



Southampton and Winchester Visitors Group (SWVG)

Safeguarding Policy and Procedures

March 2023 due review February 2025

Note: This document replaces SWVG Safeguarding Policy and Procedures 2020, SWVG Guidelines for Working with Children 2019 and Working with Vulnerable People 2019

Overview

SWVG is committed to supporting and befriending asylum seekers and refugees. We focus our work on adults over the age of 18. We do not take referrals of children but recognise that some clients may have children. We take seriously our responsibility to safeguard the welfare of all, including our members, especially adults, young people and children potentially at risk from harm or abuse.

This policy applies to all contractors, paid staff, trustees and volunteers and anyone working on behalf of SWVG.

Safeguarding Policy Statement

- It is the responsibility of each one of our members to be alert to and take action to prevent where possible the neglect, or physical, sexual or emotional abuse of adults, young people and children potentially at risk from harm or abuse, and to take action in accordance with agreed procedures.
- We recognise that our members may also be at risk, and have support and guidance in place through co-ordinators, back-up and support groups.
- We recognise our responsibility to implement, maintain and regularly review our policy and procedures that are designed to alert us to and prevent such abuse.
- We are committed to supporting, resourcing, training and supervising all our visitors, contractors and staff who work with vulnerable adults, young people and children.
- All those working with vulnerable adults, young people and children are checked by the Disclosure and Barring Service and comply with the requirements of the Independent Safeguarding Authority.

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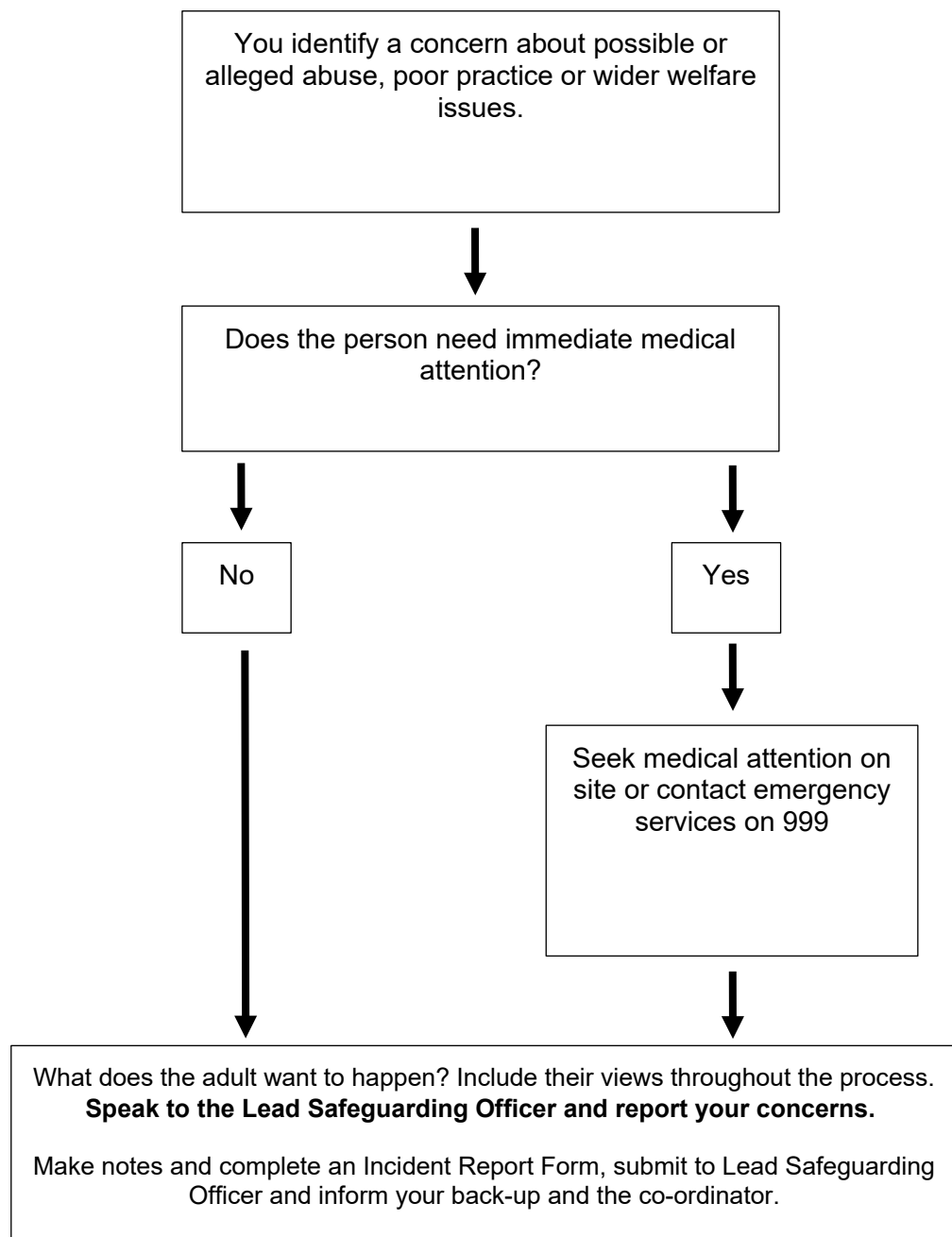
[Appendix 6](#) - Issues with Children of Clients

Summary: Do you have concerns about an adult?

Safeguarding is everyone's responsibility.

If you have concerns about an adult's safety or well-being you must **act** on these.

It is not your responsibility to decide whether or not an adult has been abused. It is, however, your responsibility to act on any concerns.



Introduction

SWVG is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all involved, in accordance with the Care Act 2014. This includes the children of adults who use our services.

This policy applies to all contractors, paid staff, trustees and volunteers and anyone working on behalf of SWVG.

SWVG will encourage and support partner organisations to adopt and demonstrate their commitment to the principles and practice of equality as set out in this document, Safeguarding Adults Policy and Procedures.

1. Principles

The guidance given in the Policy and Procedures is based on the following principles:

- All people, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice.
- SWVG will seek to ensure that our activities are inclusive and make reasonable adjustments for any ability, disability or impairment. We will also commit to continuous development, monitoring and review.
- The rights, dignity and worth of all people will always be respected.
- We recognise that ability and disability can change over time, such that some people may become more vulnerable to abuse, in particular those with care and support needs.
- We all have a shared responsibility to ensure the safety and well-being of everyone we work with, and will act appropriately and report concerns whether these concerns arise within SWVG, for example inappropriate behaviour of a visitor, or in the wider community.
- All allegations will be taken seriously and responded to quickly, in line with SWVG's Safeguarding Adults Policy and Procedures.
- SWVG recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

The Six Principles of Adult Safeguarding

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults:

- **Empowerment** – People being supported and encouraged to make their own decisions and give informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

- **Prevention** – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

- **Proportionality** – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, and they will only get involved as much as needed.”

- **Protection** – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

- **Accountability** – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

Making Safeguarding Personal

‘Making safeguarding personal’ means that adult safeguarding should be person-led and outcome-focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control, as well as improving quality of life, well-being and safety.

Discuss the safeguarding concerns with the adult to get their view of what they would like to happen, and keep them involved in the safeguarding process, seeking their consent to share information outside of the organisation where necessary. See [Appendix 2](#) – Guidance, Consent and Information Sharing.

Well-being Principle

The concept of well-being is threaded throughout the Care Act. Well-being is different for each of us; however the Act sets out broad categories that contribute to our sense of well-being.

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional well-being
- Protection from abuse and neglect
- Control by the individual over their day-to-day life (including over care and support provided and the way these are provided)
- Participation in education, training or recreation
- Social and economic well-being
- Domestic, family and personal domains
- Suitability of living accommodation
- The individual’s contribution to society.

2. Legislation

[Hampshire Safeguarding Adults Board](#) has developed, jointly with the Southampton, Portsmouth and Isle of Wight Safeguarding Adults Boards, a local Multi-Agency Safeguarding Adults Policy and Guidance which set out how local agencies will work together. The Policy and Guidance were published in May 2015, and subsequently updated in [December 2016](#), in line with changes to Care Act (2014) statutory guidance.

This Policy has been drawn up based on law and guidance which seeks to protect children and young people, namely:

- Children Acts 1989 and 2004
- United Nations Convention on the Rights of the Child 1991
- Data Protection Act 2018
- Human Rights Act 1998
- Sexual Offences Act 2003
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Equality Act 2010
- Counterterrorism and Security Act 2015.
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2018
- [Safeguarding and protecting people for charities and trustees](#) (October 2018)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2018
- What to do if you're worried a child is being abused: Advice for practitioners; HM Government 2015

See [Appendix 4](#) - Legislation and Government Initiatives

3. Definitions

To assist working through and understanding this policy, a number of key definitions need to be explained:

Adult is anyone aged 18 or over.

Adult at risk is a person aged 18 or over who:

Has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or is 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.

Adult in need of care and support is determined by a range of factors including personal characteristics and factors associated with their situation or environment and social factors.

Naturally, a person's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult in need of care and support experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors.

In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse. See [Appendix 5](#) - Working with people potentially at risk from harm or abuse.

Abuse is a violation of an individual's human and civil rights by another person or persons.

See Section 4 for further explanations.

Adult safeguarding is protecting a person's right to live in safety, free from abuse and neglect.

Capacity refers to the ability to make a decision at any particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005). See [Appendix 3](#) – Capacity

4. Types of Abuse and Neglect

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide to the sort of behaviour which could give rise to a safeguarding concern. It is not intended to be an exhaustive list.

Self-neglect – this covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding.

Modern Slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Domestic Abuse and Coercive Control – including psychological, physical, sexual, financial and emotional abuse. It also includes so-called 'honour'-based violence. It can occur between any family members.

Discriminatory Abuse – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

Organisational Abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Physical Abuse – including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual Abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts, indecent exposure, sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Financial or Material Abuse – including theft, fraud, internet scamming, coercion in relation to financial affairs, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect – including ignoring medical or physical care needs, failure to provide access to appropriate health or social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Emotional or Psychological Abuse – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Not included in the Care Act 2014 but also relevant:

Cyberbullying – this occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced Marriage – forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. The forced marriage of adults with learning disabilities occurs when the adult does not have the capacity to consent to the marriage.

Mate Crime – a ‘mate crime’ is defined by the Safety Net Project as ‘when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.’ Mate crime is carried out by someone the adult knows, and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

Radicalisation – the aim of radicalisation is to attract people to the ideology of the perpetrator, inspire new recruits, embed extreme views and persuade vulnerable individuals of the legitimacy of the cause of the perpetrator. This may be direct, through a relationship, or through social media. The Counter-Terrorism and Security Act 2015 outlines the country’s “Prevent” strategy. Prevent works to stop individuals getting involved in or supporting terrorism or extremist activity.

5. Signs and Indicators and Examples of Abuse and Neglect

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the organisation, and volunteers can equally experience abuse from clients. There are many signs and indicators that may suggest someone is being abused or neglected. These include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person's belongings or money go missing.
- Person not attending or no longer enjoying their sessions. You may notice that someone has been absent and is not responding to reminders.
- Someone losing or gaining weight, appearing unkempt, or showing a deterioration in hygiene.
- A change in behaviour or confidence. For example, someone may look quiet and withdrawn when their brother comes to collect them, in contrast to their friend whom they greet with a smile.
- They may self-harm.
- They may have a fear of a particular group or individual.
- They may tell you or another person they are being abused – i.e. a disclosure.
- Harassing of a client because they have or are perceived to have protected characteristics.
- Someone threatening another person with physical harm.

6. What to do if you have a concern or someone raises concerns with you.

- It is not your responsibility to decide whether or not an adult has been abused. It is however everyone's responsibility to respond to and report concerns.
- If you are concerned someone is in immediate danger, contact the police on 999 immediately. Where you suspect that a crime is being committed, you must involve the police.
- If you have concerns or you are told about possible or alleged abuse, poor practice or wider welfare issues you must report this to the SWVG Lead Safeguarding Officer, or, if the Lead Safeguarding Officer is implicated, then report to the SWVG Chair.
- When raising your concern with the Lead Safeguarding Officer, remember Making Safeguarding Personal. It is good practice to seek the adult's views on what they would like to happen next and to inform the adult that you will be passing on your concern.
- It is important when considering your concern that you also keep the person informed about any decisions and action taken about them, and always consider their needs and wishes.

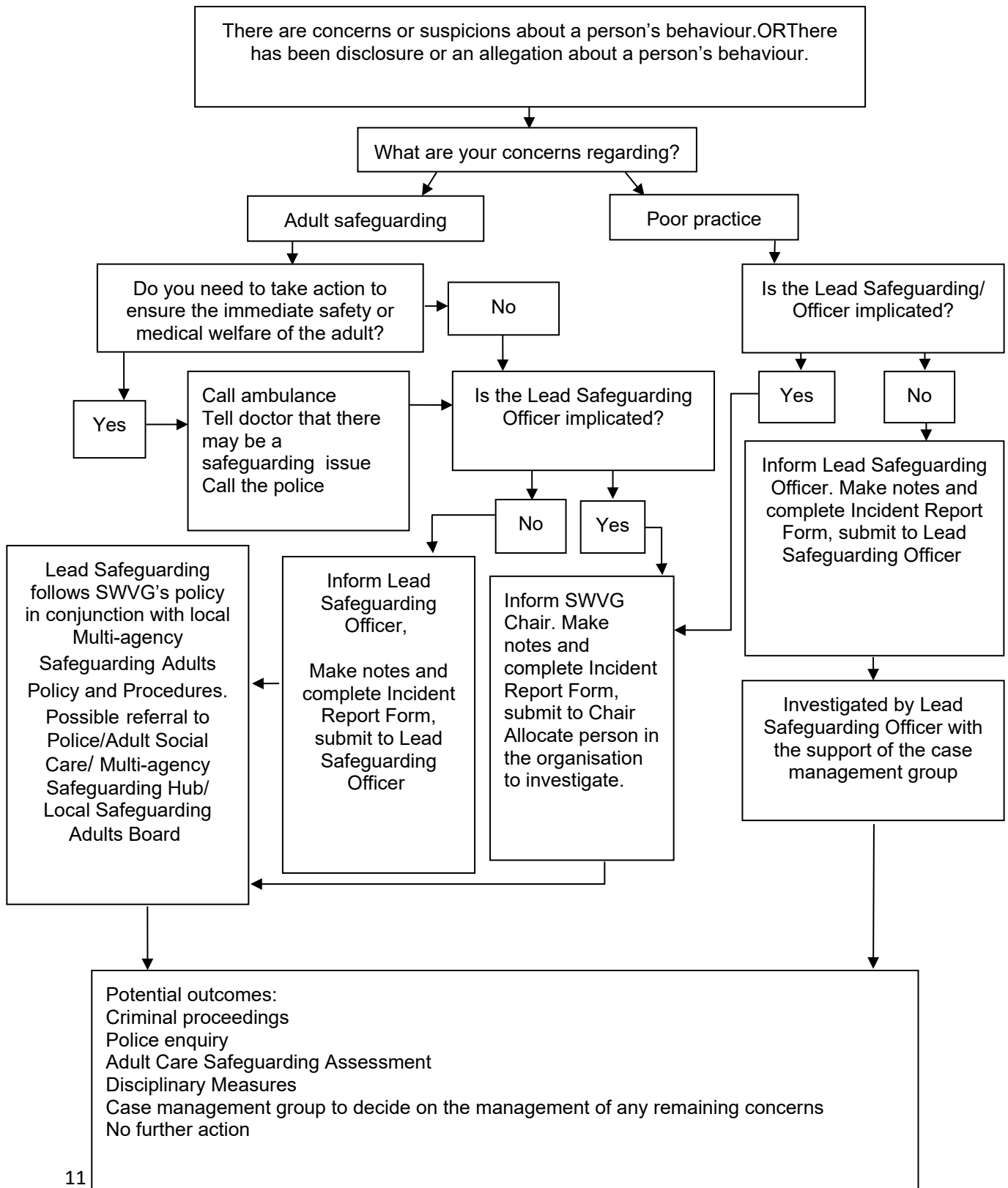
7. How to respond to a concern

- Make a note of your concerns.
- Make a note of what the person has said using his or her own words as soon as practicable. Complete an Incident Form and submit to the SWVG Lead Safeguarding Officer.
- Remember to make safeguarding personal. Discuss your safeguarding concerns with the adult, obtain their view of what they would like to happen, but inform them it's your duty to pass on your concerns to the Lead Safeguarding Officer.
- Describe the circumstances in which the disclosure came about.
- Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.
- Be mindful of the need to be confidential at all times. Information must only be shared with the Lead Safeguarding Officer and others on a need-to-know basis.
- If the matter is urgent and relates to the immediate safety of an adult at risk, then contact the emergency services immediately.
- Should we have a concern about a family or child, or should a disclosure be made, then the Early Help Hub (EarlyHelpHub@southampton.gov.uk, 023 8083 3311) would be the first port of call, and a social worker will advise.

8. SWVG Safeguarding Adults Flowchart

Dealing with Concerns, Suspicions or Disclosure

Remember to involve the adult at risk throughout the process wherever possible.



9. Roles and Responsibilities of those within SWVG

SWVG is committed to having the following in place:

- A Lead Safeguarding Officer to produce and disseminate guidance and resources to support the Policy and Procedures.
- Initial and regular training on safeguarding for members.
- A clear line of accountability within SWVG for work on promoting the welfare of all adults.
- Procedures for dealing with allegations of abuse or poor practice against members of staff, contractors and volunteers.
- A Co-ordinators' Case Referral Group that effectively deals with issues, manages concerns and refers to a disciplinary panel where necessary (i.e. where concerns arise about the behaviour of someone within SWVG).
- A disciplinary panel to be formed as required for a given incident if appropriate.
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
- Appropriate whistle-blowing procedures and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.
- Clear codes of conduct for members and other relevant individuals.

10. Good Practice, Poor Practice and Abuse

Introduction

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual involved in SWVG to make judgements regarding whether or not abuse is taking place, however, all SWVG personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

Good Practice

SWVG expects that that members:

- Adopt and endorse the SWVG values, policies and procedures.
- Have completed training in basic awareness in working with and safeguarding adults, and regular follow-up training.

Everyone should:

- Respect and promote equality, diversity and fairness in working with clients and each other.
- Treat all adults equally, preserving their dignity while responding to individual need.

11. Relevant Policies

This policy has incorporated the following previous SWVG policies:

- Vulnerable People – working with (2019)
- DBS (Disclosure and Barring Service) checks (2019)

12. Further Information

Policies, procedures and supporting information are available on the SWVG website:

<https://swvg-refugees.org.uk/>

Lead Safeguarding Officer: See SWVG website safeguarding page

[SWVG Safeguarding Policy - Southampton & Winchester Visitors Group \(swvg-refugees.org.uk\)](https://swvg-refugees.org.uk/)

Southampton City Council:

For concerns about children:

Early Help Hub

EarlyHelpHub@southampton.gov.uk

023 8083 3311

Multi-Agency Safeguarding Hub (MASH)

023 8083 3336 (office hours)

023 8023 3344 (emergencies)

For concerns about adults at risk:

Adult Social Care

023 8083 3003

Review date

This policy will be reviewed every two years, or sooner in the event of legislative changes or revised policies and best practice.

March 2023 due review February 2025

Appendix 1 - Incident Report Form

Safeguarding Adults Form

To be completed if you have concerns regarding an adult. It is important to inform the adult about your concerns and that you have a duty to pass the information to the Safeguarding Officer. The Safeguarding Officer will then look at the information and start to plan a course of action, in conjunction with yourself, the adult involved and if necessary social care or other relevant organisations.

Section 1 – Details of Adult at Risk	
Name of adult	
Address	
Date of birth	
Age if date of birth not known	
GP practice (if known)	
Contact number	
Section 2 – Your Details	
Name	
Contact phone number(s)	
Email address	
Back-up	
Your role in SWVG	

Section 3 – Details of Concern

Detail what you have seen/been told/other that makes you believe the adult at risk is being abused or is at risk of abuse (include dates/times/evidence from records/photos etc.)

Section 4 - Abuse Type(s) – please tick as many as may apply		
Physical	Psychological	Financial
Sexual	Discriminatory	Organisational
Neglect	Hate incident/crime	Mate crime
Internet abuse	Modern slavery	Female genital mutilation (FGM)
Forced marriage	Domestic abuse	Radicalisation
Self-Neglect		
Section 5 - Have you discussed your concerns with the adult? What are their views, what outcomes have they stated they want (if any)?		
Section 5A – Reasons for not discussing with the adult		
Adult lacks capacity		
Adult unable to communicate their views		
Discussion would increase the risk		
State why the risks would increase		

Section 5B – Have you discussed your concerns with anyone else? E.g. carer or parent.
What are their views?

Section 6 – What action have you taken/agreed with the adult to reduce the risks?

Information passed to Safeguarding Officer Confirm details:

Referral to Social Care Confirm details:

Contact with the police Confirm details:

Referral to other agency Confirm details:

Other – please state what.

No action agreed – state why.

Section 7 – Risk to Others

Are any other adults at risk? Yes/No – delete as appropriate

If yes state why and what actions have been taken to address these.

Are any children at risk? Yes/No Delete as appropriate
If yes state, why and what actions have been taken to address these.
Signed:
Date:

OFFICE USE ONLY
Section 8 – Sharing the Concerns (To be completed by Lead Safeguarding Officer)
Details of your contact with the adult at risk. Have they consented to information being shared outside of SWVG?
Details of contact with the Social Care Team where the adult at risk lives – advice can be sought without giving personal details if you do not have consent for a referral
Details of any other agencies contacted
Details of the outcome of this concern

Appendix 2 - Guidance and information

Making Safeguarding Personal

There has been a cultural shift towards Making Safeguarding Personal within the safeguarding process. This is a move from prioritising outcomes demanded by bureaucratic systems. The safeguarding process used to involve gathering a detailed account of what happened and determining who did what to whom. Now the outcomes are defined by the person at the centre of the safeguarding process.

The safeguarding process places a stronger emphasis on achieving satisfactory outcomes that take into account the individual choices and requirements of everyone involved.

“What good is it making someone safer if it merely makes them miserable?” – Lord Justice Mundy, “What Price Dignity?” (2010)

What this means in practice is that adults should be more involved in the safeguarding process. Their views, wishes, feelings and beliefs must be taken into account when decisions are made.

The Care Act 2014 builds on the concept, stating that “We all have different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.”

However, the Act is also clear that there are key issues that should be taken into account when abuse or neglect are suspected, and that there should be clear guidelines regarding this. See <https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

Consent and Information Sharing

Visitors and volunteers should always share safeguarding concerns in line with SWVG’s policy, usually with their safeguarding lead in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the visitor or volunteer should explain to them that it is their duty to share their concern with their safeguarding lead.

The safeguarding lead will then consider the situation and plan the actions that need to be taken, in conjunction with the adult at risk and in line with the SWVG’s policy and procedures and local Safeguarding Adults Board policy and procedures.

To make an adult safeguarding referral you need to call the local Safeguarding Adults Team. This is part of a MASH (Multi-Agency Safeguarding Hub). A conversation can initially be had with the Safeguarding Adults Team without disclosing the identity of the person. If it is then thought that a referral needs to be made to the Safeguarding Adults Team, consent should be sought from the adult at risk.

Individuals may withhold consent to the sharing of safeguarding information with the Safeguarding Adults Team for a number of reasons. Reassurance, appropriate support and revisiting the issues at another time may help to change their view on whether it is best to share information.

If they still do not consent, then their wishes should usually be respected. However, there are circumstances where information can be shared without consent, such as when the adult does not have the capacity to consent, or when it is in the public interest because it may affect other people, or when a serious crime has been committed. This should always be discussed with the SWVG safeguarding lead.

If someone does not want you to share information outside SWVG, or you do not have consent to share the information, ask yourself the following questions:

- Is the adult placing themselves at further risk of harm?
- Is someone else likely to get hurt?
- Has a criminal offence occurred? This includes theft or burglary of items, physical abuse, sexual abuse, financial abuse and harassment.
- Is there suspicion that a crime has occurred?

If the answer to any of the questions above is 'yes' - then you can share without consent and need to share the information.

When sharing information there are guidelines that should always be followed.

1. Seek advice if in any doubt.
2. Be transparent - the Data Protection Act (DPA) is not a barrier to sharing information but to ensure that personal information is shared appropriately, except in circumstances where doing so places the person at significant risk of harm.
3. Consider the public interest - base all decisions to share information on the safety and well-being of that person or others who may be affected by their actions.
4. Share with consent where appropriate - where possible, respond to the wishes of those who do not consent to share confidential information. You may still share information without consent, if this is in the public interest.
5. Keep a record - record your decision and reasons to share or not share information.
6. Accurate, necessary, proportionate, relevant and secure - ensure all information shared is accurate, up-to-date, necessary, and shared only with those who need to have it.

Appendix 3 - Capacity – Guidance on Making Decisions

The issue of capacity or decision-making is a key one in safeguarding adults. It is useful for organisations to have an overview of the concept of capacity.

We make many decisions every day, often without realising. We make so many decisions that it's easy to take this ability for granted.

But some people are able to make only some decisions, and a small number of people cannot make any decisions. Being unable to make a decision is called "lacking capacity".

To make a decision we need to:

- understand information
- remember it for long enough
- think about the information
- communicate our decision

A person's ability to do this may be affected by things like learning disability, dementia, mental health needs, acquired brain injury, and physical ill health.

The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions, and provides the framework for this to happen.

The MCA is about making sure that people over the age of 16 have the support they need to make as many decisions as possible.

The MCA also protects people who need family, friends, or paid support staff to make decisions for them because they lack capacity to make specific decisions.

Our ability to make decisions can change over the course of a day.

Here are some examples that demonstrate how the timing of a question can affect the response:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly as normal if they have just taken some medication that causes fatigue.

In each of these examples, it may appear as though the person cannot make a decision. But later in the day, presented with the same decision, they may be able to at least be involved.

The MCA recognises that capacity is decision-specific, so no one will be labelled as entirely lacking capacity. The MCA also recognises that decisions can be about big life-changing events, such as where to live, but equally about small events, such as what to wear on a cold day.

To help you to understand the MCA, consider the following five points:

1. Assume that people are able to make decisions, unless it is shown that they are not. If you have concerns about a person's level of understanding, you should check this with them, and if applicable, with the people supporting them.
2. Give people as much support as they need to make decisions. You may be involved in this – you might need to think about the way you communicate or provide information, and you may be asked your opinion.
3. People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, consider how risks might be minimised.
4. If someone is not able to make a decision, the person helping them must make decisions only in their "best interests". This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.
5. Find the least restrictive way of doing what needs to be done.

Remember:

- You should not discriminate or make assumptions about someone's ability to make decisions, and you should not pre-empt a best-interests decision merely on the basis of a person's age, appearance, condition, or behaviour.
- When it comes to decision-making, you could be involved in a minor way, or asked to provide more detail. The way you provide information might influence a person's ultimate decision. A person may be receiving support that is not in line with the MCA, so you must be prepared to address this.

Appendix 4 - Legislation and Government Initiatives

[Hampshire Safeguarding Adults Board](#) has developed, jointly with the Southampton, Portsmouth and Isle of Wight Safeguarding Adults Boards, a local Multi-agency Safeguarding Adults Policy and Guidance which set out how local agencies will work together. The Policy and Guidance were published in May 2015, and subsequently updated in [December 2016](#), in line with changes to the Care Act (2014) statutory guidance.

Sexual Offences Act 2003

<http://www.legislation.gov.uk/ukpga/2003/42/contents>

The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children. www.opsi.gov.uk

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/introduction>

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention. www.dca.gov.uk

Safeguarding Vulnerable Groups Act 2006

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process, with criminal sanctions for non-compliance. www.opsi.gov.uk

Deprivation of Liberty Safeguards

<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

Disclosure & Barring Service 2013

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Criminal record checks: guidance for employers – how employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). www.gov.uk/dbs-update-service

The Care Act 2014 – statutory guidance

<http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted>

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Making Safeguarding Personal Guide 2014

This [guide](#) is intended to support councils and their partners in developing outcomes-focused, person-centred safeguarding practice.

Appendix 5 - Working with adults potentially at risk from harm or abuse.

Implementation of Safeguarding Policy

Recruitment

Potential visitors attend an initial meeting to assess whether they wish to join SWVG. Issues concerned with working with vulnerable people are discussed. All visitors, contractors and staff are checked through the Disclosure and Barring Service.

Induction

New visitors, contractors and staff are given a training course covering all aspects of the work, including a specific section on working with vulnerable people. The course and the handbook that accompanies it cover: visitor behaviour; limits of competence of befrienders; assessment of risks; referring clients to specialist care; empowerment; non-judgementally working from the client's perspective and respecting their religion and customs. Initial visits are supervised. Visitors work individually with a client, but always have a back-up visitor, who also knows the client and is available to discuss any issues.

When working with clients:

- Visitors are strongly advised to meet clients in public places.
- Visitors are strongly advised never to see children unless a parent or carer is present.
- Clients are given the contact details of a visitor, back-up visitor and of the SWVG co-ordinator.
- Regular training meetings and visitor support groups provide the forum for discussing issues that arise from the work.
- The co-ordinator makes every effort to match the skills of the visitor with the needs of the client, e.g. by gender
- Visitors are advised to respect the client's decisions.
- Visitors are encouraged and expected to discuss issues with their back-up visitors, their support groups and/or the co-ordinator.
- If a visitor suspects possible abuse, they must discuss this immediately with the co-ordinator, who will take appropriate action and will also inform the safeguarding lead and Chair.
- SWVG members will undertake safeguarding training every two years.

All visitors, contractors, staff and members are given a copy of this Policy. Referring Agencies are made aware of this Policy. The Trustees are committed to monitoring the effectiveness of this Policy. They do so through discussions between visitors and co-ordinators and through the regular visitor meetings and support groups.

SWVG is committed to supporting and befriending asylum seekers and refugees.

We focus our work on adults over the age of 18. We never take referrals of children but recognise that clients may have children. (See Appendix 6 – **Issues with Children of Clients**) While we offer general support and language teaching to clients, we may interface with other organisations that provide specialised health or social care needs.

Disclosure and Barring Services (DBS) Checks

Updated 15th April 2019

The Disclosure and Barring Service (DBS) was established in 2012 and carries out the functions previously undertaken by the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA).

The aim is to prevent unsuitable people from working with vulnerable people, including children.

There are currently three levels of criminal record check:

- basic check
- standard check
- enhanced check (with or without barred lists)

The information contained in each type of check is different, as is the process for applying.

Basic check

A basic DBS check is for any purpose, including employment. The certificate will contain details of convictions and conditional cautions that are considered to be unspent under the terms of the Rehabilitation of Offenders Act (ROA) 1974.

An individual can apply directly to the DBS for a basic check through the online application route, or an employer can apply for a basic check on an individual's behalf, through a Responsible Organisation, if they have consent.

Standard check

A standard DBS check is suitable for certain roles, such as security guard. The certificate will contain details of both spent and unspent convictions, cautions, reprimands and warnings that are held on the Police National Computer, which are not subject to filtering.

An individual cannot apply for a standard check. There must be a recruiting organisation that needs the applicant to get the check. The application is then sent to DBS through a registered body.

The service is free for volunteers.

Enhanced check

An enhanced DBS check is suitable for people working with children or adults in certain circumstances such as those in receipt of healthcare or personal care. An enhanced check is also suitable for a small number of other roles such as taxi licence applications or people working in the Gambling Commission.

The certificate will contain the same details as a standard certificate and, if the role is eligible, an employer can request that one or both of the DBS barred lists are checked.

The certificate may also contain non-conviction information supplied by a Chief Officer, if they feel it is relevant and ought to be contained in the certificate.

An individual cannot apply for an enhanced check. There must be a recruiting organisation that needs the applicant to get the check. The application is then sent to DBS through a registered body.

The service is free for volunteers.

Eligibility

Eligibility for standard and enhanced checks is prescribed in legislation. Recruiters should only request a DBS check on an individual when they are legally allowed to do so – they must be entitled by law to ask an individual to reveal their full criminal history, known as asking ‘an exempted question’.

An exempted question applies when the individual will be working in specific occupations, for certain licences and specified positions. These are covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

The minimum age at which someone can be asked to apply for a criminal record check is 16 years old.

SWVG Procedure

Our procedure will be in line with the guidance made in the Charity Commissions booklet: Finding New Trustees (CC30).

All SWVG members intending to work with clients (visitor, back-up, teacher, regular helper at SWVG events for clients etc.) and/or in a position of responsibility for the Group (e.g. trustee, administrator etc.) will be checked in line with the Safeguarding and Working with Vulnerable People Policy.

Everyone will be enhanced checked through the DBS system.

Everyone will be enhanced checked every three years. Applicants can use the DBS Update Service to keep a certificate up to date.

New members will be given the appropriate forms and information whilst attending the training sessions (references are also asked for).

Members do not visit clients alone until they have been cleared by DBS.

HARWIN Associates Ltd is an independent Criminal Record Vetting Agency and Consultancy which is registered with the Disclosure & Barring Service (DBS), formerly called Criminal Records Bureau (CRB), registration number 20109600000, as an Umbrella Registered Body to obtain Enhanced and Standard Disclosures and with Disclosure Scotland for obtaining Basic Disclosures. HARWIN Associates was established in 2001 specifically to provide professional and dedicated facilities to Agencies, Businesses, Companies, Employers and Organisations (including Voluntary Sector) in undertaking the Disclosure Service.

The DBS liaison person (the administrator or secretary) is informed by Harwins or by DBS who has been cleared. The SWVG administrator, who is responsible for commissioning the DBS checks, is informed by Harwins of any information that has come to light as a result of the DBS search request.

The DBS Monitoring Group (Chair, administrator or secretary, co-ordinator and deputy co-ordinator) are informed of all DBS results and take appropriate actions regarding the individual concerned. This information is confidential and is discussed only with the individual concerned.

Appendix 6 - Issues with Children of Clients

Our work with families has increased considerably over the last few years. SWVG visitors all have DBS checks to advanced level that enable us to work with vulnerable adults.

1. Occasionally visitors have been asked to take responsibility for a client's child for a few hours – e.g. on a coach outing. This is not something any visitor should agree to. Instead, help the client to find a friend of theirs to accompany the child.
2. Once or twice, when accompanying a client to hospital, a visitor has been asked in an emergency to look after children for a short time while the client sees the clinician. As long as the visitor and child are in a public place this is acceptable, as it also would be if a visitor were asked to look after a child while the parent was interviewed by immigration or in a court for a short time.
3. It is absolutely fine for visitors to be with and to play with children in any public place. However, visitors must avoid being alone with a child – e.g. in a car.
4. In summary, visitors must not take full responsibility for looking after a child; that responsibility remains with the parent.

Southampton City Council

For concerns about children the **Early Help Hub** would be the first port of call and a social worker will advise.

EarlyHelpHub@southampton.gov.uk

023 8083 3311.

Multi-Agency Safeguarding Hub (MASH)

023 8083 3336 (office hours)

023 8023 3344 (emergencies)

For concerns about adults at risk ring **Adult Social Care**

023 8083 3003