the best support and protection for the adult at risk. However a discussion with other appropriate agencies will need to take place and should be recorded.
- **Do not** press the person for more details.
- **Do not** pass on the information to anyone other than the DSL or other relevant professional.
- **Do not** contact or speak to the alleged abuser about the allegation. The accused person may need to be suspended. This does not mean the person accused is guilty. Enough time needs to be given for facts to be gathered.
- **Do not** promise to keep secrets.
- **Do not** make promises you cannot keep (such as 'I will not let this happen to you again').

Procedure in the case of witnessing abuse and/or assault

- Seek to ensure the person's safety, without endangering yourself

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- Assess the situation and where someone is at severe risk of harm contact the emergency services by dialling 999.
- Contact the Community's Safeguarding Coordinator or a member of the team (see chart) immediately
- Seek to ensure the student has no contact with the alleged abuser. It may be necessary to inform other staff that there has been an incident but information passed to them must be kept to a minimum.

Procedure where a member of staff or volunteer has concerns of abuse and/or neglect

- Discuss concerns directly with the Community's Safeguarding Coordinator or the Coordinator for care and support.
- If the concerns involve an adult working with students, please refer to the Whistle Blowing Policy and Procedure for guidance.

Procedure in response to incidents or harmful sexual behaviour (sexual harassment, sexual violence)

- Member of staff who sees/hears/or is informed (by either a parent or student) of the sexual behaviour should:

Stop the behaviour

- Report the behaviour to the Designated Safeguarding Lead (DSL)
- Make a record of what happened, include the following where known: Describe the behaviour. What did the person say/do? Context of the behaviour. Was it spontaneous or planned? Was there any force/aggression? When and where did it happen? Relationship between the children/adults – are they the same age? Any power differences? Are there any significant SEND issues? Response of the child/adult who initiated the behaviour. What was the response of the child/adult who was targeted?

The Community's Safeguarding Coordinator will then:

- Use the Brook Traffic Light Tool to assess whether the reported/alleged behaviour is healthy, problematic or harmful. If the behaviour is considered to be problematic or harmful then an immediate referral must be submitted to the Single Point of Advice (SPOA). Do not interview any of the children/young people involved until guidance has been provided from SPOA about whether this is appropriate.
- Ensure that the child/adult who has reported the behaviour is reassured that their concerns are being taken seriously and that they will be kept safe. Their wishes in terms of how they want to proceed should be sought and they should be given as much control as is reasonably possible based on the child's/adult's individual needs over decisions regarding how any assessments will be progressed and any support that they will be offered.
- In cases where the sexual behaviour is considered to be healthy or low-level problematic, the Community Safeguarding Coordinator should speak with the children/adults involved to obtain a narrative of what has happened and to identify any potential concerns.

Informing families of students

The Mount Camphill Community aims to work transparently with parents/carers in all safeguarding matters. This includes when there is any harm or injury caused as a result of peer-on-peer abuse, where there have been incidents of 'healthy' sexualised behaviour (as defined by the Brook Traffic light Tool) or when The Mount are responsible for any errors in our practice where we have a duty of candour to inform the relevant person's family/carer.

We would inform parents/carers in all cases unless:

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- The parent/carer or close family member is suspected of being involved with the alleged abuse.
- The Safeguarding Coordinator has reasonable grounds to suspect that talking to the parent/carer may put them or the vulnerable person in danger.
- The vulnerable person is over the age of 16* and has the capacity to decide to ask the community not to inform their parent/carer; in these circumstances we will work actively with the vulnerable person to clarify and understand the reasons for their decision. (*This will depend on the issue but largely, consent to sharing information is set at the age of 16) Ref: MCA 2005.

In the above instances, we would liaise with the individual's funding authority and/or our local authority safeguarding team.

Informing external agencies

The college will inform the Local authority in accordance with local Multi –Agency Safeguarding policies and procedures and aim to do this within 24 hours, in the event of a possible, alleged or suspected abuse or serious cause for concern. The Coordinator for Care and Support will inform the Care Quality Commission (CQC) and Local Authorities of all alleged or suspected cases of abuse or serious causes for concern at the same time as the Local Authority safeguarding team is first involved.

When an incident of abuse has been perpetrated (or allegedly perpetrated) against an adult at risk who lacks capacity with regard to the specific issue, the Local Authority may appoint an Independent Mental Capacity Advocate (IMCA) under s 35 of the Mental Capacity Act 2005. The IMCA is usually appointed at the time of creating a safeguarding plan for the adult at risk and their role is to ascertain the individual's wishes and preferences; to give support, and to explore alternative options with the person.

False Allegations of Abuse and Misconduct

People can sometimes make false allegations of abuse and/or misconduct

Formal risk assessments should be written for people who are known to have told falsehoods in the past about being victims or witnessing other's misconduct or inappropriate behaviour. All allegations must be heard and investigated but some allegations can be conducted more softly because of the record of previous falsehoods. The involvement of the police is generally helpful.

After an investigation has concluded that there is no evidence to support an allegation, the person accused should be given a written exoneration and acknowledgement of the stress involved in the investigation.

Suspension of a member of staff (employed or voluntary)

The Mount Camphill Community recognises that when an allegation is made against an adult working with children/adults it can be a difficult and distressing experience for the adult concerned and others who are involved in reporting or managing the allegation, accordingly the community will seek to support all such staff through the appropriate supervisors and other relevant colleagues.

When a member of staff or volunteer is suspended following a safeguarding allegation against them, it is important to remember that suspension is a neutral and not a disciplinary act. No presumption of guilt can or should be made.

Following the suspension of a member of staff or volunteer, neither the suspension nor the issues precipitating it should be discussed with others. Where a member of staff or volunteer is returning to work following an investigation, specific measures will be put in place to support them, i.e. additional trainings and supervision until necessary.

Annexes

A Safeguarding concern is where an adult or child who has needs for care and support (whether or not these needs are being met) may be experiencing or is at risk of abuse and neglect and as a result of their care and support needs is unable to protect themselves against either the risk of, or the experience of abuse or neglect.

Who is an adult at risk?

This relates to an adult who meets the following “3 key test”:

- The adult had needs for care and support (whether or not the local authority is meeting any of those needs).
- The adult is experiencing, or is at risk of, abuse or neglect.
- As a result of their care and support needs, the adult is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Child

A young person under the age of 18. However, in line with the Sexual Offences Act 2003, this age limit may be extended for young people with Learning Difficulties and/or Disabilities (LLDDs).

All staff (employed and volunteers) should be aware that the main types of abuse when concerned with children are:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

These types of abuse are described below. Furthermore, when considering safeguarding children the following types of abuse are defined:

Radicalisation:

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This is where children and young people are taught extreme, often violent, ideas based on political social or religious beliefs. Signs of exposure to radicalisation could be behaviour changes, changes in the way they speak with others or having a new circle of friends, use of extremist terminology, reading material, online content, online forums or messages.

Child trafficking

This means recruiting, moving or receiving a child through force, trickery or intimidation to take advantage of them. Signs and symptoms could be a domineering adult accompanying the child all the time and speaking for them. The child could appear withdrawn, compliant and unkempt, or show little or no use of the English language.

Female genital mutilation (FGM)

Means to remove, constrict or otherwise disfigure a girl's labia or clitoris for non-medical reasons, in most cases before they reach the age of 8. Some communities may use religious, cultural or social reasons to justify FGM, but it is a form of abuse. Signs and symptoms could range from severe pain and bleeding and chronic infections to psychological, mental health and sexual problems or damage the reproductive system and infertility. Girls might be taken abroad to carry out FGM, awareness for extended holidays is necessary.

Harm and significant harm

The term "harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health. It should also be taken to include the impairment of physical, intellectual, emotional, social or behavioural development.

The impact of harm upon a person will be individual and depend upon each person's circumstances and the severity, degree and impact or effect of this upon that person.

The following would indicate that the effect of harm for the person is likely to be significant:

- The person's life could be or is under threat, for example due to neglect or physical abuse.
- There is or could be a serious, chronic and/or long-lasting impact on the person's health/physical/emotional,/psychological wellbeing.
- The person has little or no choice or control over vital aspects of their life, environment or financial affairs.

What is Abuse?

Abuse is:

"A violation of an individual's human and civil rights by another person or persons"

Abuse may consist of a single act or repeated acts. See also description of the different types of abuse.

Who can be an Abuser?

Children or adults at risk may be abused by a wide range of people including relatives and

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family members, professional staff, co-workers, volunteers, paid workers, other vulnerable adults or children (peer on peer abuse), neighbours, friends and strangers. There is often a particular concern when abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of a child or adult at risk. This is particularly relevant to people lacking mental capacity.

Peer on peer abuse

Children and young people can abuse other children and young people; this is generally referred to as peer-on-peer abuse and can take many forms. This can include (but is not limited to) bullying, sexual violence and sexual harassment (Harmful sexual behaviour), physical abuse, sexting, up skirting and initiating violence. With regards to sexual violence and sexual harassment, it is important for staff not to dismiss behaviour as 'banter', 'part of growing up' or 'just having a laugh' as this may normalise behaviour that is potentially criminal in nature. We operate a zero-tolerance approach to peer-on-peer abuse.

Harmful sexual behaviour

The reasons why children and young people display harmful sexual behaviour are varied. Many who display harmful sexual behaviour have been sexually abused or exposed to developmentally inappropriate sexual imagery, such as pornography. They may be 'acting out' such experiences as a way of communicating what has happened to them. However, such behaviour can also be an indirect response to other factors in a child's life, including other forms of trauma, such as witnessing domestic abuse, prior experience of physical and emotional abuse and neglect. Children and young people who display harmful sexual behaviour are likely to have low self-esteem, poor social skills and difficulties with anger, depression and peer relationships. Other pathways may include a lack of understanding and the child's cognitive functioning.

In what circumstances can abuse occur?

Abuse can take place for a number of reasons that may be inter-related and complex. The following factors could indicate that an adult may be at risk of abuse, due to their situation or circumstances.

The individual:

- Poor communication or communication difficulties.
- History of falls and or minor injuries.
- Physical and/or emotional dependence on others.
- Lacking capacity to make key decisions.
- Rejection of help.
- Aggression.
- Self-injurious behaviour.
- History of repeatedly making allegations of abuse.
- High level of reliance on others to meet their care needs or manage their financial affairs.
- Substance misuse.

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- History of violent relationships within the family or social networks.
- Having a role as a carer.

The environment:

- Overcrowding.
- Poor or insecure living conditions, homelessness.
- Geographical isolation.
- Poor management and / or high staff/co-worker turnover or insufficient staff/co-workers.
- Other adults with challenging behaviour.

Relationships:

- Unequal power relationships
- Increased reliance on others by the student.
- Significant change in the relationship between the student and the co-worker.
- Isolation of the co-worker, due to the demands of caring, leading to a lack of practical and emotional support.
- Financial difficulties.
- Absence of the co-worker.
- Poor quality of care, support or treatment.

Abuse can include targeted fraud or scams perpetrated by complete strangers, or the person responsible for abuse can be someone known to the person who is in a position of trust and power.

The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In assessing seriousness, the following factors need to be considered:

- The **vulnerability** of the individual.
- The **nature and extent** of the abuse.
- The **length of time** it has been occurring.
- The **impact** on the individual.

Remember: concerns, no matter how minor, should be reported to the Safeguarding Lead as this may lead to identifying patterns of behaviour that could lead to more serious incidents or concerns.

Restraint: Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty are abuse.

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Restrictive physical interventions are only justified when they are used by a Positive Behaviour Management trained person and only when used in the best interest of the person and/or to protect the safety of others. Where these are necessary, the least restrictive approach should always be used. Any interventions must be in line with the Mental Capacity Act and Deprivation of Liberty Safeguards Code of Practice and must be agreed with the individual who challenges or through a best interest agreement involving families, social workers and other relevant stakeholders.

For further information on restraint, see the Policy for students with challenging behaviour.

Types, Signs and Symptoms of Abuse

Sometimes vulnerable people may experience more than one type of abuse, for example financial abuse and physical abuse.

The Care Act 2014 outlines the different types and patterns of abuse and neglect, and the different circumstances in which they may take place. This is not intended to be an exhaustive list but a guide as to the sort of issues or behaviour which could give rise to a safeguarding concern. The safeguarding duties apply to an adult who:

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

It is important to be aware and alert to signals, non-verbal communication, or change of behaviour as this could indicate poor practice that may be being hidden or denied. Sexual and psychological signs and signals can be very similar due to the emotional impact and degree of manipulation that may be carried out in 'grooming' a victim.

Physical abuse

This may be defined as "the use of force, or any action, or inaction which results in pain or injury or a change in the person's natural physical state" or the "non-accidental infliction of physical force that results in bodily injury, pain or impairment".

Physical abuse includes:

- Slapping
- Hitting
- Pushing
- Kicking
- Misuse of Medication

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- Restraint
- Inappropriate sanctions

Signs and Signals of Physical abuse

- Injuries in the shape of objects
- Persistent injuries
- Injuries that have not received medical attention
- Going to a range of different medical facilities
- Skin infections
- Dehydration
- Unexplained weight changes or medication being lost
- Behaviour that shows the person is afraid
- Change of behaviour or avoidance
- Injuries consistent with physical abuse

Sexual abuse:

Direct or indirect involvement in sexual activity without valid consent.

Sexual abuse includes:

- Rape
- Sexual assault
- Sexual acts to which the person has not consented, or could not consent or was pressured into consenting
- Inappropriate touching or exposure
- Sexual advances which may not involve direct contact with the person with the learning difficulty/disability, such as repeated sexual remarks, taunts, exposure to pornographic material or being made to witness sexual activity against their wishes
- Child Sexual Exploitation (CSE) encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet
- Up skirting which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.

Signs and Signals of Sexual abuse

- Sexually transmitted diseases
- Pregnancy

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- Tears / bruises/soreness in genital/anal area
- Soreness when sitting
- Anorexia, bulimia or self-harm
- Sexualised behaviour

Psychological abuse includes:

- Emotional ill treatment
- Threats of harm or abandonment
- Deprivation of contact
- Humiliation
- Blaming
- Controlling
- Intimidation
- Coercion
- Harassment
- Verbal cruelty
- Isolation or withdrawal of services or support networks

Signs and Signals of Psychological abuse

- Difficulty for the person to gain access to others outside of their main carer
- No access to medical care or appointments to see other agencies
- Low self esteem
- Lack of confidence and increased anxiety
- Increased levels of confusion
- Incontinence
- Sleep disturbance
- Feeling or acting as if being watched
- Difficulties with communication
- Unusual/different language
- Deference/submission to the alleged person responsible

Financial abuse:

This is the main form of abuse recorded by the Office of the Public Guardian both amongst adults and children at risk.

Financial abuse can occur in isolation but it is also likely to be connected to some other forms of abuse.

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Financial or Material abuse include:

- Theft
- Fraud
- Exploitation
- Pressure in connection with wills, property, inheritance or financial transactions (this should include witnessing service user's wills and benefiting from their wills)
- Misuse or misappropriation of property, possessions or benefits (including borrowing)

Signs and Signals of Financial or Material abuse

- Sudden loss of assets
- Unusual or inappropriate financial transactions
- Visitors arrive each week on the same day a person's benefits are cashed

Neglect and Acts of Omission includes:

- Ignoring medical or physical needs
- Failure to provide access to appropriate health or social care or education services
- The withholding of the necessities of life, such as adequate nutrition and heating

Signs and Signals of neglect or Acts of Omission

- Malnutrition
- Rapid or continuous weight loss
- Not having access to necessary physical aides
- Inadequate or inappropriate clothing
- Untreated medical problems
- Dirty clothing/bedding
- Lack of personal care

Risks Arising from Self-Neglect or a Person's Own Behaviour or Lifestyle that may be Causing Concern

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An adult at risk will be considered under this procedure where they are unable to provide adequate care for themselves **and** one or more of the following situations apply:

- They are unable to obtain necessary care to meet their needs.
- They are unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury.
- They are unable to protect themselves adequately against potential exploitation or abuse.
- They have refused essential services without which their health and safety needs cannot be met.

Often, the cases which give rise to the most concern are those where an adult at risk refuses help and services and is seen to be at grave risk as a result. If an agency is satisfied that the vulnerable adult has the capacity to make an informed decision, then that person has the right to refuse services.

In these circumstances, agencies must discuss their concerns at a Safeguarding meeting convened under this procedure where information can be shared with the vulnerable adult. Exclusion of the vulnerable adult from this process is to be the exception, and then only with good reason.

Where the adult at risk continues to refuse all assistance, this decision, together with any reasons, should be fully recorded and maintained on the person's file, with a full record of the efforts and actions taken by the agencies to assist the adult at risk.

Appropriate communication should be forwarded to the adult at risk concerned, setting out what services were offered and why and the fact of the person's refusal to accept them. This needs to make clear that the person can contact the relevant agency at any time in the future for services. In cases of high risk, consideration should be given to arrangements for monitoring the case to ensure that circumstances do not deteriorate to an unacceptable degree.

Organisational abuse:

Repeated instances of poor or inappropriate care or support may be an indication of more serious problems and this is referred to as 'organisational abuse'.

Organisational abuse includes:

- Lack of positive responses to complex needs
- Rigid routines
- Insufficient knowledge base within the service
- Lack of basic easily understood information

Signs and Signals of Organisational abuse

- Poor care standards

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- Inadequate staffing

Discriminatory / Sectarian abuse includes:

- Racist
- Sexist
- That based on a person's disability (e.g. a loss of rights as a citizen such as not being allowed to vote at elections)
- Inappropriate songs and banners aimed at a person's religious / political stance
- Other forms of harassment, slur or similar treatment against a person's protected characteristics

Signs and Signals of Discriminatory abuse

- A person overly concerned about race, sexual orientation
- A person tries to be more like others
- An angry reaction to comments about 'differences'
- Disparaging remarks
- A person is made to dress differently
- A persons religious/cultural beliefs are not supported or enabled

Hate crime or Incidents:

Hate crime or incidents means any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender, identity or disability. It should be noted that this definition is based on the perception of the victim a third party witnessing the incident.

Hate crime or incidents that involve an adult covered by the adult safeguarding procedures, should be raised as a safeguarding concern and action co-ordinated under these procedures

Mate crime:

Mate crime occurs when a person is harmed or taken advantage of by someone they thought was their friend. Mate crime can become a very serious form of abuse. In some cases victims of mate crime have been badly harmed or even killed. People with disabilities can often become the targets of this form of exploitation.

Mate crime includes:

- Theft or financial abuse. The abuser might demand or ask to be lent money and then not pay it back.
- Physical assault or abuse. The abuser might manipulate, mislead or make the person feel worthless.
- Sexual assault or abuse. The abuser might harm or take advantage of the person sexually.

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Self-neglect:

Self-neglect is 'the inability to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of people who self-neglect and perhaps even to their community' (Gibbons, 2006).

Self-neglect includes:

- A person who is either unable or unwilling to provide adequate care for themselves.
- A person who is unable or unwilling to obtain necessary care to meet their needs, and/or
- Declining essential support without which their health and safety needs cannot be met.

Signs and Signals of Self-neglect:

- Living in a very unclean environment.
- Neglecting household maintenance and therefore creating hazards or fire risks.
- Having eccentric behaviour or lifestyles such as obsessive hoarding.
- Poor diet and nutrition (no fresh food or food is mouldy and very out of date).
- Refusing necessary help from co-workers in relation to personal hygiene and care
- Having poor personal hygiene, poor health, sores or long toenails.

Modern slavery:

Modern slavery exists in the UK and can be perpetrated against men, women and children, UK nationals and those from abroad. These crimes are often called human trafficking. The true extent and nature of modern slavery in Sussex is not presently known as this crime remains largely invisible to the general public

Modern slavery includes:

- Exploitation in the sex industry
- Forced labour
- Domestic servitude in the home
- Forced criminal activity

Signs and Signals of Modern slavery:

- Victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn.
- They may rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact or appear unfamiliar with their neighbourhood.
- Victims may be living in dirty, cramped or overcrowded accommodation.
- They may have no identification documents, have few personal possessions and always wear the same clothes day-in-day-out.
- They may have little opportunity to move freely and may have had their travel documents retained.
- Victims may be dropped off or collected for work on a regular basis either very early or late at night.

PREVENT:

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Prevent is a key part of the Government's Counter Terrorist Strategy. Its aim is to stop people becoming terrorists or supporting terrorism. Early intervention to divert people away from being drawn into terrorist activity is at the heart of Prevent.

Indicators for vulnerability to radicalisation include:

- Family tensions.
- Sense of isolation.
- Migration.
- Distance from cultural heritage.
- Experience of racism or discrimination.
- Feeling of failure.

Indicators that someone might be engaged with an extremist group include:

- Spending time in the company of suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Their day-to-day behaviour becoming increasingly centred on or around an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- Possession of material or symbols associated with an extremist cause.
- Attempts to recruit others to the ideology, group or cause.
- Communication with others that suggests identification with an ideology, group or cause.

Should one notice or know of any of the above, 'Channel' is the name of the process of identifying and referring a person for early intervention and support. For further information see: <https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism/supporting-pages/prevent>

At The Mount any concern regarding radicalisation or grooming must be referred to the DSL or safeguarding group using the Mount safeguarding procedure. There is an anti-radicalisation risk assessment stored on the M-Drive.

Furthermore prevention and early intervention are important and to this end at The Mount Camphill Community we promote **British Values*** through our spiritual, moral, social and cultural life, which permeates The Mount. This is based on the acceptance of the spiritual uniqueness of each human being, regardless of religious, racial or ethnic background, and supports the development of the 'whole person'.

At The Mount we recognise that such development is most successful when these values and attitudes are promoted by all the co-workers and Staff and provide a model of behaviour for students.

British values are defined as "democracy, the rule of law, individual liberty and mutual respect and tolerance for those with different faiths and beliefs".

Domestic abuse

In 2013, the Home Office announced changes to the definition of domestic abuse:

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- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality.
- Age range extended down to 16 years and over.

Domestic abuse includes intimate partners and other family members, and much safeguarding work (that meets the criteria set out in the 3 Key Tests) that occurs in a person's home is concerned with domestic abuse.

The Mount has signed up to Operation Encompass which provides a set of simple and effective procedures which together enable police forces to efficiently and effectively communicate with the schools attended by children who have been exposed to domestic abuse or other forms of adverse childhood experience.

Domestic abuse includes:

- Psychological
- Physical
- Sexual
- Financial
- Emotional and
- So called 'honour' based violence (When family members feel that dishonour has been brought to their family. Many victims are so isolated and controlled that they are unable to contact the police or other organisations).

Investigators

We are not all investigators, only those identified to do so as a result of a multi-agency Safeguarding meetings should undertake investigations. Ideally, the person identified as the investigator for a particular case should have undertaken the 3 or 4 day specialist training. Their tasks will include collecting and verifying information from files, other agencies, relatives, staff and so on. It may involve interviewing the vulnerable adult, possibly with the police, and other relevant people. They will produce a comprehensive factual report which in most cases will include a risk assessment and some recommendations for action.

Preserving or Protecting Evidence

Note: In traumatic situations, it may not be possible to follow this guidance exactly.

Do the best you can.

Your first responsibility is the **safety and welfare of the abused person**, but immediate action may be necessary to preserve or protect evidence.

Your action may be vital in any future proceedings and the success or failure of any investigation may depend upon what you **do** or **not do** in the time whilst you are waiting for the Police to arrive.

Incidents of Physical and/or Sexual Assault

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Following allegations of physical and/or sexual assault, consideration will be given to organising, with the abused adult's consent, a medical examination. Any examination will ideally be carried out by a Forensic Medical Examiner who will be contacted by the Police.

- If the abused person has a physical injury and it is appropriate for you to examine it, always obtain their consent first.
- Only touch what you have to. Wherever possible, leave things as they are.
- Strongly advise the abused person not to wash or remove clothing.
- Preserve the abused person's clothing and footwear, do not wash or wipe them. Handle them as little as possible.
- Preserve anything that is used to comfort the abused person, for example, a blanket.
- Do not clean up, do not wash anything or in any way remove fibres, blood and the like.
- Try not to touch items/weapons. If you have to, as before keep handling to a minimum. Put them in a clean dry place until the Police collect them.
- The room should be secured and no-one allowed to enter unless necessary to support you, the abused person and/or the person alleged responsible, until the Police arrive.
- If the alleged person is also a student at The Mount, a separate member of staff needs to be assigned to them.

Incidents of Theft/Financial Abuse

With the person's consent, secure all receipts, bankbooks, bank statements, benefit books and the like.

Methods of Preservation

- For most items use clean paper, a clean paper bag or a clean envelope. Do not lick the envelope to seal it.
- For liquids, use a clean glass.
- Do **not** handle items unless really necessary to move and make safe.

Confidentiality and Information Sharing

Children and Adult at risk enquiries, investigations and conferences can only be successful if professional staff share and exchange all relevant information. That information must be treated as confidential at all times and staff will be bound by the ethical and statutory codes that cover confidentiality and data protection.

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Disclosure of confidential personal information without the consent of the person providing it may take place under circumstances, which must be capable of justification. Problems around the disclosure of information can be avoided if the consent of the individual is obtained, preferably in writing, so long as they have mental capacity to consent.

Disclosure may be necessary in the public interest where a failure to disclose information may expose more harm than exposing information would.

All those providing information should take care to distinguish between fact, observation, allegation and opinion. It is important that, should any information exchange be challenged in respect of a breach of confidentiality or, for example, as a breach of the Human Rights Act, the information can be supported by evidence.

Concerns may arise within an agency as information comes to light about a person with whom the service is already in contact. Whilst professionals should seek in general to discuss any concerns with the individual and their carers and seek agreement to share the knowledge with other relevant agencies, this should not be done where such discussion and agreement-seeking will jeopardise the safety of the individual.

Information must be adequate, relevant and not excessive in relation to the purpose for which it is held and must be held no longer than is necessary for that purpose.

Each agency is responsible for maintaining their own records on work with vulnerable adult protection cases. The agency should have a policy stating the purpose and format for keeping the records and for their destruction.

In the case of a Child inquiry parents must be informed at all times unless there is a concern that the parents or family are involved with the situation of abuse.

Incident reports and any other documentation relating to an incident or a situation of abuse must be filed safely in a locked cabinet only to be seen by members of staff who are responsible for the welfare of the student involved.

Safeguarding concern:

Depending on the nature of concern, the risk and outcomes the adult wants to achieve, informs what is the most appropriate and proportionate response to the concern, e.g. causing an enquiry to be made by another organisation/agency.

OR

There are possible indicators of organisational abuse e.g. significant numbers of low level, or other, concerns affecting more than one adult and concerns that the systems, processes and/or management of these may be failing to safeguard a number of adults leaving them at risk of harm or significant harm.

The investigation is undertaken by an Enquiry Officer/s from appropriate statutory assessment services.

The Mount may be invited to co-operate with any investigation. This may include:

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- Providing a statement
- Attending safeguarding meetings/case conferences and being part of core group meetings, following a Child Protection Plan (CPP)

Young people moving into adulthood and care leavers (transition)

Where a concern of abuse relates to a person under 18 years, child protection procedure will apply and an appropriate representative from adult services should be involved. If the person is 17 years of age and about to become 18, discussion should be held between child protection and adult services regarding which service and procedures would be most appropriate to take forward the enquiry if one is required.

Robust joint working arrangements between children's services and adult social care need to be put in place to ensure that the medical, psychosocial and vocational needs of children leaving care are addressed as they move to adulthood. The care needs of the young person should be at the forefront of any support planning and require a co-ordinated multi-agency approach. Assessment of care needs at this stage should include issues of safeguarding and risk.

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