


Adult Safeguarding Policy



DfE no: 850/7900



Approved by:	Trustee Board	Date:	December 2024
Signed by:		Position:	Safeguarding Trustee
Last reviewed:	September 2024	Next review due:	September 2025

Monitoring arrangements

This policy will be reviewed annually but may be reviewed earlier if deemed appropriate by the Chief Executive or Trustee board.

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Inclusion College is an independent specialist college in Hook, for students with an EHCP, aged 16-25. Approximately half of the students are aged 18+. As a specialist provision, we recognise how essential effective safeguarding is as an organisation when considering student placement with us at Inclusion College. At Inclusion Education, we place a high priority on safeguarding, ensuring we have robust organisational wide policies and procedures, along with a highly trained and experienced safeguarding team.

1. The Inclusion Way

The Inclusion Way is based on over ten years' experience and captures our wellbeing and mental health ethos, our pedagogical approach and all aspects that affect a learner's educational experience.

We know that the Inclusion Way works because:

- Our students are happy
- Our students tell us it works for them
- Our students make educational, emotional and social progress
- Our parents/carers tell us they feel supported by their school/college in caring for their child.

For over ten years we have supported the most vulnerable young people in our community to become mentally healthy, resilient and successful children.

In this and all other policies, all of which come together to form The Inclusion Way, you will learn what we do to unlock potential in each learner and how we do it.

Before reading this policy, it is important to know our learner and the journey they have taken before they start Inclusion College:

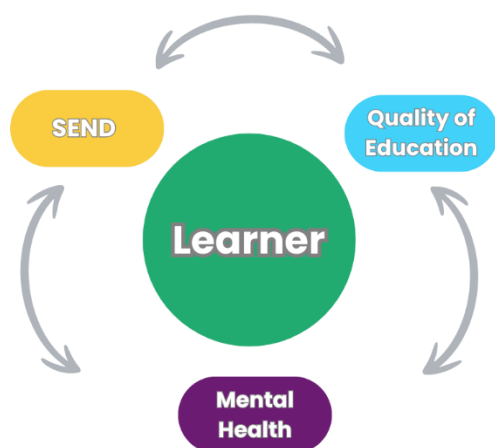
- Our students will have a severe and chronic diagnosed mental health need. They will be experiencing, or have experienced, self-harm, suicide ideation, depression and high anxiety. Most of our students will be experiencing more than one of these things at any one time.
- Our students will likely have diagnosed and undiagnosed SEND needs related to speech, language and communication (SLCN), communication and interaction needs (C&I) or a specific learning need (SpLD).
- Our students will have experienced significant gaps in their education, (in some cases years) at primary and/or secondary level.
- Our students will have a history of non-attendance due to high anxiety and mental health needs and been identified as an emotionally based school avoider (EBSA).
- Our students academic levels will be below age related expectations in Maths, English and Science due to these gaps in education and unmet needs.
- Our students will have experienced trauma, whether through an Adverse Childhood Experience (ACE) or by having been a victim of bullying in previous settings.
- Our learner is a teenager/young adult exploring their identity and discovering who they are and who they want to be. They may present as having difficulties with emotional regulation and academic attainment but they are not of the cognitive ability of primary age children. They are young adults and want to be treated like one.

The Inclusion Way is designed to meet these needs so the learner can succeed. This is how we achieve this, with further information available in the most important policies:

- A PACE approach with each learner's SEN needs being met (see our SEN and Mental Health Policies).
- Establish foundations of positive and sustainable mental health on which we can build learning (see our Mental Health Policy).
- Positive, trusting and consistent relationships with adults (see our Behaviour Policy).
- Recognition that good attendance can look different for everyone at different times and should not be taken for granted. Good attendance should be celebrated because it can be lifechanging (see our Attendance Policy).
- An adaptive pedagogy and curriculum with reading, literacy, Gatsby and cultural capital at its heart (see our Curriculum and Reading policies).

An integral element to the success of the Inclusion Way is our model of triangulation between Mental Health, Quality of Education and SEND. These three aspects are of equal importance and they all inform the each other.

Only by working in combination, as embodied in the school/college through our Deputy Headteachers (Quality of Education, SEND) and Senior Mental Health Lead, overseen by the Headteacher, are our students able to make sustained and holistic progress.



2. Aims, Scope and Principles

Inclusion College aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote the student's welfare.
- All staff are aware of their statutory responsibilities with respect to safeguarding.
- Staff are properly trained in recognising and reporting safeguarding issues.

Our adult students are aged 18-25. Areas of particular priority are:

- Online safety.
- Visitors to Inclusion College.
- Visits outside e.g. volunteering, work experience, community visits e.g. gym.
- Travel arrangements.
- Helping young people develop their own strategies to keep them safe as they move into independent living and employment.

- Prevent, County Lines.
- Exploitation - including financial, sexual, emotional.

Our aim at Inclusion College is to prepare our students for engagement in their own community and moving on to appropriate training and employment.

Staff should also be aware of the main Safeguarding Policy which details types of abuse, especially in relation to student's SEN and mental health needs.

It is key that our adult students are treated with respect, with their needs at the centre of decisions. Our curriculum ensures a student's wellbeing and personal development are promoted at every opportunity.

The Care Act (2015) promotes the six principles of:

1. Empowerment - People being supported and encouraged to make their own decisions and 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 safeguarding practice.

<https://www.hampshiresab.org.uk/>

[Safeguarding adults | Health and social care | Hampshire County Council \(hants.gov.uk\)](#)

3. Roles and Responsibilities

The designated safeguarding lead for Inclusion College is:

- **Liz Cooper, Head of Inclusion College (Post-16 Provision).**
- **Marie Greenhalgh, Social Impact Innovation and Development Director (EB8).**

The deputy designated safeguarding leads is:

- **Anna Moores, Deputy Head and Head of English.**

The Inclusion College Safeguarding team are all trained to DSL level: Sharon Moores, Nerys Nabbs, Michael Collins, Alex Edwards, Charlene Allardyce.

There is a nominated Safeguarding Trustee, **Jane Pratt**, who will take leadership responsibility for safeguarding.

Safeguarding is everyone's responsibility. As such it does not rest solely with the Designated Safeguarding Lead (DSL) and their deputies (DDSL) to take lead responsibility in all the areas covered within this policy.

For example, some areas, such as Health and Safety, are a specialist area of safeguarding and a separate lead for this area is in place at each site:

- Liz Cooper Post 16 (Inclusion College).
- Marie Greenhalgh (EB8).

Please see Inclusion Education Health and Safety Policy.

4. Who is vulnerable?

We often consider those who are the subject of safeguarding concerns as being “vulnerable”. Vulnerability is a term which inevitably means something different to everyone. The Care Act 2014 re-defines individuals who are potential subjects of safeguarding procedures as someone who:

- has needs for care and support, whether or not the local authority is meeting any of those needs;
- is experiencing, or at risk of, abuse or neglect;
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Adults can be victims of:

- Physical abuse.
- Neglect and Acts of Omission.
- Psychological and Emotional abuse.
- Sexual abuse.
- Financial and material.
- Organisational abuse.
- Self-neglect.
- Modern Slavery.

Young Adults in certain groups such as those with SEND, and Care Leavers could be at particular risk.

5. Recognising Abuse

It's not always easy to spot the signs of abuse. Someone being abused may make excuses for why they're bruised, may not want to go out or talk to people, or may be short of money.

It's important to know the signs of abuse and, where they're identified, gently share your concerns with the person you think may be being abused.

If you wait, hoping the person will tell you what's been happening to them, it could delay matters and allow the abuse to continue.

Behavioural signs of abuse in an adult include:

- Becoming quiet and withdrawn.
- Being aggressive or angry for no obvious reason.
- Looking unkempt, dirty or thinner than usual.

- Sudden changes in their character, such as appearing helpless, depressed or tearful.
- Physical signs, such as bruises, wounds, fractures or other untreated injuries.
- The same injuries happening more than once.
- Not wanting to be left by themselves or alone with particular people.
- Being unusually light-hearted and insisting there's nothing wrong.

Also, their home may be cold or unusually dirty or untidy, or you might notice things missing.

Other signs include a sudden change in their finances, such as not having as much money as usual to pay for shopping or regular outings or getting into debt.

6. What To Do

Report any concerns to DSL; no concern is too small.

If needed, a plan can be made for the most appropriate person to address this.

Start by talking to the person in private, if you feel able to do so. Mention some of the things that concern you, for instance, that they've become depressed and withdrawn, have been losing weight or seem to be short of money.

Let them talk as much as they want to but be mindful that if they've been abused, they may be reluctant to talk about it because they are afraid of making the situation worse, do not want to cause trouble, or may be experiencing coercion or threats.

It's best not to promise the person that you will not tell anyone what's been said. If an adult is being abused or neglected, it's important to find help for them and stop the harm.

Stay calm while the person is talking, even if you're upset by what you hear, otherwise they may become more upset themselves and stop telling you what's been going on.

It can be very difficult for an abused or neglected person to talk about what's been happening to them. Unless you're concerned for their immediate health and safety, and feel it's vital to act straight away, give them time to think about what they'd like to do.

If you're right and the person has been abused or neglected, ask them what they'd like you to do. Let them know who can help them and tell them you can seek help on their behalf if they want or if it's difficult for them to do so themselves.

It's important to listen to what they say and not charge into action if this is not what they want.

To contact Social Care (Hampshire):

0300 555 1386

- Monday 8.30am to 5pm
- Tuesday to Thursday 9.30am to 5pm
- Friday 8.30am to 4.30pm

Out of hours 0300 555 1373

- Monday to Thursday 5pm to 8.30am
- Friday 4.30pm to Monday 8.30am
- All day on Bank Holidays

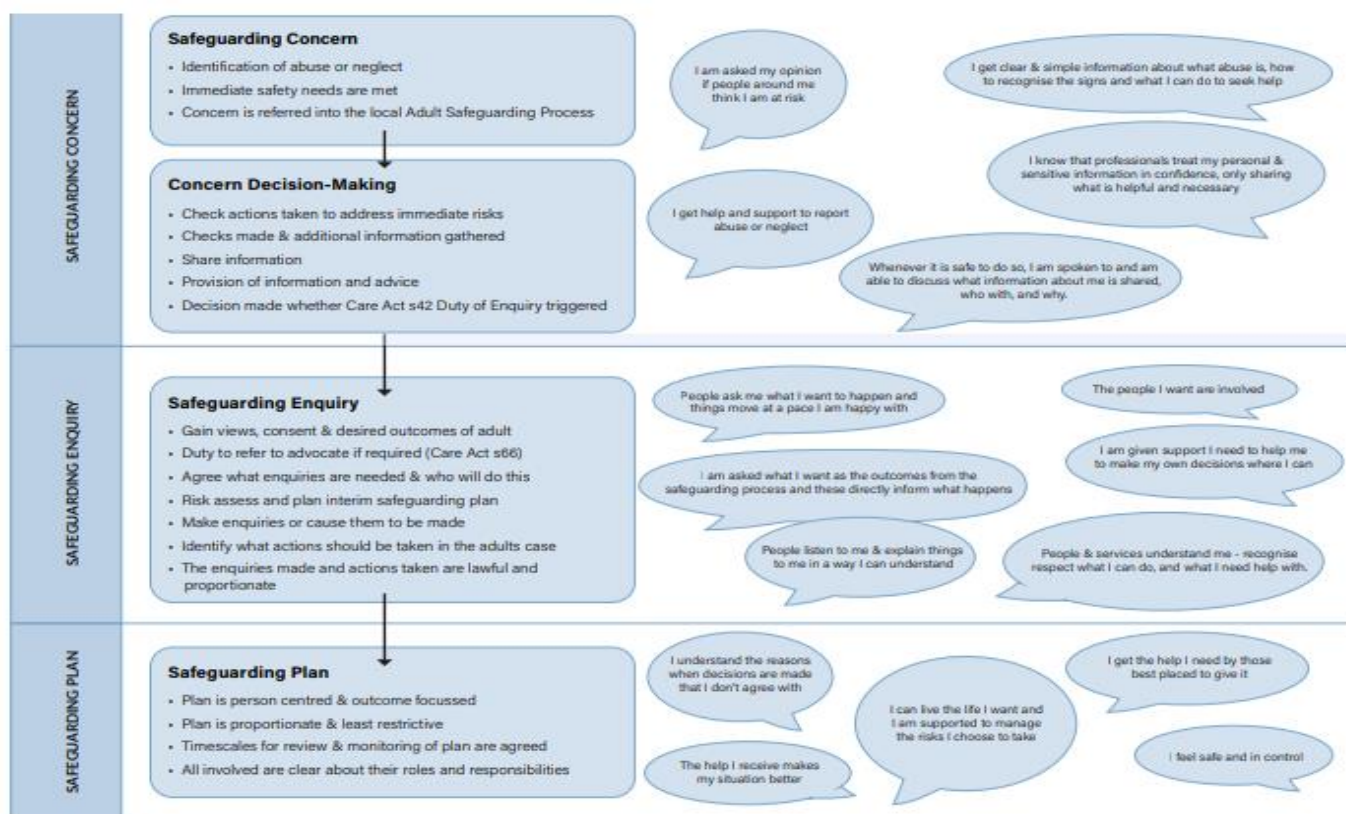
Police - 999 or 101 if in imminent danger

<https://www.hants.gov.uk/socialcareandhealth/adultsocialcare/contact/start-a-referral>

It may be appropriate to ask social care for a mental capacity check.

7. Next Steps

The following diagram, taken from Local Authority Safeguarding Adults Boards, demonstrates the process of reporting and responding to concerns:



Our procedures also include:

- Wellbeing - de-briefs for students and staff.
- Address student concerns and reassure.
- Follow up Actions and plan with other agencies.
- Inform others as appropriate.

8. Data Sharing

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

- The General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
- Consider safety and well-being; base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
- Keep a record of your decision and the reasons for it, whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances.

Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.

The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.

The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality, for example, where a serious crime may be prevented.

Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

There should be a local agreement or protocol in place setting out the processes and principles for sharing information between organisations.

An individual employee cannot give a personal assurance of confidentiality.

Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instance except in emergency situations.

It is good practice to try to gain the person's consent to share information.

As long as it does not increase risk, practitioners should inform the person if they need to share their information without consent.

Organisational policies should have clear routes for escalation where a member of staff feels a manager has not responded appropriately to a safeguarding concern.

All organisations **must** have a Whistleblowing policy (Please see separate Inclusion Education Whistleblowing policy).

The management interests of an organisation should not override the need to share information to safeguard adults at risk of abuse.

All staff, in all partner agencies, should understand the importance of sharing safeguarding information and the potential risks of not sharing it.

All staff should understand who safeguarding applies to and how to report a concern.

The six safeguarding principles should underpin all safeguarding practices, including information-sharing.

9. Record Keeping

All personal information regarding a vulnerable adult, including that which identifies them, will be retained in line with Inclusion Education's Data Protection Policy and Record Management Policy.

All written records will be kept in a secure area and system which is access controlled.

All records will also be destroyed in line with our records management policy. We will ensure that access is available for those who need to know, but for all others it will remain absolutely confidential. For full information about data protection, please see our data policies and procedures.

Good record keeping is an essential part of the accountability of our organisation to those who use our services. Maintaining proper records is vital to an individual's safety. If records are inaccurate, future decisions may be wrong, and harm may be caused to the individual.

Where an allegation of abuse is made, all organisations have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected, and records show what action has been taken, what decisions have been made, and why.

It is equally important to record when actions have not been taken and why. For example, if an adult with care and support needs, with mental capacity, chooses to make decisions that professionals consider to be unwise.

Inclusion Education will ensure that the following key questions are answered, and abided by, when determining what information to record, store and share:

- What information do staff need to know to provide a high-quality response to the adult concerned?
- What information do staff need to know to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share, or not share, information with a third party?

10. Safer Recruitment

Inclusion Education operates a separate safer recruitment process as part of its Recruitment policy.

On all recruitment panels, there is at least one member who has undertaken safer recruitment training.

The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

11. Staff Training

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and to understand the safeguarding policy, and the Care Act.

This induction may be covered within the annual training if this falls at the same time; otherwise, it will be carried out separately during the initial starting period.

Safeguarding briefings (DLS, tutors) occur on a regular basis.

12. Site Security

12.1 Inclusion College

- Main entrance doors are code access only and requires pupils and visitors to buzz in, video link and audio ensures staff can verify who is buzzing. The doors to other areas have fob access.
- Visitors and volunteers are identified by recognised and legitimate ID.
- Empty classrooms have windows closed.
- Students are allowed to leave with free exit via exit buttons. They are required to sign in and out.

12.2EB8, Belvedere House, Basingstoke

- Main entrance to Belvedere House is controlled with fobbed access only and a reception.
- Entrance to EB8 has a receptionist and sign in system.
- There are no opening windows.

13. Off site visits

A particular strand of health and safety is looking at risks when undertaking off site visits. Some activities, especially those happening away from the provision and residential visits, can involve higher levels of risk. If these are annual or infrequent activities, a review of an existing assessment may be all that is needed. If it is a new activity, a visit involving adventure activities, residential, overseas or an 'Open Country' visit, a specific assessment of significant risks must be carried out.

14. External Speakers

Inclusion Education holds a separate policy and procedure for external visitors and speakers to the site.

15. First Aid

There is a separate First Aid policy which is available online and also can be found at reception at all sites.

16. Online Safety

Please see separate Online Safety Policy.

17. Legislative Framework

The legislation below has informed the content of the policy and procedures and has been considered when writing and agreeing this policy.

Care Act 2014 and Statutory Guidance issued under the Act

This sets out rules and guidance on all aspects of safeguarding and repeals the No Secrets guidance (2000). It is not set out in detail here as its contents inform the major parts of this policy.

Mental Capacity Act 2005 (MCA)

The MCA 2005 was enacted to protect individuals and their freedoms. It empowers individuals to retain freedom of choice and, when choices cannot freely be made, it seeks to make sure that decisions are taken in the individual's best interests. Any decision taken on behalf of an individual who lacks capacity to make a specific decision must be based on their wishes so far as is possible. Best interest rules must be followed when making decisions for an adult who lacks capacity.

The Act is also a useful guide to interactions with people who may lack capacity. Everyone working with someone who might be considered to be vulnerable must have a working knowledge of the Act. The Act also complements Inclusion Education's other policies and its ethos. Therefore, it is included here both for information purposes and to note that Inclusion Education's volunteers, staff and Trustees will act within its principles at all times.

Part 1 of the Mental Capacity Act 2005

The principles outlined in the Mental Capacity Act are:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to make a decision have been taken without success.
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
- An action taken, or decision made, under this Act for, or on behalf of a person who lacks capacity, must be done, or made, in his/her best interests.
- Before the action is undertaken, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.
- For the purposes of this Act, a person lacks capacity in relation to a matter if, at the material time, they are unable to make a decision for themselves in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.
- It does not matter whether the impairment or disturbance is permanent or temporary.
- A lack of capacity cannot be established merely by reference to:
 - a person's age or appearance; or
 - a condition of theirs, or an aspect of their behaviour, which might lead others to make unjustified assumptions about their capacity.

The Act also introduced Independent Mental Capacity Advocates who can be appointed if circumstances warrant an independent voice for someone considered to lack capacity.

Deprivation of Liberty Safeguards, Code of Practice 2008

This sets out key provisions for the protection of those in some residential settings and hospitals who are deemed not to have capacity. It is a set of safeguards which ensure individuals are not unnecessarily deprived of their freedoms. Should a situation arise where a deprivation of liberty is required, such as to fulfil medical treatment, it must usually be authorised by the Local Deprivation of Liberty Team or, ultimately, the Court of Protection. It is the responsibility of our organisation to obtain the correct authorisation prior to any deprivation of liberty.

Safeguarding Vulnerable Groups Act 2006

The purpose of this Act is to prevent harm from occurring to adults at risk by preventing those who may cause harm from being employed or volunteering in roles where they are in contact with them.

This gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

This created a framework for whistleblowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation when they raise genuine concerns about malpractice in accordance with the Act's provisions.

All organisations must have a Whistleblowing Policy in place.

The Act introduced the Criminal Records Bureau check (CRB), which was replaced by the Disclosure and Barring Service (DBS) in 2012. The DBS undertakes basic, standard and enhanced checks in order to ensure that people who work with adults at risk are safe to do so. Basic DBS Checks can be obtained from the gov.uk website and Enhanced Checks can be obtained directly from DBS Check Online.

A DBS check will be sought for everyone who we employ to work with adults in our care, or adults at risk with whom we come into contact through our organisation.

The Human Rights Act 1998

This gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

The Act applies to all public authorities, such as central government departments, local authorities and NHS Trusts, and other bodies performing public functions, such as private companies operating prisons.

These organisations must comply with the Act, and an individual's human rights, when providing a service or making decisions that have a decisive impact upon an individual's rights. The Care Act extends the scope of the Human Rights Act. This incorporates registered care providers, both residential and non-residential, providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the Local Authority, including Direct Payment situations (Local Government Association, 2014). It does not incorporate entirely private arrangements concerning care and support.

Although the Act does not apply to private individuals or companies, except where they are performing public functions, public authorities have a duty to promote the human rights of individuals, and this entails a duty to stop people or companies abusing an individual's human rights. For example, a public authority that knows an adult is being abused by their privately funded carer has a duty to protect the adult from inhuman or degrading treatment.

The Human Rights Act covers everyone in the United Kingdom, regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the provisions of the Human Rights Act.

The Public Interest Disclosure Act 1998 (PIDA)

This created a framework for whistleblowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation when they raise genuine concerns about malpractice in accordance with the Act's provisions. All organisations must have a Whistleblowing Policy in place.

Protection of Freedoms Act 2012

This Act brought together the agencies which now undertake DBS checks and issue certificates.

The Equality Act 2010

The principles of the Equality Act 2010 underpin this policy: it covers everyone in Britain and protects people from discrimination, harassment and victimisation.

Policy Implementation

The Chief Executive is responsible for ensuring the implementation of this policy and that regular reviews take place.

All staff have a responsibility to adhere to this policy and will be made aware of this policy as part of their induction, supervision and training.