



Safeguarding and Protection of Adults Policy and Procedure

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Declaration

I have read Nacro's Safeguarding and Protection of Adults Policy and Procedure, agree to abide by its principles and understand that failure to do so may result in disciplinary action, and that if I have concerns about the application of the policy or procedure, I may raise these concerns either with my line manager, the Director of Human Resources and Organisational Development, or as a grievance or harassment in accordance with Nacro's procedures.

I understand that signing this declaration does not in any way affect my statutory right to raise a grievance concerning any area of my employment.

Print name	
Signature	
Department or project	
Directorate	
Date	

NB: This declaration will be held on your personnel file.



1. Introduction

- 1.1 The Care Act 2014 includes statutory duties to safeguard adults from abuse and to promote their wellbeing.¹ The Care and Support Statutory Guidance² sets out specific expectations of all agencies, and applies to housing and support providers, regulated care providers, and voluntary organisations, as well as local authorities and other statutory services. The guidance includes requirements to minimise the risk of abuse through robust risk management and support; to identify and deal with abuse; and for multi-agency working. Local authorities are legally required to cooperate with housing, health and care providers in the exercise of their safeguarding functions, and to make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. All organisations are required to have safeguarding policies and procedures which reflect the statutory guidance.
- 1.2 Against this backdrop, this policy and procedure is designed to reflect the statutory guidance and to provide a framework for delivering Nacro's role in safeguarding adults so that Nacro's managers, staff and volunteers are enabled to do the following:
- Support the reduction or removal of safeguarding risks as well as to secure any support to protect adults and, where necessary, to help adults recover and develop resilience.
 - Take swift and personalised action (safeguarding responses) when an adult is believed to be suffering abuse, involving the adult and appropriate colleagues in the decision making process.
 - Work in partnership with statutory agencies and those in the private and voluntary sectors to prevent abuse and improve the quality of service delivery to adults their carers and local communities.
- 1.3 All of Nacro's employees and volunteers have an individual and contractual duty to safeguard adults from abuse. They must remain vigilant to the possibility that a service user could be the victim of abuse or neglect, and if this is the case they have a duty to report it. Failure to do so could in itself be seen as an act of omission and an abuse in its own right.
- 1.4 Safeguarding is defined in the statutory guidance as "protecting an adult's right to live in safety, free from abuse and neglect".³ The safeguarding duties apply to an adult who:

¹ The Care Act 2014, especially sections 42-46

² Care and Support Statutory Guidance Issued under the Care Act 2014, Department of Health, 2014

³ Paragraph 14.7, Care and Support Statutory Guidance Issued under the Care Act 2014, Department of Health 2014



- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. This is likely to apply to anyone using Nacro's services: the person does not have to be receiving any services from a local authority. Staff should therefore follow this policy and procedure in respect of all service users. Abuse and neglect, can take many forms, in which exploitation is often a common theme, such as: physical abuse, domestic violence, sexual abuse, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission, or self neglect. It is necessary to consider the individual circumstances in each case. The perpetrator could be a carer, a close relative or a friend or anyone else who has contact with the adult, including a member of Nacro's staff or a volunteer. Whether it is an isolated incident of poor or unprofessional practice at the one end of the spectrum or pervasive ill treatment or gross misconduct at the other, all constitute abuse where the criteria at paragraph 1.4 is satisfied.

- 1.5 The primary focus of all safeguarding work should be to stop abuse or neglect wherever possible and to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs. It is important to safeguard adults in a way that supports them in making choices and having control about how they want to live; to promote an approach that concentrates on improving life for the adults concerned, and to address the cause of the abuse or neglect.

Safeguarding activity must be compatible with the Mental Capacity Act 2005 and with the Deprivation of Liberty Safeguards (DOLS). If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm. Wherever practicable staff should seek the consent of the adult before taking action. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred. It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.

- 1.6 These procedures outline the following imperatives:



- All staff must ensure that any cases of actual or potential abuse or neglect are reported immediately to:
 - Their line manager
 - Nacro's safeguarding lead
 - The senior designated officer in the local authority.
 - In parallel, immediate action must be taken to ensure the safety of the individual concerned to mitigate against the risk of further abuse or neglect.
 - In an emergency where the victim is at risk of imminent harm, the police must be contacted before doing anything further.
 - In the event that a criminal act is thought to have taken place, the police must be contacted at the earliest opportunity.
 - All concerns regarding abuse or neglect must be fully documented in Nacro's case records and on the appropriate adult safeguarding referral form.
 - All managers and staff are responsible for ensuring that any safeguarding enquiry or related investigation undertaken internally or externally, (e.g. by the local authority, the police, or Safeguarding Adults Reviews undertaken by the Safeguarding Adults Board) is fully supported.
- 1.7 In summary, this policy and procedure applies to all members of staff, trustees and volunteers and will be applied across all services. All of these individuals have a duty to protect adults who have needs for care and support and who as a result may not be able to protect themselves from either, the risk of, or the experience of, abuse or neglect. All staff, trustees and volunteers will respond to potential and actual incidents of abuse in a proportionate, timely and effective way. The views, wishes and choices of service users must be actively sought and be central to Nacro's decision making process.



2. Definitions and Principles

2.1 Safeguarding is defined in the statutory guidance as “protecting an adult’s right to live in safety, free from abuse and neglect”. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.⁴

This policy relates to adults: in this context, people of 18 years of age or over. Where someone is 18 or over but is still receiving children’s services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. Children under the age of 18 years are protected by the Children Act 1989. The term “adult” has been used to replace the term “adult at risk” in this policy and procedure. This is to reflect the Care and Support Statutory Guidance 2014,⁵ which was updated in March 2016. Some of the common factors which may signal that there is danger of abuse or that abuse has occurred are contained in appendix 1.

2.2 An adult in respect of whom safeguarding concerns may apply is a person who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and; is experiencing, or at risk of, abuse or neglect; and:
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- In practice this will apply to many of Nacro’s service users. Any concerns about any client should be reported to the line manager, irrespective of whether the worker believes the client is covered by this definition.

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

2.4 Abuse and neglect are violations of an individual’s human and civil rights by any other person or persons. Abuse or neglect can take place anywhere, including in a person’s own home, in a day or residential centre, within supported housing, or in an educational establishment, a nursing home, a clinic or a hospital. It may consist of a single act or repeated acts and may take many forms. It may be an act of neglect or

⁴ Care and Support Statutory Guidance Issued under the Care Act 2014, Department of Health, 2014, paragraph 14.7

⁵ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>



an omission to act or may occur when a person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse may occur in any relationship and may result in significant harm to, or the exploitation of, the person subjected to it. Intent is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse. The critical issue is the nature and/or extent of the impact on the person and the potential for risk.

2.5 There are a number of categories of abuse as follows:⁶

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, cyber crime, postal and doorstep crime, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **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.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

⁶ As listed in Paragraph 14.17, Care and Support Statutory Guidance to the Care Act 2014, Department of Health, 2014.



- **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.

2.6 Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. Incidents may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. This makes it important to look beyond the single incident or breach of standards to underlying dynamics and patterns. Some instances of abuse will constitute a criminal offence. In this respect, adults concerned are entitled to the protection of the law in the same way as any other member of the public. When complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference should be made to the police as a matter of urgency. Criminal investigation by the police takes priority over all other lines of enquiry. A multi-agency approach should be agreed to ensure the interests and personal wishes of the adult will be considered throughout.

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

- The adult's **needs for care and support**.
- The adult's **risk of abuse or neglect**.
- The adult's **ability to protect** themselves or the ability of their networks to increase the **support** they offer.
- The **impact** on the individual and their wishes.
- The possible impact on important relationships
- The **potential** of action and increasing risk to the adult
- The risk of **repeated or increasingly serious** acts involving children or another adult at risk of abuse or neglect.
- The **responsibility** of the person or organisation that has caused the abuse or neglect; and
- Research **evidence to support any intervention**.

2.8 Six key principles should underpin all adult safeguarding work:

Empowerment – adults should be supported and encouraged to make their own decisions and to give informed consent. Staff should ask what outcomes the adult wants from the safeguarding process and ensure their wishes inform what happens.

Prevention – acting before harm occurs. Staff and managers should ensure risk management is robust and that support minimises the circumstances which make adults vulnerable to abuse, including through multi-agency support planning where appropriate. Clients should receive clear information about what abuse is, how to recognise it, and how to report it. Services should provide locally specific



information on raising concerns, and ensure they provide information from the Local Safeguarding Board and about the external safeguarding processes in their locality. Managers should ensure their local external referral process reflects that set down by the local Safeguarding Board.

Proportionality – taking the least intrusive response appropriate to the risk presented.

Protection – ensuring support and representation for those in need.

Partnership – working with other agencies and the community as appropriate.

Accountability – and transparency in delivering safeguarding.

- 2.9 Often, the cases which give rise to the most concern are those where an adult is seen to be at grave risk but refuses help. If it is considered that the adult has the capacity to make an informed decision, then that person has the right to refuse services. In these circumstances, the concerns will be discussed at a safeguarding case conference. The adult should always be involved unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the local authority must be asked to arrange for an independent advocate to represent them for the purpose of facilitating their involvement. For the sake of clarity, in circumstances where the organisation continues to have concerns or evidence of abuse and the service user is refusing to report those concerns, a safeguarding case conference must be called with or without the adult.



3. Confidentiality

- 3.1 Under section 115 of the Crime and Disorder Act 1998, a worker has the power (not a duty) to share information with personnel within the local authority, health trusts, police and probation if s/he thinks a crime has been, or could be, committed in the future. Concern about abuse of adults at risk provides sufficient grounds to warrant sharing information on a need to know basis and/or in the public interest and, in these circumstances, unnecessary delays in sharing that information should be avoided.
- 3.2 Confidentiality must not be confused with secrecy. Information must only be shared on a need-to-know basis when it is in the best interests of the service user(s). Informed consent should be obtained but if it is not possible to obtain this and other adults are at risk, it may be necessary to override this requirement. It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations where other vulnerable people may be at risk. The decision to disclose information must be done in consultation with an area manager and area designated safeguarding officer.
- 3.3 All those providing information must take care to distinguish between fact, observation, allegation and opinion. It is important that the information can be supported by evidence, should any information exchange be challenged. Information must be adequate, relevant and proportionate to the purpose for which it is held and must be held no longer than is necessary for that purpose. Nacro is responsible for maintaining its own records on work with adult safeguarding cases.
- 3.4 Local managers and staff will be bound by local protocols which set out the proper level and line of communication to be adhered to when any partner agency seeks to obtain confidential information (including client records) from another agency. All of these protocols must adhere to the principles contained within the following:
- The Care Act 2014 and the statutory guidance to it
 - The Caldicott Review 2013
 - The Data Protection Act
 - The Human Rights Act
 - Existing protocols for social services and NHS trusts and third party disclosure to the police
 - Police disclosure to social services
 - Disclosure by the police in care proceedings, civil proceedings and matrimonial proceedings
 - Caldicott Guardianship Rules
 - The Freedom of Information Act
- 3.5 Nacro wishes to collaborate effectively with Safeguarding Adults Boards (SABs). This may include sharing information in accordance with the above principles. A SAB may request a person to supply information to it or to another



person. The person who receives the request is legally expected to provide the information provided to the SAB if:

- the request is made in order to enable or assist the SAB to do its job;
- the request is made of a person who is likely to have relevant information

and then either:

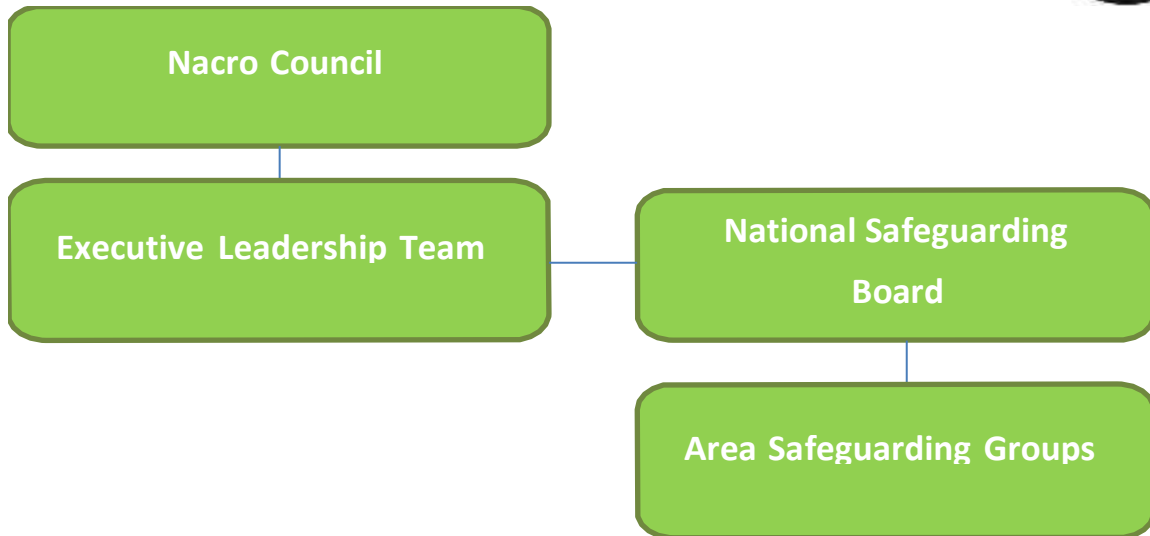
- I. the information requested relates to the person to whom the request is made and their functions or activities or;
- II. the information requested has already been supplied to another person subject to an SAB request for information.

The Area Manager and area designated safeguarding officer must be informed immediately if any such request is received and will be involved in all such cases.



4. Safeguarding structures

- 4.1 Nacro will provide a nominated safeguarding person, identified at a senior manager level. The nominated Strategic Safeguarding Lead is the Director of Housing, Joanne Drew and operationally Paul Philips, Head of Housing (North) and Clare Kirk, Assistant Principal – Learner Services who will oversee all aspects of safeguarding within and across Nacro, providing a critical evaluation of quarterly directorate monitoring reports and propose recommendations for the improvement of policy, procedures and practices across and within the organisation.
- 4.2 There will also be a group of staff appointed as Designated Safeguarding Officers. These nominated staff will receive designated safeguarding officer training provided by the NSPCC. They will have responsibility for assisting with day-to-day enquiries from staff and volunteers; offering consultation and advice where necessary and assisting with liaison with external agencies in respect of local safeguarding matters. In addition, they will be responsible for completing monthly monitoring forms. These officers will meet at least four times a year to assist the nominated safeguarding person to fulfil requirements within and across the organisation as a whole and to take an active role in ensuring the implementation of Nacro's safeguarding and Protection of Adults Policy, Procedures and Guidance amongst all managers, staff and volunteers.
- 4.3 The role of the Lead Trustee is to provide a bridge between the Executive Leadership Team and Nacro's Finance and Performance Committee to ensure that effective monitoring of the policy is in place and that all allegations and complaints are fed through to Nacro Council and that the organisation remains compliant with its own policy and procedures. The Lead Trustee will ensure that the Nacro Council is made aware of any potential risk(s) to the organisation regarding specific allegations or the overall procedure. The lead trustee's key function is to work with the Director of Housing in ensuring corporate responsibility is adhered to under the policy.
- 4.4 Area safeguarding groups will review local practice, analyse reports and incidents and feed in outcomes to Nacro's Safeguarding Board, which will report to the leadership team, who in turn will keep Nacro Council informed of all relevant issues.
- 4.5 The diagram overleaf outlines Nacro's safeguarding governance structure. Area safeguarding groups will review local practice, analyse reports and incidents, and feed in outcomes to Nacro's safeguarding group who will report to the leadership team, who in turn will keep Nacro Council informed of all relevant issues.
- 4.6 Governance structure



- 4.7 Nacro's safeguarding reporting structure is outlined in appendix 5.
- 4.8 For a full list of Nacro's current Area Designated Safeguarding Officers and Project Designated Safeguarding Officers refer to 'Safeguarding Officers contact details' located in the 'All users safeguarding folder' on the S drive. These details are also published on OneSpace under the Safeguarding tab.



5. Responding to allegations of abuse

- 5.1 Every staff member (and volunteer) within Nacro has a professional and moral duty to report any witnessed or suspected abuse to their line manager. If there is sufficient cause for concern, the line manager must ensure that the information is referred immediately to the local authority's safeguarding contacts following the process specified by the Local Safeguarding Adults Board.
- 5.2 Every reported case must be assessed by the local authority as a matter of urgency to determine what the appropriate action is. Local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria is, or is at risk of, being abused or neglected. The nature of the enquiry may range from a conversation with the adult right through to a formal multi-agency plan following a formal enquiry.
- 5.3 It is not the responsibility of Nacro's front line staff to decide whether or not abuse has taken place but it is their responsibility to act on and report, any concerns. In all circumstances where staff have concerns, the matter must be reported to their line manager and to their nominated project designated safeguarding officer no later than the same working day.
- 5.4 All incidents must be recorded on the initial report form (see appendix 3) as soon as possible after it has occurred and in any event on the same day. The concerns must be listed on the individual's significant events chronology (see appendix 4).
- 5.5 The member of staff who has completed the incident form must send a copy to the line manager and the project designated safeguarding officer within 24 hours.
- 5.6 Whilst the staff member is responsible for reporting the matter to the line manager and the project designated safeguarding officer, the fact that neither of these individuals is available must not prevent or delay the referral to the local authority if the staff member deems that the referral is necessary and appropriate.
- 5.7 In any event, the referral must be made to adult safeguarding in the local authority responsible for the area where the person is currently living, either temporarily or permanently. If the person is in immediate danger, the police must be contacted without delay.
- 5.8 For the sake of clarity, where any individual is in immediate danger all staff are authorised to call the police and/or ambulance service without referring to the line manager, safeguarding lead, or deputy lead. Not to do so might later be construed as negligent and as a failure of duty of care. In these cases, the line manager and the area designated safeguarding officer must be notified the same working day and preferably within two hours of the event.



- 5.9 The referral to the local authority must be made in accordance with the local Safeguarding Adults Board's referral process. Managers and area designated safeguarding officers are responsible for ensuring staff and volunteers in each service are familiar with the local external referral process and the framework set out by the local Safeguarding Adults Board. Information on this process should be easily accessible to service users, staff, and volunteers within each service. If there is any uncertainty which cannot be immediately resolved, staff should make a referral by telephone to the adult services department duty officer, specifying that there is a safeguarding adults concern. If the person is already known to adult social services, the relevant social worker must also be contacted.
- 5.10 The referral will need to include: basic details of the person, (including their needs for care and support, in which way(s) they are experiencing or are at risk of abuse or neglect, and how their needs for care and support impair their ability to protect themselves); the events leading up to the referral; the analysis of the concern, and what protective action has already been taken and is felt to be necessary. The date and time of the referral (and as applicable the date and time of the call and the name of the duty officer or social worker who took the call) must be recorded, at the time of the referral, on the Nacro service user record. The person making the referral or the person's line manager must contact the individual dealing with the referral in the local authority adult services department or the existing social worker within three working days, or at the expiry of the local authority's target response time if that is earlier, and chase if this is not received.
- 5.11 Advice and support will be provided by the area designated safeguarding officer and, where appropriate, the national safeguarding lead (or his deputy in his absence). The project designated safeguarding officer must pass the completed initial report form on to the area designated safeguarding officer within 24 hours, by which time all actions must be complete. Forms should be scanned and emailed to the area designated safeguarding officer.
- 5.12 The reporting procedure flowchart can be found at appendix 2.
- 5.13 It is important to provide as much information as possible about the extent and nature of the alleged abuse and the context in which it has allegedly occurred. In circumstances where there is uncertainty as to whether or not to refer a matter to adult safeguarding, some authorities operate a formal pre-referral consultation process to assist in deciding whether an adult safeguarding referral is necessary. It is imperative that accurate records are made of the identified concerns and of all consultations made in the process of deciding on appropriate action. The record must include details of the people consulted and all decisions and all actions taken.
- 5.14 The following are practical considerations when making a referral:
- Have as much information to hand as possible.
 - Be clear exactly what concern is being referred.



- Consider whether the consent of the person should be sought before making the referral.
 - Use the significant events chronology SR2a (appendix 4) to guide the referral in terms of how persistent the concern has been and/or the impact on the adult at risk.
 - If the referral is not accepted, ask to speak to a line manager within adult safeguarding or social services and/or speak to the relevant Nacro area designated safeguarding officer who can assist in supporting the referral.
 - The local authority may not always have a duty of care to an individual but they do have powers to provide support for those in need and so where this duty does not apply, challenges need to be made to encourage the local authority to offer alternative provision/support.
 - Most local authorities have their own reporting forms and if it is necessary to complete one, this should be completed with the support of the project designated safeguarding officer and one copy kept on the service user's file and a copy scanned and emailed to the area designated safeguarding officer and area manager.
 - See appendix 6 for more guidance on making a referral.
- 5.15 When deciding what constitutes a safeguarding incident, it is important to consider the following issues:
- The adult's characteristics: are they in need of care and support? Are they experiencing or at risk of abuse or neglect? Are they less able to protect themselves as a result of their care and support needs? If the answer to all three is yes you must treat the incident as a safeguarding concern.
 - What is the nature of the harm, abuse or risk? How serious was the harm/abuse or risk of harm/abuse or what was the potential consequence? Namely:
 - Did or could the adult at risk suffer significant loss, mental distress or harm as a result of the abuse?
 - Is the risk of harm sufficient to indicate a safeguarding adult referral is required?
 - Has a criminal act occurred?
 - How often has actual abuse/harm or the risk of abuse/harm occurred?
 - Is this the first incident, or has it happened before indicating a pattern or trend?
 - How many were exposed or could have been exposed to the harm/abuse?
 - Was there one adult at risk placed at risk of abuse/harm or were other adults at risk put at risk at the same time?
 - What is the likelihood of the abuse/harm recurring?
 - Was the situation a one-off in terms of its occurrence, or is it likely, possible or probable that it will happen again?
- 5.16 When a referral is made, the following information (if available) should be provided:
- Personal details of the person (name, date of birth, address, gender, race, faith, culture and current whereabouts), their care and support needs, and the impact of them on their ability to protect themselves



- Referrer's name, address, contact number, role and the nature of their involvement.
- The details of what has occurred (what, where, when and how it came to light).
- Details of the alleged abuser (name, address, current whereabouts) and their relationship to the alleged victim/s.
- Nature of the abuse and its impact on the alleged victim.
- Details of any witnesses.
- What immediate action has been taken to protect the adult and what other action is required to protect the adult.
- Whether other people may be at risk.
- Details of any action already taken (e.g. a call to the emergency services, crime number and interim protection measures).
- Details of other agencies involved and the nature of their involvement.
- Whether the adult is aware of the referral being made.
- Whether the adult has given consent to the referral being made and their wishes.
- The views of the alleged victim.
- Any view about the mental capacity of the alleged victim.
- Whether the matter has already been referred to another agency.
- Any known language or communication issues (e.g. The need for an interpreter).

5.17 There may be a number of possible responses when an adult safeguarding referral is made to the local authority. One of the following conclusions may be reached at any stage in the process from initial consultation/formal referral to case conference:

- It is not adult abuse or it is discounted following evaluation/assessment or information received.
- It is not adult abuse but a care management assessment is instigated.
- It is abuse but the victim does not meet the criteria for it to be classified as a safeguarding concern.
- Referral to a more appropriate service may be suggested e.g. domestic abuse, housing services, police.
- It appears to be abuse, and it is agreed to be a safeguarding concern in view of the adult's characteristics. The statutory guidance states: "Local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria is, or is at risk of, being abused or neglected. An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42 [of the Care Act], right through to a much more formal multi-agency plan or course of action."



Whatever the course of subsequent action, staff should record the concern, the adult's views and wishes, any immediate action has taken and the reasons for those actions."⁷

Although the local authority may ask others to make the enquiries, it must decide what action is necessary. In regulated care. Its decision will be communicated to those people who have a need to know the outcome of the referral. The local authority Designated Adult Safeguarding Manager (DASM) is responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. safeguarding cases within the local authority. The area designated safeguarding officer will work with those carrying out different aspects of the enquiries. As a service provider and a regulated care provider, Nacro may be asked to undertake the enquiries and liaise with the local authority and other agencies. Any enquiries Nacro undertakes will be performed by trained staff acting under appropriate managerial authorisation. No staff should undertake unauthorised investigations. Nacro has a responsibility to duty to correct abuse or neglect and protect the adult from harm as soon as possible and to inform the local authority, and the relevant commissioner.

- 5.18 The support plan and risk management plan should be promptly reviewed in all cases with the adult's involvement and with the aims of reducing any risks to them whilst supporting their wellbeing. This is equally important where the adult is not deemed to have the necessary care and support needs for the incident to be accepted by the local authority as a safeguarding concern. The adult should be offered independent advocacy to enable their participation if that is required. The Deprivation of Liberty

Safeguards must be respected. If an adult in care lacks mental capacity and it is felt that restricting their liberty or acting against their wishes would be in their best interests, the line manager and the area safeguarding lead must be consulted. Advice and authorisation must be sought from the local authority's social services department. The rationale and all related contacts must be clearly documented.

- 5.19 Whilst Nacro would encourage all employees and volunteers to speak to a senior manager within the organisation, they should be aware that they can approach the regulatory bodies, adult social services or the police independently to discuss any worries they have about abusive acts or services and that they must do so if any of the following apply:

⁷ Paragraphs 14.62 and 14.63, Care and Support Statutory Guidance to The Care Act 2014, Department of Health, 2014.



- They have concerns that their manager may be implicated.
- They have grounds for thinking that the manager will not take the matter seriously and/or act appropriately to protect service users.
- They fear intimidation and/or have immediate concerns for their own, or for a service user's, safety.

6. Records

- 6.1 It is essential that clear and accurate records are kept of all contacts and actions relating to cases of abuse. The records may need to be used to hold individuals/agencies to legal account and therefore should be complete. It is important that the information can be supported by evidence, should any information exchange be challenged. All records must be accurate and factual. Records must conform to the Data Protection Act principles.
- 6.2 All records must be signed, timed and dated.
- 6.3 Members of staff and managers must not do either of the following:
- Unduly delay reporting the matter by trying to obtain more information.
 - Destroy any handwritten notes made at the time of the incident in case they are needed by the courts. If any corrections are required to the notes they must not be deleted or struck through but instead there should be a subsequent entry to clarify any mistakes with the reason for the changes dated.
- 6.4 Copies of records and referrals must be kept in line with Nacro's policy and procedure on data protection.⁸ This allows for the disclosure of personal information without the consent of the subject in certain conditions, including for the purposes of the prevention and detection of a crime, for example where there is a safeguarding concern.
- 6.5 See also section 3 of this policy and procedure on confidentiality and record sharing, and refer also to Nacro's information governance policies and procedures, including on data retention and disposal.

⁸ The policy is at <http://onespace.nacro.org.uk/sites/intranet/sharedservices/dataprotection/dataprotection/ppy125%20dataprotection%20policy%20v1.1.pdf>



7. Nacro's Incident Management System (Incident Tracker)

- 7.1 All safeguarding incidents/concerns must be recorded as soon as possible after the incident has occurred and in any event within the same day on Nacro's Incident Management System (IMS), also known as the incident tracker. The purpose for this is to ensure that all concern/incidents are captured across the organisation and that they are monitored and responded to promptly by designated safeguarding representatives and through the line management reporting structure. The IMS is able to capture data on the number of referrals made, outcomes of referrals, the type of concerns being reported, emerging trends and themes both nationally and grouped by cluster geographical areas.
- 7.2 Guidance on how to use the Incident Management System (IMS) can be found on the Nacro intranet.⁹

8. Allegations against Nacro's service users

- 8.1 Any concerns that a service user may be abusing another service user should be dealt with as outlined above. If a criminal offence is suspected or alleged the police must be called. In addition, the risk management plan and support plan of the alleged or suspected service user should be immediately reviewed, as should the risk of harm to others. The safety of each party must be considered. It may be necessary for one or both to be moved pending enquiries. The local authority social services department, the commissioner, and, in care services, the Care Quality Commission, must be informed.
- 8.2 Nacro will assist any safeguarding enquiries in relation to any service users, Whether alleged victim or alleged perpetrator. Any requests for information should be referred to line management and the area adult safeguarding manager, who must ensure appropriate liaison with other agencies including the police.

⁹ Incident Management System guidance to staff:
<http://onespace.nacro.org.uk/sites/Intranet/SharedServices/HealthSafety/Pages/Whatwedo.aspx>



9 Allegations against Nacro's workforce and trustees

- 9.1 Any suspicion or allegation that an individual has been abused by either a member of staff, volunteer or trustee must be reported to the line manager and the area designated safeguarding officer. If either the line manager or the area designated safeguarding officer is implicated in the suspicion or allegation, the matter must be referred to the next most senior person in the safeguarding structure. In any event, the national safeguarding lead (or in his absence his deputy) and the leadership team director responsible for safeguarding must be immediately informed of the allegation or suspicion.
- 9.2 The national safeguarding lead (or in his absence his deputy) will liaise with the area designated safeguarding officer so that steps can be taken to protect the person and safeguard their wellbeing going forward. If the allegation is not demonstrably false at the outset and there is cause to suspect there is a safeguarding concern, the area designated safeguarding officer will immediately make a safeguarding referral to the adult care duty team (if the case is not known already and initial enquiries have not already commenced) and request the initiation of local authority safeguarding process in relation to the adult(s) concerned. Whilst the local authority remains the lead agency, as the employer, Nacro would ordinarily be expected to investigate unless there is a compelling reason why it is inappropriate or unsafe to do so, (e.g. there is a conflict of interest or the concern involves a criminal offence, in which case the police will be contacted with a view to them investigating). The safeguarding lead will check whether the case meets the requirements for an external investigation under the relevant local multi- agency safeguarding procedures. They will also ensure any abuse or neglect is corrected; that the adult is protected from harm as soon as possible; and that the local authority, and any other commissioner is informed.
- 9.3 The allegation made may also lead to one or more of the following:
- A police investigation of a possible criminal offence.
 - Consideration of a disciplinary investigation using Nacro's disciplinary Procedures.
 - Referral to the relevant scheme for consideration of barring (Independent Safeguarding Authority for England and Wales) or for consideration by professional bodies or regulators.

The decision on all of the above must be referred to the national safeguarding lead (or in his absence his deputy).



- 9.4 The national safeguarding lead (or in his absence, his deputy) will, in consultation with the area designated safeguarding officer, ensure that (where appropriate) the victim of an allegation regarding a member of staff is told about the allegation as soon as possible if they do not already know about it. They should also be kept informed about the progress of the case and told the outcome where there is not a criminal prosecution. This includes the outcome of any disciplinary proceedings. In cases where an individual may have suffered significant harm or there may be, or is, a criminal investigation/prosecution, Nacro will co-operate with adult social services and/or the police in their actions to support the individual. In any event, Nacro will provide the police and adult social services with the name and contact details of the national safeguarding lead or alternative more senior member of staff with whom they can keep in contact throughout any investigation. This will not preclude them from contacting other members of staff during the course of their investigation.
- 9.5 Nacro will follow its normal disciplinary procedures¹⁰ in keeping the subject of the allegations informed of the progress of the case and will arrange to provide appropriate support to the individual while the case is ongoing. Where it is appropriate Nacro will normally put its own disciplinary investigations on hold while relevant statutory organisations are conducting their own investigations. This will be reviewed on a regular basis by the line manager and the relevant Nacro director on the basis of advice from the HR department.
- 9.6 Nacro's HR department will ensure that every effort is made to minimise publicity whilst the matter is ongoing, and will work with Nacro's media office to handle any media enquiries.
- 9.7 The fact that a person tenders his or her resignation or ceases to provide their services to Nacro will not prevent an allegation from being followed up in accordance with the procedures outlined in paragraphs 7.5 and 7.6. Nor will it override Nacro's statutory duty as an employer to make a referral to the Disclosure and Barring Service where circumstances require it.
- 9.8 In line with Nacro's disciplinary procedure, Nacro's HR department will keep a clear and comprehensive summary of any allegations made where a disciplinary investigation is required. Details of how the allegations were investigated and resolved, and details of any action taken and outcome reached will be recorded on a person's HR file and a copy will be given to the individual. Such information will be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age or for 10 years, whichever is longer. The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future

¹⁰ For more information on Nacro's disciplinary procedures, visit:
<http://onespace.nacro.org.uk/sites/Intranet/WorkingForNacro/HR/HR%20Policies/Disciplinary%20Procedure%20Nov%202012.pdf>



Disclosure and Barring Service (DBS) disclosure (formerly CRB disclosure) reveals information from the police that an allegation was made but did not result in a prosecution or a conviction, and it will prevent unnecessary re-investigation if the allegations resurface at a later date.

- 9.9 The possible risk of harm to adults at risk posed by an accused person needs to be effectively evaluated and managed in respect of those involved in the allegations and any other adults, children or young people in the individual's home, work or community life. In some cases, this will require Nacro, as the employer, to consider suspending the person and in any event suspension should be initiated in cases where any of the following applies:
- There is cause to suspect an adult, child or young person is at risk of significant harm.
 - The allegation warrants investigation by the police.
 - The allegation is so serious that it might be grounds for dismissal.
- 9.10 Nacro must consider carefully whether the circumstances of the case warrant a person being suspended from work and/or from having contact with the adult until the allegation is resolved. The power to suspend is vested in the employer alone. Neither the local authority, nor the police nor adult services can require an employer to suspend a member of staff or a volunteer. However, where a strategy discussion or initial evaluation discussion concludes that there should be enquiries by adult services and/or an investigation by the police, the area designated safeguarding officer in discussion with the national safeguarding lead should also canvass police/social care views about whether the accused member of staff needs to be suspended from contact with children or young people in order to inform Nacro's consideration of suspension.
- 9.11 In the initial consideration at a strategy discussion or joint evaluation, the agencies concerned, including Nacro, should share all relevant information they have about the person who is the subject of the allegation and about the alleged victim. Nacro should ensure they request at the outset that the police and any other agencies involved obtain consent from the alleged victim concerned to share the statements and evidence they obtain. This should be done as the investigation proceeds rather than after it is concluded. This will enable the police and Crown Prosecution Service (or national equivalent) to share relevant information without delay at the conclusion of their investigation or any court cases.
- 9.12 In the event of a criminal investigation or prosecution, the police or Crown Prosecution Service should inform Nacro when a criminal investigation is complete, when a decision to prosecute has been taken, and of the outcome of any subsequent trial or criminal order. Action by Nacro, including dismissal, is not necessarily ruled out if the case is discontinued or the defendant is acquitted. The range of options available to Nacro, as the employer, will depend on the circumstances of the case. If the allegation is substantiated and the person is subsequently dismissed,



Nacro, following discussion with the SDO, will determine whether a referral to the Disclosure and Barring Service is to be made. A referral must always be made if Nacro thinks that the individual has harmed an adult, child or a young person, or poses a risk of harm to an adult, children or young person, or if the person is subject to registration or regulation by a professional body or regulator (for example the General Social Care Council, General Medical Council etc.)

- 9.13 If it is decided on conclusion of the case that a person who has been suspended can return to work, the line manager, in conjunction with Nacro's HR department, must develop a return to work plan. Depending on the individual's circumstances, a phased return and/or the provision of a mentor to provide assistance and support may be appropriate. Nacro must also consider how the person's contact with the adult, child, young person, or adults, children or young people who made the allegation can best be managed if they are still in the workplace.
- 9.14 At the conclusion of a case, Nacro's national safeguarding lead will review the circumstances to determine whether there are any improvements to be made to the organisation's procedures or practices to help prevent or manage similar events going forward. This will include issues arising from any decision to suspend a member of staff, the duration of the suspension and whether or not suspension was justified. The national safeguarding lead's recommendations will be made in writing to the leadership team director responsible for safeguarding.

10. Duty of Candour

- 10.1 Nacro recognises that the majority of services we provide are not subject to the requirements set out in Regulation 20 Duty of candour, of the Health and Social Care Act 2008.¹¹ However, the Duty of Candour will relate to services we deliver where we are a member of a provider group which includes clinical governance being delivered.
- 10.2 The aim of the regulation in accordance with the Health and Social Care Act 2008 is to ensure that services act in an open and transparent way with relevant persons in relation to the care and treatment provided to service users in carrying out a regulated activity.
The regulation provides specific requirements that services must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.
- 10.3 There is a requirement that services promote a culture that encourages candour, openness and honesty at all levels.

¹¹ For more read - <http://www.legislation.gov.uk/ukdsi/2014/9780111117613>



10.4 Refer to Appendix 9 for the procedure on Duty of Candour

11. Corporate systems in support of safeguarding arrangements

11.1 Nacro will prevent people who may pose a risk to adults, children or young people from gaining employment with Nacro by:

- Ensuring the job description makes reference to the responsibility for safeguarding and promoting the welfare of adults, children and young people.
- Ensuring that the person specification includes specific reference to suitability to work with adults, children and young people.
- Obtaining and scrutinising comprehensive information from applicants, and taking up references and satisfactorily resolving any discrepancies and anomalies within them.
- Obtaining independent character references that answer specific questions to help assess an applicant's suitability to work with adults, children and young people, and following up any concerns.
- Face-to-face interviews that explore the candidate's suitability to work with adults, children and young people, as well as his or her suitability for the post.
- Verifying the successful applicant's identity.
- Verifying that the successful applicant has any academic or vocational qualifications claimed.
- Checking his or her previous employment history and experience.
- Verifying that s/he has the health and physical capacity for the job.
- Completing any mandatory checks, e.g. DBS (formerly CRB) at the appropriate level and registration with the Disclosure and Barring.

11.2 Nacro's code of conduct encompasses the following principles:¹²

- The welfare of adults at risk, children and young people is paramount.
- It is the responsibility of all adults to safeguard and promote the welfare of adults at risk, children and young people. This responsibility extends to a duty of care for those adults employed or contracted by Nacro to work with adults at risk, children and young people.
- Adults who work with adults at risk, children and young people are responsible for their own actions and behaviour and must avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Nacro's staff must work, and be seen to work, in an open and transparent way.
- The same professional standards must always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.

¹² Nacro's code of conduct is available on OneSpace at:
[http://onespace.nacro.org.uk/sites/Intranet/WorkingForNacro/HR/Performance management/Pages/DisciplineandCodeofConduct.aspx](http://onespace.nacro.org.uk/sites/Intranet/WorkingForNacro/HR/Performance%20Management/Pages/DisciplineandCodeofConduct.aspx)



- Nacro's managers and staff must continually monitor and review their practice and ensure they follow the guidance contained in this document.
- 11.3 Given the importance of equipping staff with the skills and knowledge in order for them to fulfil their duties and responsibilities, Nacro has developed induction, supervision and training procedures that reflect the guiding principles that are outlined in this document. For managers and staff involved directly in work with adults, children and young people, induction will reinforce Nacro's commitment to safeguarding and will include specific reference to:
- Role boundaries and professional propriety.
 - Individual safeguarding responsibilities, including what to do if concerns about an adult's, child's or young person's welfare arise.
 - Whistle-blowing concerns.
 - Provision of the name, contact details and responsibilities of area designated safeguarding officers and project designated safeguarding officers.
 - Provision of a copy of this document and associated codes of conduct to each member of staff who must sign to say they have read and understood its contents, as well as a training needs analysis for future safeguarding/role related training.
- 11.4 Line managers, supported by the area management team, will provide ongoing advice and support, particularly for those working directly with adults, children and young people and those who are first line managers. This will ensure that staff are continually clear about professional standards, boundaries and organisational objectives and enable staff to raise concerns or difficulties, reflect on their own practice, and identify and access continuing professional development.
- 11.5 All managers and staff working with adults, children and young people will be mandated to attend relevant safeguarding training that equips them to recognise and respond to concerns. Other training requirements will be identified with individual members of staff as appropriate to their role and responsibilities.
- 11.6 Line managers must ensure that they and the staff they manage are familiar with the following additional Nacro policies and procedures:
- Recruiting Safely in Nacro
 - Code of Conduct for Nacro Employees
 - Disciplinary Procedure
 - Dignity at Work Policy
 - Equality and Diversity Statement
 - Data Protection Policy
 - Health and Safety Policy
 - Whistleblowing Policy

Copies of all of these documents are available on OneSpace.



Appendix 1: Causal factors and indicators of abuse

The following are some of the common factors which may signal that there is danger of abuse occurring/having occurred. Considerable caution should be exercised when referring to these indicators as they do not automatically indicate a potentially abusive situation, but sometimes warrant investigation by local authority adult care social services departments, especially where multiple combinations or signs are present. Expert assessment and advice in individual situations can be sought from local authority safeguarding adults/adult protection leads.

Predisposing factors which may lead to abuse

- Increased dependency of the individual, leading to a high degree of care being required.
- Multiple dependencies within the family, e.g. young mother having to care for an older relative.
- Multi-generational family structure where there are conflicts of personal interests and personal loyalties.
- Where roles have been reversed, e.g. a domineering parent becomes dependent.
- History of abuse within the family, e.g. domestic violence, abuse of children.
- Overcrowding or poor housing conditions/financial difficulties – low income, debts.
- Adult has difficult behaviour which causes high levels of stress for other people, e.g. has hit/abused others, disturbs others at night, and exhibits odd or embarrassing behaviour.
- Other members of the family have ill health (physical or mental) or there may be alcohol or drug dependency.
- There are personal problems within the person's household, e.g. marital, financial.
- Carers are isolated due to the demands of caring and lack practical or emotional support.
- Carers may not have the necessary understanding of the person's condition to enable them to offer appropriate and effective care.

Some possible signs of abuse

Financial abuse is the main form of recorded abuse amongst adults. Financial abuse can occur in isolation or, as research has shown, where there are other forms of abuse, (e.g. sexual, psychological/emotional abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supporting networks). Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, or the withholding of the necessities of life, such as medication, adequate nutrition and heating. Research has shown that neglect is the most prevalent form of abuse of older people in the UK, with financial abuse a close second.



Discriminatory abuse includes that which is based on a person's disability, age, race, gender, sexual orientation and/or other forms of harassment, slurs or similar treatment.

Financial or material abuse can range from failure to access benefits, to inadvertent mismanagement and opportunistic exploitation, to deliberate and targeted abuse, often accompanied by threats and intimidation. It may include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, overcharging or carrying out unnecessary work, or the misuse or misappropriation of property, possessions or benefits.

Common signs of financial abuse

- Unexplained or sudden withdrawals of money from accounts
- Disparity between assets and satisfactory living conditions
- Lack of receptivity to assistance requiring expenditure when finances aren't a problem
- Extraordinary interest by family members or other people in the vulnerable person's assets
- Power of attorney obtained when the person is not able to understand the purpose of what they are signing
- Recent change of deeds or title of property
- Carer apparently only interested in the person's financial affairs and not in their care
- The person who manages the financial affairs is evasive or unco-operative
- Reluctance/refusal to take up care assessed as being needed
- A high level of expenditure without evidence of the person benefiting
- The purchase of items which the person does not require or use
- Personal items going missing from the home
- Unreasonable or inappropriate gifts

Common signs of physical abuse

- History of unexpected falls or minor injuries
- Bruising, finger-marks
- Burns
- Injuries/bruising at different states of healing
- Injury shape similar to an object
- Injuries to face/scalp
- History of 'hopping' between agencies or GPs, or reluctance to seek GP help
- Weight loss
- Rapid weight gain
- Subdued personality in presence of carer
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication
- Lack of medication, causing recurring crises/hospital admissions



Common signs of neglect

- Physical condition is poor, e.g. bed sores, unwashed, ulcers
- Clothing in poor condition, e.g. unclean, wet, ragged
- Inadequate diet or malnutrition
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction
- Refusal of access to callers/visitors
- Inadequate heating
- Failure to give prescribed medication or appropriate medical care
- Poor personal hygiene

Social and emotional signs

- Isolation, e.g. being confined to one room and denied social contact
- Unkempt, unwashed, smell of urine/faeces
- Inappropriately/improperly dressed
- Individual may be withdrawn, agitated, anxious
- Change in appetite leading to unusual weight gain/loss
- Insomnia/sleep deprivation or need for excessive sleep
- Tearfulness
- Unexplained paranoia
- Low self-esteem
- Excessive fears
- Confusion
- Agitation

Common signs of sexual abuse

- Partial disclosure, e.g. the person uses repeated phrases like “it’s a secret” or “shut up, or I’ll hurt you”
- Medical/physical problems such as genital infections, love bites, bruising
- Disturbed behaviour such as sudden withdrawal from activities, loss of previous skills, loss of appetite or difficulty keeping food down, sleeplessness or nightmares, inappropriately seductive behaviour, self-injury
- Behaviour of others – the way someone else behaves, talks to or touches the person

Common signs of discriminatory abuse

- Lack of respect shown to an individual
- Signs of a sub-standard service being offered to an individual
- Repeated exclusion from rights such as health, education, employment,
- Criminal justice and civic status
- Hate mail
- Verbal or physical abuse in public places or residential setting



Common signs of institutional abuse

- Inappropriate or poor care
- Misuse of medication
- Inappropriate use of restraint
- Sensory deprivation, e.g. denial of use of spectacles or hearing aid
- Lack of respect shown to the adult at risk
- Denial of visitors or phone calls
- Restricted access to toilet or bathing facilities
- Restricted access to appropriate medical or social care
- Failure to ensure appropriate privacy or personal dignity
- Lack of flexibility or choice, e.g. mealtimes and bedtimes, choice of food
- Lack of personal clothing or possessions
- Controlling relationship between staff and service users

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- Restricted access to appropriate medical or social care
- Failure to ensure appropriate privacy or personal dignity
- Lack of flexibility or choice, e.g. mealtimes and bedtimes, choice of food
- Lack of personal clothing or possessions
- Controlling relationship between staff and service users
- Poor professional practice

Types of abuse and indicators

More information on the types and indicators of abuse is set out below. This list is not exhaustive.

Type of abuse	Who it affects	Physical indicator	Behaviour indicator
Physical	Children, young people and adults at risk	Unexplained bruising, marks or injuries Bruises which reflect hand marks Cigarette burns Bite marks Broken bones Scalds	Fear of the perpetrator being contacted Aggressive or angry outburst Running away Fear of going home Flinching Depression Keeping arms/legs covered Reluctance to change clothes e.g. wearing long sleeves in hot weather Withdrawn behaviour



Emotional	Children, young people and adults at risk	Developmentally delayed Sudden speech disorders Loss of appetite/loss of weight Disturbed sleep Starting to drink alcohol or take substances or increased	Neurotic behaviour e.g. hair twisting, rocking Unable to play/take part Fear of making mistakes Sudden speech disorders Self harm or mutilation Fear of parents being contacted
Neglect	Children, young people and adults at risk	Constant hunger, stealing food Unkempt state Weight loss/underweight Inappropriate dress Untreated physical illnesses Constantly tired	Withholding of 'necessities', e.g. nutrition, medication, healthcare, social stimulation Withholding assistance when the person needs the toilet, or preventing or withholding assistance in keeping the person clean, warm and comfortable
Sexual	Children, young people and adults at risk. (It is rare to see indicators of this nature in adults, however there are often halted discussions which are precursors to disclosure)	Pain/itching in the genital area Bruising/bleeding near genital area STIs Vaginal discharge/infection Stomach pains Discomfort when walking/sitting Pregnancy	Sudden change in behaviour Nightmares Unexplained sources of money Sexual drawings/language Bed wetting Self-harming behaviour Secrets which cannot be told to anyone Behaving beyond their age
Financial	Adults at risk	Stealing money Asking to borrow money when you are aware they have just had their benefits	Never having money for activities, snacks or treats Unexplained or sudden inability to pay bills Personal possessions of value go missing from home without explanation Pressure or misappropriation of property, wills, bank accounts, benefits or assets
Discriminatory	Adults at risk	Ignoring dietary requirements Lack of appropriate food Isolation	Direct or indirect discrimination based on race, gender, culture, disability, sexuality, religion, belief or values Omitting services or activities based



Institutional	Adults at risk	Poor care planning Inflexible routines Lack of privacy	The routine/practice or management that is not responsive to, or respectful to, the individuals served Little opportunity for outside activities Inappropriate use of power, control, restriction or confinement
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Appendix 2: Safeguarding Procedure Flowchart





Appendix 3: Initial report form (SG1)/Safeguarding referral

This form is to be completed for any (a) incident (b) complaint (c) observed behaviour (d) activity (e) concern that would suggest a child/young person (0-18 years) or adult may be in need of safeguarding support services.

This section to be completed by the person identifying the concern

Section 1:			
This section is to be completed by the person identifying the concern			
Scheme/Project Name	Click here to enter text.		
Address incl. postcode	Click here to enter text.	Telephone Number	Click here to enter text.
Date of incident/concern arising	Click here to enter a date.	Time of incident/concern	Click here to enter text.
Details of person who is the subject of concern			
Name	Click here to enter text.	Address incl. postcode	Click here to enter text.
Date of Birth	Click here to enter a date.	Ethnicity	Click here to enter text.
Parental responsibility	Click here to enter text.		
Names and details of other people involved in the incident	Click here to enter text.		
Details of incident and brief statement of concern: (to include information from the adult and/or the person reporting the incident/concern)			
Click here to enter text.			
Immediate action taken/needed:			
Click here to enter text.			
Analysis of concern (what are the short-/long-term implications to the adult of this concern?):			
Click here to enter text.			
Category of concern			
Physical	<input type="checkbox"/>	Sexual	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	Emotional	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Harassment	<input type="checkbox"/>



Bullying	<input type="checkbox"/>	Modern slavery	<input type="checkbox"/>
Financial or material	<input type="checkbox"/>	Discriminatory	<input type="checkbox"/>
Organisational abuse	<input type="checkbox"/>	Self neglect	<input type="checkbox"/>
Other	<input type="checkbox"/>		
Action taken as a result of concern (to include immediate actions):			
Click here to enter text.			
Follow-up action:			
1. Adult safeguarding referral			<input type="checkbox"/>
2. Child protection/safeguarding referral			<input type="checkbox"/>
3. Monitoring (commence or continue significant events chronology)			<input type="checkbox"/>
4. Log incident on Incident Management System (IMS)			<input type="checkbox"/>
<u>Important</u> – A copy of this form to be sent within one working day to:			
Line manager:	Click here to enter text.	Project designated safeguarding officer:	Click here to enter text.
Name:			
Click here to enter text.			
Date:	Click here to enter text.	Time:	Click here to enter text.
Section 2: To be completed only if a referral has been made externally to adult safeguarding			
Date of Referral	Click here to enter a date.	Time of referral	Click here to enter text.
Adult Safeguarding/social services department office (include address):		Click here to enter text.	
Tel no:		Click here to enter text.	
Email:		Click here to enter text.	
Name of worker in adult safeguarding/social services department who took referral:		Click here to enter text.	
Summary of outcome of referral; if no outcome has been agreed with adult safeguarding/social services department within three working days of the referral (or by the expiry of any earlier local time frame), re-contact			



them. (Include what has been agreed in respect of action, contacting relatives, possible involvement of child, timescales)	
Has referral been followed up in writing? (<i>This must be within 48 hours</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please give reasons: Click here to enter text.	
Have all appropriate staff been informed of the referral and its implications? If yes, indicate who has been informed If no, please give reasons	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the risk assessment been reviewed and updated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the support plan been reviewed and updated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and signature of person making this statement:	Click here to enter text.
Date: Click here to enter a date.	Time: Click here to enter text.



Appendix 4:

Significant Events Chronology

Nacro's managers and staff must use the significant events chronology to record basic factual events which will help build a picture of both what is happening for a young person/service user and the impact of those events.

The chronology must be held at the front of the young person/service users file, and basic factual events such as those outlined below should be recorded.

If it is necessary to document fully all the information as the chronology requires only that the basic factual event be recorded. It will be important each time an entry is made for the worker to review previous entries to ensure that no emerging concerns are being ignored and there has been full consideration of the risk of significant harm.

Please record service user information in date order of significant events and observations. Events should be recorded bearing in mind the impact of any incident that could affect the welfare, health and wellbeing of a young person/service user or increase the risk of significant harm to that young person/service user.

Events to be recorded should cover the following:

- New additions/changes to the family, i.e. birth of siblings, changes of partners of parents
- New relationships/friendships (to family OR individual young person/service user)
- Change of address
- Change of GP
- Health problems of household/family members
- Illness
- Mental health issues
- Accidents
- Incidents (including self-harming)
- Absenteeism
- Withdrawal from services (other agencies)
- Unemployment
- Offending/reoffending
- Use of drugs/alcohol
- Appearance

This list is not exhaustive and any other event not listed should also be recorded if a concern is raised. This information should be documented accurately and concisely as it may be shared with other agencies, used in case conferences and/or a court of law.



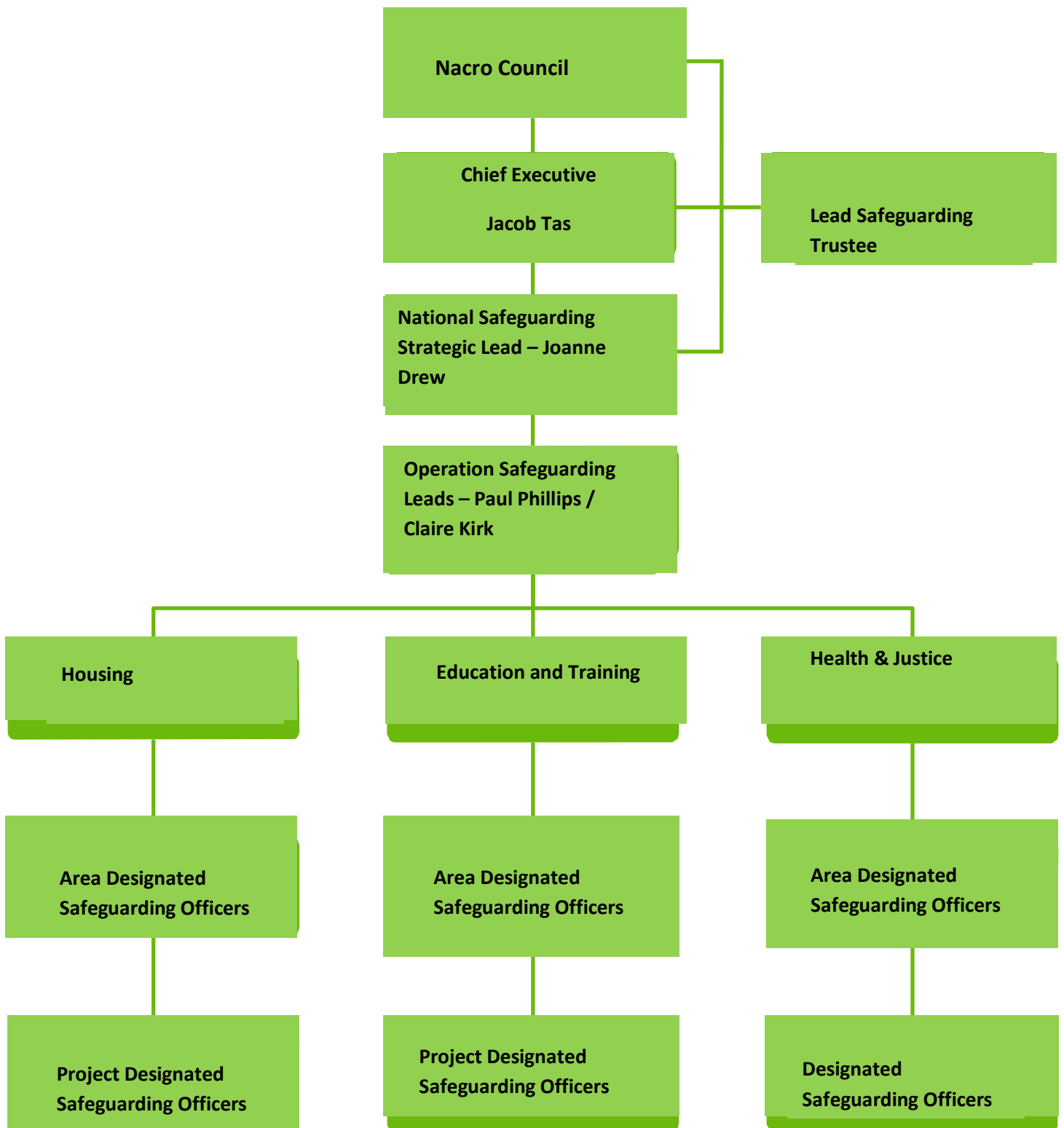
Significant Events Chronology

Name:	Click here to enter text.	Address:	Click here to enter text.
Date of Birth:	Click here to enter a date.	Family Members:	Click here to enter text.
Next of Kin name and contact details:	Click here to enter text.	GP Address and contact details:	Click here to enter text.
Social Worker and contact details (tel. no./email):	Click here to enter text.	Other agency involvement and contact details (tel. no./email):	Click here to enter text.

Date	Significant Event	Comments/Actions	Where else recorded	Print name
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.



Appendix 5: Safeguarding reporting structure





For a full list of Nacro's current area designated safeguarding officers and project designated safeguarding officers, please view the document entitled 'Safeguarding officers contact details' located on OneSpace under the Safeguarding tab.¹³

Appendix 6: Useful information to include in a referral

When seeking advice, or referring information on to the adult services department, always consider the following points:

- Why you are seeking advice or referring information and why you think the child is at risk.
- Whether the adult at risk currently safe and their present whereabouts.
- The adult at risk's name, date of birth, address, workplace or college, race, religion, spoken language and any disabilities.
- Details of any family members or partners and whether they are thought to be currently safe.
- The name of next of kin addresses, whereabouts etc.
- All available information about the concern.
- Information about the adult at risk's general circumstances, including positive aspects about their recent past.
- Details of the adult at risk's GP and all other professionals known to be working with them. Include contact details where possible.
- Details of any other person known to be living in, or regularly visiting, the household.
- Information about any previous incidents or cause for concern which is relevant.
- Your own full name, work address, reason for involvement and work contact details.
- Whether the adult at risk is aware of and has given consent to your actions.

¹³ <http://onespace.nacro.org.uk/sites/Intranet/safeguarding/Pages/Safeguarding.aspx>



Appendix 7: Glossary of useful terms

Adult at risk

An adult at risk is a person: 'Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.' The term 'adult at risk' has been used to replace the term 'vulnerable adult' in this policy and procedure.

Alert

The referral to the local authority that raises the initial concern about the vulnerable person is commonly referred to as an alert or multi-agency alert.

Discriminatory abuse

Includes racist and sexist abuse, abuse based on a person's disability, their gender or sexuality, and other forms of harassment, slurs or similar treatment.

Financial or material abuse

Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Institutional abuse

This is where repeated incidents of poor care have become the norm and/or where there is a tolerance of clearly unacceptable behaviour and attitudes.

Multi-agency public protection arrangements (MAPP A)

MAPPA is a multi-agency planning process co-ordinated by the police for offenders who constitute a high risk to the public and are not detained in custody.

Multi-agency risk assessment conferences (MARAC)

These are multi-agency meetings organised by the police and held on a monthly basis in each of the public protection units to put together protection plans for the high-risk victims of domestic violence.

Neglect and acts of omission

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



Physical abuse

Includes hitting, slapping, pushing, kicking, scalding, burning with cigarette ends, and misuse of medication, restraint, or inappropriate sanctions.

Psychological abuse

Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Safeguarding

Any activity that protects someone from harm or abuse. It includes, but is not exclusively concerned with, adult and child protection. A public awareness campaign that tries to increase older people's awareness of the risks associated with letting cold callers into their home is an example of the broader safeguarding agenda. Protection is where a plan needs to be put in place to protect an adult at risk from abuse or neglect.

Serious Adults Review (SAR)

Safeguarding adult's boards can commission a detailed review into the multi-agency involvement of organisations working with an adult at risk who dies or comes to serious harm.

Sexual abuse

Includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Strategy meeting

The multi-agency meeting that the local authority call in relation to an adult safeguarding issue is commonly referred to as a strategy meeting.



Appendix 8: Nacro's Escalation Procedure

When to use this process:

When there is disagreement with a decision or response from any agency regarding an adult safeguarding concern and initial attempts to resolve the problem have failed.

The escalation should be followed as below once authorised by the Area Designated Safeguarding Officer and Line manager.

Member of staff discusses with the Area Designated Safeguarding Officer and Line Manager and agree action on how to proceed.



Manager/named professional/safeguarding lead in Nacro discusses concerns/response with the opposite member within the Local Authority. Written record should be retained.



LA named professional advises concerned professional of outcome at this stage.

If concern continues the manager/named professional/safeguarding lead in Nacro discusses concern/response with the next senior manager in the Local Authority, enabling the decision to be discussed at a senior management level as appropriate and action agreed.



If the leads for safeguarding are unable to agree on a decision contact the appropriate senior manager for example education the Assistant Principal. The Area Manager should also be alerted to the situation and will make a decision if it is necessary to inform any funders we may have to the concerns we hold and the issues experienced.



The leads for safeguarding will feedback to the member of staff who raised the original concerns.



Appendix 9: Duty of Candour

Service Duty of Candour

This will apply to (1) Services registered with the CQC and equivalent bodies in the other nations and (2) Services contracted under a standard NHS Contract or some variation of this which requires us to operate this duty.

The duty only applies when notifiable or major incidents occur; the definitions of these are set under the Regulation and will be known to Services. There is no requirement to follow the duty process for near misses.

Procedure:

1. Services are aware that the Duty of Candour applies to them.
2. Managers must ensure that staff know what the Duty of Candour procedures are and when they should be applied.
3. When a notifiable or major incident occurs the manager carries out the following process:
 - 3.1. The service user and/or all relevant persons are informed of the incident. The information provided must be comprehensive and honest. Where relevant persons include parents/carers and people appointed under any legal process.
 - 3.2. Service staff provide appropriate support and information to the service user and/or relevant persons including:
 - Information on the complaints process
 - Signposting information to organisations that can represent them in complaining
 - 3.3. A written apology is made to the service user and all relevant persons by the Registered Manager. The Registered Manager will explain the apology face-to-face with the service user and/or relevant persons where required. Note: This apology is defined in regulation as not being an admittance of liability.
 - 3.4 Records are kept of the incident, support and information provided and apology in the service user case record.

Individual Duty of Candour

Note

This duty applies to all registered health professionals carrying out their registered role in any setting. Therefore any Service that directly or indirectly employs health professionals may need to apply these requirements.



The individual duty is similar to the Service Duty with the exception that health professionals can make an individual judgement as to whether to carry out the duty in situations that are not notifiable or major.

Procedure

1. Where Services directly or indirectly employ health professionals:
 - 1.1 Service managers ascertain whether the Duty of Candour applies in the case of each health professional.
 - 1.2 The health professional is informed that the Service has a process for meeting the Duty requirements but that there is no obligation to use that process if they feel it does not meet their Duty requirements.
 - 1.3 Service staff are made aware that the health professional(s) have a Duty of Candour and that they must not be obstructed if they are carrying out the Duty requirements.
2. Where the health professional accepts the Service process:
 - 2.1 When an incident occurs that the individual feels triggers Duty requirements the individual reports it to the Service Manager
 - 2.2 The Service Manager then carries out the process above in Service Duty of Candour.
 - 2.3 The Service Manager checks:
 - that at all stages the individual with an individual duty is satisfied with the Service process and ;
 - that the individual is given the opportunity to modify the support given, information provided or apology made.
3. Where the health professional does not accept or use the Service process to meet their individual Duty:
 - 3.1 The health professional informs the Service Manager that they have carried, or will be carrying, out Duty requirements.
 - 3.2 Records are made of the fact that this has or will be happening.
 - 3.3 The health professional is not obstructed from carrying out their individual Duty.