

### Introduction

The safety and welfare of adult at risks is of the utmost importance. It is the duty of all our staff, suppliers and volunteers to protect each adult at risk from abuse and to be alert to the possibility of abuse. This policy should be read in conjunction with Appendix A, the London Multi-Agency Adult Safeguarding Policy & Procedures which CAAS has committed to follow.

### The Care Act 2014: Adult Safeguarding

The Care Act 2014 came into force from 1 April 2015 and sets out a clear legal framework for how local authorities and other parts of the health and social care system, including CAAS as a charity, should protect adults at risk of abuse or neglect.

Local authorities have new safeguarding duties. They must:

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Local authorities are required to follow the six safeguarding principles and act in accordance with the guidance 'Making Safeguarding Personal' (Local Government Association, March 2013):

- **empowerment** – people should be supported and encouraged to make their own decisions and give informed consent
- **prevention** – it is better to take action before harm occurs rather than waiting until it does occur
- **proportionality** – the response should be the least intrusive and the most appropriate to the risk presented
- **protection** – there should be support and representation for those in greatest need
- **partnership** – services should work with their communities to produce local solutions; communities have a part to play in preventing, detecting and reporting neglect and abuse
- **accountability** – safeguarding practice should be accountable and transparent.

## **London Multi-Agency Adult Safeguarding Policy & Procedures (revised for Care Act 2014 implementation December 2015)**

### **From the Foreword:**

The introduction of the Care Act 2014 puts adult safeguarding on a statutory footing for the first time, embracing the principle that the 'person knows best'. It lays the foundation for change in the way that care and support is provided to adults, encouraging greater self-determination, so people maintain independence and have real choice. There is an emphasis on working with adults at risk of abuse and neglect to have greater control in their lives to both prevent it from happening, and to give meaningful options of dealing with it should it occur. For staff the Care Act provides clearer guidance, and supports pathways to working in an integrated way, breaking down barriers between organisations. This approach has been championed by all the organisations who have worked together to produce this new policy and procedures which replaces (Protecting adults at risk: London multi-agency policy and procedures, 2011).

The revised Policy & Procedures are contained in **Appendix A**, a separate attachment. The Adult Safeguarding Procedures to be followed are explained in Section 4 on pages 59-87 and include:

- The 'four stage process' 1) Concerns, 2) Enquiry, 3) Safeguarding plan & review, 4) Closing the enquiry
- Practical guidance about how to respond at each stage in the safeguarding process
- Responsibilities & roles in different agencies
- Indicative response timeframes
- Flow diagram of the safeguarding decision-making process

### **Definitions**

Adult safeguarding duties apply to *any* adult aged 18 or over who:

- has care and support needs and
- is experiencing, or is at risk of, abuse or neglect and
- is unable to protect themselves because of their care and support needs.

If an adult at risk of being abused or neglected cannot keep themselves safe from abuse or neglect because of their care and support needs, then the local authority's safeguarding duty applies. If they are able to protect themselves, despite having care and support needs, then a safeguarding response may not be appropriate.

Local authorities also have safeguarding responsibilities for carers and a general duty to promote the wellbeing of the wider population in the communities they serve. Safeguarding duties apply regardless of whether a person's care and support needs are being met, whether by the local authority or anyone else. They also apply to people who pay for their own care and support services.

An adult with care and support needs may be:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list. The legislation also includes people who are victims of sexual exploitation, domestic abuse and modern slavery. These are all largely criminal matters, however, and safeguarding duties would not be an alternative to police involvement, and would only be applicable at all where a person has care and support needs that mean that they are not able to protect themselves.

Adult safeguarding duties apply in whatever setting people live, with the exception of prisons and approved premises such as bail hostels. They apply regardless of whether or not someone has the ability to make specific decisions for themselves at specific times. There may be times when a person has care and support needs and is unable to protect themselves for a short, temporary period – for example, when they are in hospital under anaesthetic.

People with care and support needs are not inherently vulnerable, but they may come to be at risk of abuse or neglect at any point owing to:

- physical or mental ill-health
- becoming disabled
- getting older
- not having support networks
- inappropriate accommodation
- financial circumstances or
- being socially isolated.

People who abuse are:

- often well known to their victims but can be strangers.
- might be a relative, partner, son or daughter, friend or neighbour, a paid or voluntary worker, or a health or social care worker.
- could be another adult at risk or service user.
- may not realise they are abusing and can sometimes act out of character and abuse because of the stress of caring.

Abuse can take place in a wide range of settings such as:

- A person's own home, including via visits by care agency staff
- A carer's home.
- A day centre.
- A care home.

- A hospital.
- The workplace or Educational institutions.

## Recognition

The most common types of abuse are:

**Physical abuse:** this is usually the use of force to cause pain and injury and signs might include burns, bruising, scratches, or accidents that cannot be explained. Also included is misuse of medication or forcing someone, for example, to stay in a care home against their wishes.

**Neglect, including self-neglect:** this is when an adult at risk does not have their basic needs met, such as adequate food or warmth or help with personal hygiene. Signs might include deteriorating health, appearance or mood. The definition of self-neglect under the Care Act 2014 now includes Hoarding.

**Financial abuse:** this is when an adult at risk is exploited for financial gain. Often valuables will go missing or there may be a change in financial circumstances that cannot be explained.

**Sexual abuse:** this includes rape and sexual assault or sexual acts which the adult at risk has not or could not consent to or was pressurised or manipulated into. Signs can include changes in behaviour or physical discomfort.

**Psychological abuse:** this might be emotional abuse such as threats of harm or abandonment, enforced isolation, blaming or controlling behaviour, or verbal and racial insults. Signs may be fear, confusion or disturbed sleep.

**Discriminatory abuse:** this includes any sort of abuse based on an adult at risk's race, gender or impairment such as their mental or physical health.

**Institutional abuse:** this is poor professional practice, including neglect, and can take the form of isolated incidents right through to ill treatment or gross misconduct.

**Prevent Duty:** is the duty in the *Counter-Terrorism and Security Act 2015* on specified authorities, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. Radicalisation refers to the process by which a person comes to support terrorism or forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, employees, suppliers and volunteers should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection.

Employees, suppliers or volunteers who have concerns about a child/young person will make these concerns known to the DSL at the earliest opportunity. The DSL will then make a judgement as to whether or not it is appropriate to make a referral to MASH in the relevant LA.

### **Signs of vulnerability**

There are no known definitive indicators that a young person is vulnerable to radicalisation, but there are number of signs that together increase the risk.

Signs of vulnerability include:

- underachievement
- being in possession of extremist literature
- poverty
- social exclusion
- traumatic events
- global or national events
- religious conversion
- change in behaviour
- extremist influences
- conflict with family over lifestyle
- confused identify
- victim or witness to race or hate crimes
- rejection by peers, family, social groups or faith

### **Recognising extremism**

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent)
- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

**Honour based violence or Female Genital Mutilation (FGM)** So called 'honour based' violence encompasses crimes which have been committed to protect and defend the honour of the family and/or the community. Honour based violence and FGM is abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child safeguarding/protection structures, policies and procedures. FGM is illegal in the UK. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.

### **Action to be Taken**

It is the responsibility of all staff to report abuse. If the adult at risk is in danger, first ensure they are safe and if immediate help is needed, call the emergency services on 999.

If abuse or neglect, including self-neglect is discovered or suspected, the abuse must in all cases be taken seriously and responded to at the earliest opportunity.

CAAS staff or volunteers, against whom there are allegations of abuse, will be dealt with through CAAS's disciplinary procedures.

Where appropriate the police will always be informed.

### **Guidance for reporting procedures for cases of alleged/suspected abuse**

#### **General guidance:**

- Only ask the person sufficient questions to establish what has happened i.e. accident or possible abuse.
- Inform your Line Manager or other senior member of staff at the earliest opportunity
- If danger exists, ensure the person and any other adult at risks are protected.
- If the person is seriously injured seek immediate medical treatment.
- Immediately report the incident to your line manager and adhere to existing policies e.g. Health and Safety and to London Multi-Agency Adult Safeguarding Policy & Procedures (Appendix A).
- Be careful not to destroy or contaminate evidence, eg do not disturb the scene or handle objects which could contain DNA.
- As soon as possible detailed notes should be made including when and to whom the abuse has been reported at CNWL NHS Foundation Trust or Harrow Council's Safeguarding Adults Service.
- Documentation is vital as evidence might be required for criminal proceedings at a later date.
- If the suspected abuser is a member of staff, the matter will be dealt with through Mind's disciplinary procedure. The police could be involved and s/he could be suspended pending an investigation.
- Establish if there are any witnesses to the abuse or neglect.

## Involvement of the Police and Safeguarding

The police are a key safeguarding partner. Whether to involve the police will depend on a number of factors, including:

- the views and wishes of the adult at risk
- whether a criminal offence as defined by law has been disclosed
- the exact circumstances surrounding each individual case of suspected abuse or neglect.

In general terms, if there is a reasonable suspicion that a crime may have been committed and the harm caused to the adult concerned was deliberate, malicious or reckless, then it is sensible to have a discussion with the lead officer in the local police force.

The police may need to be involved in an emergency situation if there are concerns that an adult is at immediate risk of serious harm. The police have powers to intervene if a person needs immediate assistance due to a health condition, injury or other life-threatening situation.

If the situation is not an emergency, it is important to find out from the person whether they want the police to be involved, especially where there are complex family dynamics or personal relationships. Risk of harm to others should also be considered in these circumstances, and so the person's wishes would not be the sole consideration. Local policies and procedures should be followed to ensure that information is shared appropriately.

If an adult has been harmed by an action that was possibly intended to cause them harm, a practitioner would need to consider not just how best to protect that person but also whether to refer the case to the police for a possible criminal investigation. The same applies if someone is acting in a way that is designed to hurt another person, even if no actual harm occurs – for example, one person trying to hit another person.

There are likely to be occasions when something occurs that is technically a crime, for example:

- a resident in a care home stealing a few pounds from another resident
- a minor physical altercation between two people in a supported living flat
- an apparently overstretched carer who has been subjected to physical abuse hitting back.

While none of these are acceptable, it is important to focus on what type of intervention will lead to the desired outcomes.

Whether such situations are best resolved with police involvement should be thought through, and the principle of proportionality – that the response should be the least intrusive and the most appropriate to the seriousness of the situation – should underpin the decision made.

In many cases it may be best to have an informal discussion with the police, together with the affected adult or their representative, to decide whether a police response is necessary.

It is essential to avoid a situation where a crime is effectively concealed by agencies carrying out their own enquiries. If a decision has been made to call in the police, they should be involved at the earliest opportunity. This is to ensure that key forensic evidence is not lost or damaged, and because a higher standard of proof is required in criminal proceedings than in disciplinary or regulatory proceedings. Early contact with the police may therefore help in obtaining and securing vital evidence and witness statements, leading to a successful prosecution.

Once the police are involved, their enquiries may take precedence over any others that may be in progress, and how these interact with matters such as internal disciplinary hearings will need to be coordinated.

### Right to Statutory Advocacy and Safeguarding

The Care Act 2014 is clear that people's wishes, needs and feelings should be at the heart of all care and support activity, including safeguarding, and that local authorities must involve individuals in all decisions about them. This 'duty to involve' applies in all settings and regardless of the complexity of a person's situation. Effective adult safeguarding means promoting people's rights as well as their physical safety.

The Care Act introduces a **new advocacy duty** for local authorities. This applies to adults who are the subject of a safeguarding enquiry or safeguarding adults review (SAR) if:

- they have care and support needs
- they have 'substantial difficulty' in being involved in decision-making
- there is no appropriate person available to support them and represent their wishes.

According to the legislation, there are four areas to consider when assessing whether an adult has substantial difficulty in being involved in a decision. Can the person:

- understand the relevant information?
- retain information?

### **Safeguarding Vulnerable Adults Policy**

- use or weigh up information?
- communicate their views, wishes and feelings?

If the person has substantial difficulty in being involved in a decision, an appropriate individual can support them and help them to be involved. This individual may be their family member or friend of the individual, but may not be someone who is paid to give care or treatment to them.

If no appropriate individual is able to help, then the local authority, or another agency on their behalf, should appoint an independent advocate. All agencies involved in safeguarding need to know how the services of an independent advocate can be obtained. If a safeguarding enquiry needs to begin urgently, then it can begin before an advocate is appointed – but the appointment should be made as soon as possible.

The role of an advocate is to support and represent the individual, and to help them be involved in key processes and interactions with the local authority. Advocates may also help people to get information and advice on being safe and to spot potential warning signs of abuse or neglect.

### Self-neglect and Safeguarding

Self-neglect can be a complex and challenging issue for practitioners to address, because of the need to find the right balance between respecting a person's autonomy and fulfilling their duty to protect the adult's health and wellbeing. Both perspectives can be supported by human rights arguments.

The Care Act 2014 statutory guidance includes self-neglect in the categories of abuse or neglect relevant to safeguarding adults with care and support needs. In some circumstances, where there is a serious risk to the health and wellbeing of an individual, it may be appropriate to raise self-neglect as a safeguarding concern.

However, interventions on self-neglect are usually more appropriate under the parts of the Care Act dealing with assessment, planning, information and advice, and prevention.

It is vital to establish whether the person has capacity to make decisions about their own wellbeing, and whether or not they are able or willing to care for themselves. An adult who is able to make choices may make decisions that others think of as self-neglect.

If the person does not want any safeguarding action to be taken, it may be reasonable not to intervene further, as long as:

- no-one else is at risk
- their 'vital interests' are not compromised – that is, there is no immediate risk of death or major harm
- all decisions are fully explained and recorded
- other agencies have been informed and involved as necessary.

### Definition of 'Hoarding'

- The acquisition of, and failure to discard, a large number of possessions.
- Living spaces that are sufficiently cluttered as to preclude their intended use.
- Significant distress or impairment caused by clutter.

### Housing and the impact on Hoarding

The impact of hoarding behaviour can lead to a wide range of serious problems and risk for the individual and the community.

For people who live in their home with hoarding behaviour, these risks include:

- Slipping, tripping and falling over things
- being hurt and even killed when items fall on you
- finding things you need for day to day life like keys, money, documents, bills preparing food and wash up
- developing health problems from mould, out dated food or pest that live in the property
- delays in receiving emergency care and support when emergency officers can't reach you
- injury or even death when fire fighters can't enter or control a rapidly spreading fire
- living for months and even years without vital services like plumbing, electricity, and heating due to access
- eviction because of breach of tenancy condition or lease
- having your home condemned due to unsafe or unclean conditions

In addition people with hoarding behaviour can present a risk to neighbours and the property, these risks include:

- public health problems with adjoining properties due to pest infestation
- smells from rotten food, mould on walls, animal or human waste
- structural problems because of the excessive amount of heavy items in rooms
- flooding when pipes are in need of repairs but go undetected due to clutter
- fire from electrical wiring or heating systems in need of repair
- property devalue and rental income loss for landlords due to costly repairs, legal fees and clearance

CAAS response to support someone with hoarding behaviour is best:

- coordinated through the Safeguarding team;
- a multi-agency approach offering both practical and psychological/emotional support;
- offered sensitively and respecting the person's requested pace of change.

## Domestic Violence and Safeguarding

A considerable amount of adult safeguarding work in people's homes relates to the domestic abuse of people with care and support needs. There is a good deal of overlap between safeguarding and domestic abuse procedures. Practitioners have to decide which approach is the correct one for the person who is at risk, and ensure that the person themselves remains at the centre of all decision-making.

According to **Home Office guidance**, domestic abuse encompasses not just physical violence but also psychological, sexual, financial and emotional abuse. It happens not just between intimate partners but also between other family members, regardless of age, gender or sexuality.

The approach that you take as a practitioner to situations where domestic abuse has happened may in some cases constitute a safeguarding response. For a safeguarding response to be required under the Care Act 2014, the person has to meet the usual three criteria:

- having care and support needs
- experiencing (or being at risk of) abuse or neglect
- being unable to protect themselves because of those needs.

## Section 42 'Statutory' safeguarding enquiry

An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

The Care Act requires local authorities to make proportionate enquiries (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk.

This may or may not be preceded by an informal information-gathering process, if that is necessary to find out whether abuse has occurred or is occurring and therefore whether the Section 42 duty applies.

An enquiry may take the form of a conversation with the individual concerned (or with their representative or advocate). It may need the involvement of another organisation or individual. Or it may require a more formal process, perhaps leading to a formal multi-agency plan to ensure the wellbeing of the adult concerned.

A Section 42 enquiry must take place if there is reason to believe that abuse or neglect is taking place or is at risk of taking place, and the local authority believes that an enquiry is needed to help it to decide what action to take to support and protect the person in question. The particular circumstances of each individual case will determine the scope of each enquiry, as well as who leads it and the form it takes.

While many enquiries will need a lot of input from a social care practitioner – often a social worker – there will be aspects that should be carried out by other professionals with the necessary skills and knowledge. For example, it may be a health professional who has the closest relationship with the individual and is best placed to explore a particular concern with them in the first instance.

The local authority may decide that another organisation should carry out the enquiry, but the local authority will retain overall accountability. The local authority must satisfy itself that the organisation will meet agreed timescales and follow-up actions. Whatever form the enquiry takes, the following must be recorded:

- details of the safeguarding concern and who raised it
- the views and wishes of the adult affected, at the beginning and over time, and where appropriate the views of their family
- any immediate action agreed with the adult or their representative
- the reasons for all actions and decisions
- details of who else is consulted or the concern is discussed with
- any timescales agreed for actions
- sign-off from a line manager and/or the local safeguarding lead or designated adult safeguarding manager.

### Non-statutory enquiries

known as 'other safeguarding enquiries') may also be carried out or instigated by local authorities in response to concerns about carers, or about adults who do not have care and support needs but who may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act 2014.

### Consent

If someone makes a decision that you or others think is unwise or not in their interests, this does not necessarily mean that they lack the capacity to decide. It is inevitable that there will be times when an adult who has capacity decides to accept a situation

that you perceive as potentially abusive or neglectful. This is a decision that they are free to make, unless:

- other people are being put at risk (for example, letting friends who are abusive or exploitative into a shared living environment, where they may put other residents at risk)
- a child is involved
- the alleged perpetrator has care and support needs and may also be at risk
- a serious crime has been committed
- staff are implicated
- coercion is involved.

It is worth bearing in mind that the General Data Protection Regulation (2018) permits information to be shared in a situation of 'vital interest', where it is critical to prevent serious harm or distress or where someone's life is threatened. However, if the only person who would suffer if the information is not shared is the subject of that information, and they have mental capacity to make a decision about it, then sharing it may not be justified.

You should make sure that the person is aware of any risks and the potential impact on their safety and wellbeing, and encourage them to develop strategies to protect themselves. This might involve them becoming involved with a user-led organisation or a support group, for example.

If someone's decision is having a significant, negative impact on their own safety and wellbeing, you may wish to discuss this with colleagues and seek advice about what options may be available. Any action you take must be informed by the principles of choice, respect and dignity for the person concerned, with a clear focus at all times on helping them to achieve the outcomes they want.

It should be established whether the person is driven purely by their own views and wishes, or whether they are potentially being unduly influenced or coerced by another person.

If you believe that a person is acting in a way that is a risk only to *their own* safety or wellbeing, and they are not being unduly influenced by anyone else, then you may decide not to intervene and not to share safeguarding information with other partners.

If someone is expressing suicidal ideation and is believed to be at immediate risk of loss of life or of serious harm, following authorisation by the senior duty manager, you should contact the relevant emergency service, preferably with the person's consent,

but if not given without the person's consent to ensure as far as possible that they are safe.

You may think that it is necessary to share information about the person outside your organisation without their consent, if you conclude that *other people's* safety is potentially at risk. If this is the case, you should share the information. As long as it does not increase the risk to the person who needs to be protected, you should inform them that you will share their information, and why.

### Confidentiality

People have the right to expect that all staff and volunteers will deal sensitively and sympathetically with their situation. It is important that information remains confidential and that only those with a 'need to know' should be privy to it.

### Safer Recruitment Procedures

CAAS endeavours to ensure that it does its utmost to employ 'safe' employees by following Safer Recruitment Guidelines. Safer recruitment means that all applicants will:

- complete an application form which includes their employment history;
- provide two referees, including at least one who can comment on the applicant's suitability to work with children/young people; and
- provide evidence of identity and qualifications.

Successful applicants will:

- have been interviewed;
- be subject to an enhanced DBS check;
- provide evidence of their right to work in the UK.

Safer recruitment also means that CAAS will ensure that:

- at least one member of each recruitment panel will have completed safer recruitment training;
- all new members of staff undergo an induction that includes familiarisation with the CAAS Safeguarding policy and procedures and identify their child protection training needs;
- all confirm they have received a copy of the Child Protection and Safeguarding policy and procedures; and

Full details of CAAS recruitment procedures are to be found in the *Safer Recruitment policy*.

**Furthermore, the organisation complies with all other safeguarding regulations:**

- We understand that a person who is barred from working with children or vulnerable adults is breaking the law if they work, volunteer, or try to work or volunteer with these groups.

### **Safeguarding Vulnerable Adults Policy**

- We understand that an organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.
- We understand that if our organisation dismisses a member of staff or volunteer because they have harmed a child or vulnerable adult, or would have done so if they had not left, we must complete a DBS referral form.

### CONTACT NAMES AND TELEPHONE NUMBERS:

<u>Safeguarding Officer</u>	<u>Our Address</u>	<u>Our contact details</u>
Therese Glynn Director of ADHD Services	Centre for ADHD & Autism Support Television House 269 Field End Road Eastcote HA4 9XA	Tel: 020 8429 1552 adhd@adhdandautism.org
Lynne Laverty, Director of Autism Services		autism@adhdandautism.org

### **ADULT:** LONDON MULTI-AGENCY ADULT SAFEGUARDING POLICY & PROCEDURES

[http://www.harrow.gov.uk/download/downloads/id/8222/london\\_multi-agency\\_adult\\_safeguarding\\_policy\\_and\\_procedures-dec\\_2015](http://www.harrow.gov.uk/download/downloads/id/8222/london_multi-agency_adult_safeguarding_policy_and_procedures-dec_2015)

### HARROW CONTACTS

<u>Safeguarding Adults Services</u>	<b>Tel: 020 8420 9453</b> <b>Fax: 020 8416 8269</b>
	<b>Email: <a href="mailto:safeguardingadults@harrow.gov.uk">safeguardingadults@harrow.gov.uk</a></b>

<u>Access Harrow / Social Services</u>	<b>Tel: 020 8901 2680</b>
	<b>Email: <a href="mailto:AHadults@harrow.gov.uk">AHadults@harrow.gov.uk</a></b>

<u>Out of hours - Social Services</u>	<b>Tel: 020 8424 0999</b>
The emergency duty social worker is available weekends, bank holidays and between 9am-5pm weekdays.	

<u>Deprivation of Liberty Safeguards (DOLS)</u>	<b>Tel: 020 8736 6153</b>
For information or advice on Deprivation of Liberty Safeguards (DOLS):	<b>Email: <a href="mailto:dols@harrow.gov.uk">dols@harrow.gov.uk</a></b>

### HILLINGDON CONTACTS

<u>Hillingdon Safeguarding Adults Service</u>	<b>Tel: 01895 556633</b>
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### **Safeguarding Vulnerable Adults Policy**

<a href="#">Police Community Safety Unit</a>	020 8733 3448
<a href="#">Hillingdon Police</a>	01895 251212

## Appendix B

### Government's 'Prevent' Duty Guidance for England & Wales (March 2015)

*“Guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism*

#### B. Introduction

5. The Prevent strategy, published by the Government in 2011, is part of our overall counter-terrorism strategy, CONTEST. The aim of the *Prevent* strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the Act this has simply been expressed as the need to “prevent people from being drawn into terrorism”.

6. The 2011 *Prevent* strategy has three specific strategic objectives:

- respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
- work with sectors and institutions where there are risks of radicalisation that we need to address.

7. Terrorist groups often draw on extremist ideology, developed by extremist organisations. Some people who join terrorist groups have previously been members of extremist organisations and have been radicalised by them. The Government has defined extremism in the *Prevent* strategy as: “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces”.

## **Appendix C: Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015**

The Female Genital Mutilation Act was amended by section 73 of the Serious Crime Act 2015 to include FGM Protection Orders. An FGM Protection Order is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law.

Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years in prison. As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of two years' imprisonment.

Who can apply for an order?

- The person who is to be protected by the order
- a relevant third party (such as the local authority); or
- any other person with the permission of the court (for example, teachers, health care professionals, police, family member).

FGM Protection Orders are unique to each case and contain legally binding conditions, prohibitions and restrictions to protect the person at risk of FGM. These may include:

- confiscating passports or travel documents of the girl at risk and/or family members or other named individuals to prevent girls from being taken abroad
- ordering that family members or other named individuals should not aid another person in anyway to commit or attempt to commit an FGM offence, such as prohibiting bringing a "cutter" to the UK for the purpose of committing FGM.

The court can make an order in an emergency so that protection is in place straightaway. FGM Protection Orders came into force on 17 July 2015 and apply to England, Northern Ireland and Wales.

The Female Genital Mutilation Act 2003, as amended by section 74 of the Serious Crime Act 2015, has introduced the legal duty for regulated health and social care professionals and teachers to make a report to the police if:

- they are informed by a girl under the age of 18 that she has undergone an act of FGM

or

- they observe physical signs that an act of FGM may have been carried out on a girl under the age of 18.

The duty does not apply where a woman over the age of 18 discloses she had FGM when she was under 18.

The duty only applies in cases where the victim discloses. If someone else, such as a parent or guardian, discloses that a girl under 18 has had FGM, a report to the police is not mandatory. However, in these circumstances disclosures should still be handled in line with wider safeguarding responsibilities.

Complying with the duty does not breach any confidentiality requirement which might otherwise apply.

Professionals should make the report as soon after the case has been discovered. Best practice is within 1 working day, but in exceptional cases there is a maximum timeframe of 1 month from when the discovery is made. If professionals fail to comply with the duty, this will be dealt with in accordance with existing performance procedures in place for each profession. (Home Office, 2015)

### **Professionals Not Subject to the Mandatory Reporting Duty**

While the mandatory reporting duty is limited to the specified professionals, services not subject to the statutory duty to report, still have a general responsibility to report cases of FGM, in line with wider safeguarding frameworks. If a non-regulated professional becomes aware that FGM has been carried out on a girl under 18, they should still share this information within their local safeguarding lead, and follow their organisation's safeguarding procedures.

### **FURTHER INFORMATION**

#### **Information about Female Genital Mutilation**

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/signs-symptoms-and-effects/>

**Information on local and national voluntary sector organisations** working with communities on FGM, including a postcode search function which signposts local support services, is available at:

[www.gov.uk/female-genital-mutilation-help-advice](http://www.gov.uk/female-genital-mutilation-help-advice)

#### **Further statutory guidance**

Multi-agency statutory guidance on female genital mutilation (HM Gov, April 2016)  
[www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation](http://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)