

Adult Safeguarding Policy



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1. Aim of the Policy

Goode Tutoring is determined to create a safe environment for learners and staff. We believe that everyone is entitled access to education and that everyone should go through life free from abuse. This policy has been created so that it can:

- set out the steps that Goode Tutoring will take in regards to Safeguarding Adults.
- clarify expectations of Goode Tutoring staff in regards to Safeguarding Adults.
- provide users of our services with reassurances regarding the steps we will go to in order to provide them with a safe learning environment.

This policy goes alongside, among others, our [British Values Policy](#) and our statement on [PREVENT](#) which are designed to keep learners safe with their well-being protected.

This policy has been written and agreed upon by the Designated Safeguarding Lead (DSL), Clare Goode, and the Deputy Designated Safeguarding Lead (DDSL), Paul Goode.

2. Definitions

Goode Tutoring refers to Goode Tutoring Ltd and any trading names derived thereof.

Staff refers to anyone working for or on behalf of Goode Tutoring in either a paid or voluntary capacity.

Users include anyone who accesses Goode Tutoring services.

Abuse - for the purposes of this policy abuse refers to adult abuse and is defined as an action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to a person. This action may be:

- a one off event or incident
- a series of acts, either of the same type of abuse, or a series of different types of abuse
- a failure to act in a certain way (an omission) which results in harm.

3. Basis of the policy

This policy is guided by the following acts:

- [The Care Act. 2014](#)
- [The Deprivation of Liberty Safeguards. 2009](#)
- [The Equality Act. 2010](#)
- [The Human Rights Act. 1998](#)
- [The Mental Capacity Act. 2005](#)
- [The Counter Terrorism and Security Act \(CONTEST\), 2015](#)
- [Prevent Duty Guidance](#)

4. Staff Recruitment and Development

Goode Tutoring is determined to ensure that all staff are thoroughly vetted and trained. As such the following steps are in place:

Safer Recruitment

When recruiting staff, Goode Tutoring will:

- expect all applications to be submitted through an application form rather than by providing a Curriculum Vitae (CV) as this will make it easier to spot and question gaps in employment.
- ask questions regarding safeguarding at the interview stage to ascertain an individual's knowledge of safeguarding.
- perform background checks prior to commencement of employment. This will include reference checks and an Enhanced DBS check, specifically checking if an individual is barred from working with children or vulnerable adults.
- have a robust induction process whereby new starters will complete in house Safeguarding Adults training and will be shown how to record concerns and know the process for escalating concerns.

Continuing Professional Development (CPD)

All staff, including the Designated Safeguarding Lead and the Deputy Designated Safeguarding Lead, will complete regular refresher training in safeguarding and PREVENT.

5. Types of Abuse

All staff are trained on the different types of abuse. Staff are given a clear understanding of what these types of abuse entail and are trained on spotting the indicators associated with these types of abuse. For clarity, the types of abuse are:

- Physical Abuse
- Psychological Abuse
- Discriminatory Abuse
- Domestic Abuse
- Sexual Abuse
- Financial or Material Abuse
- Modern Slavery
- Neglect
- Self-Neglect
- Organisational Abuse

Goode Tutoring also recognises the need to protect all staff and users from radicalisation (the Prevent Duty)

6. Roles and Responsibilities

Role of Staff

When a member of staff has any concerns, they need to speak to the DSL to log any concerns. If the DSL is unavailable concerns should be raised to the DDSL.

When a disclosure is made to a member of staff, it is our policy to act in the following way:

- Consider use of communication aids/language line if required
- Listen carefully, remain calm and try not to show shock or disbelief
- Acknowledge what is being said
- Do not ask probing or leading questions which may affect credibility of evidence
- Be open and honest and do not promise to keep a secret
- Reassure them and be supportive.
- Let them know you're sorry this has happened, that it's not their fault and that they've done the right thing in telling you.
- Explain that the information will be shared with the DSL, and that the DSL may contact them.
- Speak to the DSL without delay.
- Record the disclosure on the reporting concerns sheet.
- If you have any other safeguarding concerns or suspect abuse, contact the DSL without delay.
- Follow the safeguarding policy at all times

When a disclosure is made it is important to listen carefully to the information being disclosed but leading questions must not be asked. The member of staff must report the disclosure to the DSL. It is the staff member's responsibility to write up details of this disclosure using the [Goode Tutoring Safeguarding / Prevent Form](#).

No member of staff should ever promise confidentiality when someone discloses to them and when reporting a disclosure they should never include personal opinions. It is not the role of any member of staff to make any judgements or to conduct further investigation. Should it be found that a member of staff has taken steps beyond those that are set out above, then that member of staff will be subject to disciplinary actions up to and including termination of employment.

Role of the DSL and DDSL

The DSL responsibilities include the following:

- Being alert and recognising any safeguarding issues.
- Raising and sharing any concerns about individuals.
- Recognising when it is appropriate to make a referral to social care and contacting them when necessary.
- Ensuring the process of safer recruitment and CPD is upheld.
- Challenge poor safeguarding in the workplace

Disclosures

When a disclosure is raised the DSL or DDSL will look to take appropriate action. The DSL will consider the following:

- Has consent been sought from the adult raising the concern?
- Have possible outcomes been discussed with the adult and have we ascertained what they would like to happen?
- Do they have the capacity to understand what the raising of a safeguarding concern means and the process that will occur?

Consent

It is imperative that the adult should give consent to raise the concern unless:

- seeking consent will increase the level of risk posed to them.
- sharing the information could prevent a crime.
- a serious crime has been committed.
- the alleged abuser has care and support needs and may also be at risk.
- staff are implicated.
- vital interests are at stake. This applies to life or death situations and immediate, serious concerns for safety.
- the adult is being subjected to degrading or inhuman treatment which has a serious impact on their wellbeing.
- there are concerns that any consent decision has not been made freely but has been influenced or subject to coercive control.
- there are, as a result of the disclosure, concerns related to a child or another vulnerable adult. Any safeguarding concerns raised that concern children do not require consent.
- the disclosing adult lacks capacity to consent and it is felt that raising a concern is in their best interests. It is important to note that a full mental capacity assessment must be completed before reaching any conclusions regarding capacity.
- the risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral.
- a court order or other legal authority has requested the information.

If none of the above apply and the decision is not to share safeguarding information without consent the DSL will speak with the individual. They will:

- support the individual to weigh up the risks and benefits of different options.
- ensure they are aware of the risk and any possible outcomes.
- offer to arrange for them to have an advocate or peer support.
- offer support to help build confidence and self-esteem if necessary.
- agree on, and record, the level of risk the person is taking.
- record the reasons for not interfering or information sharing.
- regularly review the situation.
- try to build trust and use gentle persuasion to enable the person to better protect themselves.

If consent is not given, but the DSL feels it is necessary to share information outside of the organisation they will log the full reasons and explanations on the disclosure. To support this, the DSL will speak with the individual to discuss the following:

- explore the reasons for the person's objections.
- explain the concerns and why it was felt it was important to share the information.
- explain who you are sharing the information with and why.
- explain the benefits to them or others, of sharing information and how it may help them to access better help and support.
- discuss the consequences of not sharing the information and if you feel someone could come to harm.
- reassure them the information will not be shared with anyone who doesn't need to know.
- reassure them that they are not alone and support is available.

If the DSL is unsure of whether information should be shared without consent, they will speak with the local authority safeguarding team for advice without disclosing the identity of the individual.

Raising a Concern

This may involve contacting Adult Social Care. If the disclosure occurs out of hours then the Emergency Duty Team will be contacted instead.

Should the DSL feel that the safeguarding concern involves a criminal act they may also contact the police. If there is suspicion of significant imminent harm police will be contacted immediately.

Once a disclosure has been logged, the DSL/DDSL will follow this up in writing.

Should a response to a safeguarding concern not be forthcoming within three working days the DSL/DDSL will follow this up.

If it is the opinion of the DSL or DDSL that the response of the Adult Social Care team is insufficient we will follow this up by in the first instance asking for a review of the decision and in the second instance seeking a secondary opinion.

7. Prevent

Goode Tutoring has a duty to safeguard people from the threat of terrorism or radicalisation. As an organisation that deals with the public we understand that we have therefore a duty to recognise the signs of radicalisation and ensure that we are trained and equipped to be an early intervention within the Prevent duty. [Prevent Duty Guidance can be found here.](#)

Training

All Goode Tutoring staff receive Prevent training and will complete the HM Government Prevent Awareness Course. The DSL and DDSL also have the certificate and training in the Referrals process.

Process

All staff will follow the Notice - Check - Share process. Staff are expected to gather initial concerns in a factual manner if they notice something. Following this they are expected to have informal conversations to see if other colleagues have concerns, or with the Prevent Lead to share initial concerns. Concerns should also be submitted via the Goode Tutoring Safeguarding / Prevent form in order to keep a confidential log of concerns.

If needed, the Prevent Lead will have an informal discussion with the local authority Prevent Lead for more information.

Should the Prevent Lead feel that intervention is required and a disclosure required they will seek to gain consent from the individual. Once any concern is raised, Goode Tutoring will support individuals and the investigating bodies such as the police or the Channel Panel in order to find the best outcome for our users.

If it is found that concerns are raised that do not fall into the scope of the Prevent Duty, we will look to support users as issues that have been noticed may need addressing for that specific individual's wellbeing. Where necessary we will signpost users to other services that may be of benefit to them.

8. Safeguarding Concerns Within Goode Tutoring

Goode Tutoring is committed to providing a safe working space for all staff. If any staff member has any safeguarding concerns regarding any member of staff they are encouraged to come forward and speak in line with our [Whistleblowing Policy](#).

In these circumstances all safeguarding concerns should be raised to the DSL for a thorough and full investigation. Should the concerns be in regard to either the DSL or the DDSL, staff are encouraged to raise concerns with the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board on 0345 604 2719.

9. Contacts

Designated Safeguarding Lead

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Prevent Lead

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Appendix 1: Types of Abuse, Descriptions and Indicators

Type of Abuse	Description	Indicators
Physical	Hitting and slapping Pushing Biting Restraining incorrectly Burning Misuse of medication	No explanation for injuries or inconsistency with the account of what happened. Injuries inconsistent with the person's lifestyle. Bruising, cuts, welts, burns and/or marks on the body. Loss of hair in clumps. Subdued or changed behaviour in the presence of a particular person Signs of malnutrition. Failure to seek medical treatment or frequent changes of GP.
Psychological	Emotional abuse Threats of harm or abandonment Deprivation of contact Control and intimidation Verbal abuse Harassment Unreasonable and unjustified withdrawal of services or supportive networks	Disturbed sleep or insomnia. A change in appetite. Lack of confidence and low self-esteem. Signs of distress such as anger or tearfulness. Keeping quiet when a particular person is talking.
Discriminatory	Ignoring a person's values, beliefs and culture and includes forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.	Appearing withdrawn and isolated. Expressions of anger, frustration and fear of anxiety. Poor service that doesn't meet the person's needs. Verbal abuse and disrespect. Exclusion of people from activities and/or services.
Domestic	Any incident of threatening behaviour, violence or abuse between adults who are, or have been, intimate partners or family members regardless of gender or sexuality. It can also include psychological, physical, sexual, financial and emotional abuse, and so-called "honour-based" violence.	Low self-esteem. Feeling that the abuse is their fault when it is not. Physical evidence of violence such as bruising, cuts or broken bones. Verbal abuse and humiliation in front of others. Fear of outside intervention. Damage to home or property. Isolation - not seeing friends and family. Limited access to money.

Sexual	<p>When someone becomes involved in sexual relationships or activities that they do not want to be involved in. They may have said they do not want to be involved or may be unable to give consent.</p> <p>Rape Indecent exposure Sexual harassment Inappropriate looking or touching Subjection to pornography Sexual photography</p>	<p>Pain, sores and bruising around the inner thighs, genital, anal or breast areas. Bloodstained underwear. Pain and discomfort when walking or sitting. Sexually transmitted infections and pregnancy are indicators for sexual activity and can indicate abuse if the person does not have the capacity to provide consent.</p>
Financial or Material	<p>The use of a person's funds and belongings without their permission. It includes:</p> <p>Theft Fraud Internet scamming Coercion to an adults financial affairs or arrangements (for example wills, property, inheritance or financial transactions) The misuse of misappropriation of property, possessions or benefits</p>	<p>Bills not being paid. Loss of assets such as a house being sold and the money being unaccounted for. Expenditure higher than the living conditions suggest. Not having enough food or clothing. Personal possessions going missing. Unexplained withdrawal of money from bank accounts.</p>
Modern Slavery	<p>Slavery Human trafficking Forced labour Sexual exploitation Domestic servitude</p>	<p>Signs of physical or psychological abuse. Malnourished, unkempt or withdrawn. Rarely allowed to travel on their own. Isolation from the community, seeming under the control or influence of others. Few or no personal belongings or documents. Avoidance of eye contact, appearing frightened or hesitant to talk to strangers and law enforcement.</p>
Neglect	<p>Also known as the "omission to act" or "failure to act" it is a failure to meet the basic needs of the individual including:</p> <p>Ignoring medical, emotional or physical care needs Failure to provide access to</p>	<p>Malnutrition or unexplained weight loss. Bedsore or ulcers. Dirty clothing and bedding. Taking the wrong dosage of medication. Untreated injuries and medical problems. Poor physical hygiene and/or condition. Uncharacteristic failure to engage in social interactions.</p>

	<p>appropriate health, care and support or educational services</p> <p>Withholding necessities such as medication, adequate nutrition and heating</p>	
Self-Neglect	<p>Refers to those who fail, or refuse, to take care of their own basic needs such as hygiene, health or surroundings. It can be triggered by:</p> <p>Mental health issues Dementia A traumatic event Substance misuse</p>	<p>Poor personal hygiene. Lack of essential food, clothing or shelter. Living in squalid or unsanitary conditions. Neglecting household maintenance. Non-compliance with health or care services. Inability or unwillingness to take medication or treat illness or injury.</p>
Organisational	<p>Where services provided are focused on the needs of the organisation rather than the individual. It includes neglect and poor care practice within an institution or care setting or in relation to care provided in one's own home.</p>	<p>Lack of flexibility and choice for people using the service. Inadequate staffing levels. People being hungry or dehydrated. Lack of personal clothing and possessions and communal use of personal items. Poor record keeping and missing documents. Absence of visitors. Few social, recreational and educational activities. Public discussion of personal matters.</p>