

Safeguarding and Protection of Adults Policy, Procedures and Guidance

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1. Introduction

1.1 Nacro is committed to safeguarding adults at risk and we expect everyone who works for us to share this commitment. This policy sets out how Nacro will deliver these responsibilities and the role staff will play in ensuring that Nacro's commitment to safeguarding adults who have care and support needs is fully met.

1.2 This policy applies to all directorates within Nacro where services are being provided to adults.

1.3 This policy should be read in conjunction with The Care and Support Statutory Guidance 2017 which can be accessed from the link below:

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

Purpose and Procedures overview

2. Definition of an adult at risk of harm:

2.1 The 2014 Care Act describes adult at risk of harm as follows;

' An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves.'

3. Purpose of the Policy and Aims of Safeguarding Adults

3.1 The purpose of this policy is to provide staff with clear guidance on what they must do to keep adults safe from harm. Where any have experienced abuse or harm, the role of the policy is to provide staff with guidance on what to do to provide adults at risk with the support to address the effects of abuse and to prevent the harm or abuse from being continued.

The aims of safeguarding adults are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives "Making Safeguarding Personal"
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

4. Our Underpinning Principles

5.1 To support our staff in carrying out their safeguarding duties effectively, we have identified the following principles to inform their practice and to help create an effective safeguarding culture:

- We work on the basis that safeguarding is everyone’s responsibility: all staff, including leaders at all levels, Directors, Trustees, volunteers, contractors and visitors
- We recognise the importance of enabling adults with care and support needs to talk openly about anything that worries them and to feel confident that they will be listened to
- We will work with adults, and their advocate if they have one, to build strong working relationships, provide appropriate communication of any issues, should they arise, and support them to keep safe
- We will work with other agencies, sharing information as required and ensuring that they take the actions needed to keep the adults we work with safe.

4.1 In addition to these, the Care Act 2014 and updated guidance 2017 has **six principles** enshrined within it. As a member of staff, you have a duty to follow these **six principles**:

Empowerment	Adults are supported and encouraged to make their own decisions and to give informed consent. They are asked what outcomes they want from the safeguarding process and ensure their wishes inform what happens.	“I am asked what I want as the outcome from the safeguarding process and these directly inform what happens”
Prevention	Acting before harm occurs. Risk management is robust and support minimises the circumstances which make adults vulnerable to abuse. 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 Adults Safeguarding Board and about the external safeguarding processes in their locality.	“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”
Proportionality	Taking the least intrusive response appropriate to the risk presented.	“I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed”

Protection	Ensuring support and representation for those in 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	Working with other agencies and the community as appropriate.	"I know that staff treat any personal 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 results for me".
Accountability	Accountability and transparency in delivering safeguarding.	"I understand the role of everyone involved in my life".

5. Staff Responsibilities

5.1 All staff working with or on behalf of adults have a responsibility to safeguard and protect their welfare. This includes:

- i. Being aware of specific risks to individual adults through any risk assessments provided by social services or health or produced within Nacro
- ii. Being alert to the signs of abuse
- iii. Reporting any concerns about an adult's welfare or safety.

It is important for all staff to understand the importance of reporting a concern no matter how small this is. Often, over time, a series of smaller concerns that are reported build up a bigger picture which shows that the adult is at risk of abuse or harm or has already been abused or exploited and needs support.

5.2 The adults that Nacro works with and supports are often vulnerable and have care and support needs. Some will have had involvement in criminal activities, drugs or gangs or been exploited in the past. Others will be very vulnerable either because of anxiety and mental health needs, substance abuse or because they have learning difficulties and/or disabilities.

5.3 As a general principal, and as a member of staff or as a volunteer, you should:

- Make sure that you know the adults you work with well so that you can spot any changes in behaviour or demeanour which might signal abuse or risk of abuse

- Keep an eye on the relationships that adults have established or are establishing to check for any signs of bullying, harassment or abuse
- Keep your ears and eyes open when out in the community/visiting the adults you work with so that you can become aware of any potential abuse or of people who might be a risk to safety
- Make sure that any concerns you have are reported in writing – there may be times when you may want guidance and wish to speak to the project designated safeguarding lead (DSO) beforehand, but, no matter how small the concern, it should be recorded so that it can be tracked over time
- Follow-up on any concerns by speaking with the DSO
- Follow-up with the DSO where you have submitted written concerns or shared information about risks to check that the DSO has taken action – staff do not need to know the details of the actions taken but following up is a good way to prompt action to make sure it has been taken.

Section A: Procedures to Follow

6. Carrying out an initial risk assessment

6.1 If you are involved in admitting, signing up or registering adults at risk for services, you should

- i. Carry out a thorough risk assessment which can be found on Nacro's Intranet OneSpace. This includes checking in detail the past history of the adult with them, their advocate, if they have one, and any external agencies that have been working with the adult being registered/signed up. This should be in place as a matter of course.
- ii. Put clear support plans in place to address the risks identified
- iii. Make sure that you identify, in this initial checking process, if the adults at risk poses any risks to other young people or other adults at risk in receipt of Nacro services
- iv. If through the admissions process, an adult at risk is considered a significant safeguarding risk to others, then you should report this to your line manager and the DSO, and work with the DSO to develop a plan to mitigate the risk over and above the normal risk assessment and support plan that is in place.
- v. If through the risk assessment process, you identify issues of vulnerability or risk of harm to the adult, or that the adult has experienced harm previously, report this to the DSO who will work with you, and other senior staff if necessary, to put specific or additional safeguarding support measures in place as part of the plan or as part of the service

7. What to look out for

7.1 On a day-to-day basis, staff and volunteers should maintain a vigilant eye on the adults you are working with. You should be alert to any changes in behaviour or demeanour no matter how small. These changes include:

- change in mood
- change in dress or clothes
- being hungry
- being dishevelled
- clothes not being clean or in a good state
- not washing properly
- appearing overly anxious
- wanting to tell you something but finding it difficult to do so
- running away
- being or becoming angry or aggressive
- being short of money
- suddenly having expensive clothes and other items such as jewellery, phones etc.
- being in pain
- having bruises or trying to hide bruises or cuts that are not normal
- using discriminatory language in relation to other religious or ethnic groups
- suddenly becoming more religious or dogmatic about religion or faith.

7.2 A fuller list of behaviours and changes to look out for are included in Annex 1.

8. Should you have a concern about an adult:

8.1 You must report this as soon as possible to the DSO and through the Nacro IMS system.

8.2 You can also share concerns about behaviours during de-briefs, hand-overs and meetings to check if other staff have noticed these too. If this is the case, then you may need to provide a further updated report through the IMS system.

9. Should an adult disclose a safeguarding issue, you must:

1. Listen to what the individual is saying
2. Make sure that you do not make any promises to keep the information confidential
3. Tell the individual that you will need to share the information with the project DSO and/or your line manager; it is important that you do not share this wider than these two roles. The DSO will decide whether the matter needs to be escalated further.
4. Not judge the individual or show your own emotions i.e. do not show shock at what you are being told
5. Not give views about the allegations or the person about whom allegations are being made

6. Reassure the individual that they have done the right thing in speaking about what they are experiencing
7. Reassure the individual that whatever is happening to them is not their fault
8. Not ask leading or probing questions or try to investigate it further yourself – this will be done by safeguarding professionals
9. Only ask questions to seek clarification
10. If possible, note down what the individual is telling you, and file a report of this on the Nacro IMS immediately following the disclosure, and tell your line manager and DSO
11. If it is not possible to take notes at the time, make a report on the Nacro IMS immediately after the disclosure while all the information is still fresh
12. If, during a disclosure, it becomes clear that the individual is likely to be unsafe if they leave the setting, or their current location/home if they have come to you, you should encourage them not to leave until plans have been made for their safety, and should contact the DSO and senior manager to seek advice immediately and to get support from Local Authority services
13. If the individual is at immediate risk of harm or has been harmed, i.e. serious sexual or physical assault, call the Police, and if necessary, an ambulance and alert the DSO and senior manager immediately.
14. There may be circumstances where the adult safeguarding board or social services or the health authority may be more appropriate. In this case, your key responsibility is to alert the DSO or senior manager immediately so that they, or yourself, can call the appropriate authority.

10. Reporting a Safeguarding Incident

10.1 If you witness a safeguarding incident, you must provide a written record of this as soon as possible.

10.2 To complete the written record, update the Nacro's IMS (or OpenHousing in the case of BASS services), with the incident as soon as possible after it has occurred and in any event on the same day to ensure that all incidents are captured across the organisation and that they are monitored and responded to promptly by DSOs, and through the line management reporting structure. Risk assessments should be updated and on closure of cases, a lessons learned undertaken.

10.3 For staff who have no access to the Nacro IMS:

- i. Record the incident on the initial report form which can be found [here](#) as soon as possible after it has occurred and in any event on the same day.
- ii. List the concerns on the Adults at risk Significant Events Chronology that can be found [here](#) (and Annex 5)
- iii. Send a copy of the incident form to the line manager and the Project DSO within 24 hours
- iv. The Project DSO or line manager will update the Nacro's IMS (or OpenHousing in the case of BASS services), with the incident as soon as possible after it has occurred and in any event on the same day to ensure that all incidents are captured across the organisation and that they are monitored and responded to promptly by DSOs and through the line management reporting structure.

11. Staff responsibilities for reporting Female Genital Mutilation

11.1 Section 5B of the Female Genital Mutilation Act 2003 and section 74 of the Serious Crime Act 2015 places a mandatory duty on teachers along with social workers and healthcare professionals to report directly to the police where they discover that FGM appears to have been carried out on a girl under 18 or where a girl discloses that she has undergone FGM. This is a personal duty that staff should comply with.

11.2 While it is unlikely that you will come across a situation where a girl under 18 has undergone FGM, it is important to be aware that of this duty. There may be rare circumstances when, in your work with adults, you come across such a situation. For example, you may be working with an adult whose child has undergone FGM.

11.3 If you discover that a young female under 18 has undergone FGM, you must

- i. Report this directly to the police on 101.
- ii. Also report this to the DSO and your line manager and make a written report on the Nacro IMS for safeguarding.

11.4 If you discover that an adult female (over age 18) has undergone FGM, it is not reportable in law. You should report this to the DSO, and follow the safeguarding procedures. You can sign post the individual to further help and support from local health services. Healthcare professionals may need to provide support if there are adverse physical impacts of the FGM. In addition, you may need to help the adult to access support if the experience has impacted their mental health.

12. Concerns or Allegations against staff or volunteers

12.1 Make sure you are familiar with the Nacro policy on Dealing with Allegations.

- i. If you have concerns about the behaviour of another member of staff or volunteer towards an adult, you must report this immediately to their line manager. Note the time and date and any other witnesses.
- ii. If you have any concerns about the behaviour of your line manager or a more senior member of staff, you should report this to their line manager, and to the DSO and/or senior safeguarding lead in your Directorate (DSL) if the DSO is not available or you think this is more appropriate to do so. Please note: the member of staff to whom allegations about another member of staff are reported must always be in a more senior position.
- iii. If you have concerns about the behaviour of a trustee, you must report this to the National Strategic Safeguarding Lead.
- iv. If staff have concerns about the behaviour of any member of staff, especially a senior member of staff or trustee, that appears inappropriate but do not feel confident about reporting this behaviour internally, or internal arrangements have been exhausted you should call the local Safeguarding Adults Board.
- v. Allegations made against another member or staff or volunteer should remain confidential and shared only with the line manager of the person who is the subject of the allegation or personnel with the appropriate authority to deal with allegations.

- vi. You must not on any account challenge, question or investigate, to find more evidence before reporting a member of staff or volunteer you suspect of behaving inappropriately towards an adult in your care.

12.2 For more guidance refer to the policy on Dealing with Allegations Against Staff.

13. Reporting, Records and Record Keeping

13.1 The key tool used within Nacro for recording safeguarding information is the Nacro IMS or BASS OpenHousing. All concerns and incidents should be recorded on these systems.

13.2 The Nacro IMS system produces a chronology from the records of concern that have been filed. DSOs should monitor and review the chronologies of the adults at risk they are working with on a regular basis. Managers and staff will be engaged in reviewing all of their caseload on a regular basis.

13.3 Reports of concerns and/or incidents submitted by staff should include:

- The nature of the allegation, incident or concern
- A description of any visible bruising, other injuries or impacts on the adult
- The adult's account (using his/her own words)
- A clear distinction between what is fact, opinion and hearsay
- Follow-up actions taken as a result of a concern, allegation or incident being filed, should be recorded on the system – this includes where a referral has been made to relevant authorities
- Whether the adult, and/or their advocate if they have one, is aware of the referral being made.

13.4 All records must be signed, timed and dated. Members of staff and managers must not:

- 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.

13.5 Copies of records and referrals must be kept in line with Nacro's policy and procedures on data protection. 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 an adult safeguarding concern.

13.5 All managers must ensure that data regarding adults is correctly stored and managed in line with Nacro's data protection policy and procedures.

13.6 Access to records online on the IMS will be restricted to those who are authorised to deal with safeguarding matters. Staff will have sufficient access to make reports but not to view any records. Security passwords will be used to ensure appropriate levels of access.

14. Handling Information and Confidentiality

14.1 As a member of staff, you should maintain an appropriate level of confidentiality with regard to any concerns or disclosures you have reported to the DSO or filed on the IMS about any adult that you are working with.

14.2 Details should be shared only on a need to know basis with other members of staff or external agencies.

14.3 When considering any conflict between data protection or GDPR and giving information, the information must be shared if it is in the interests of safeguarding the adult. In other words, the adult's welfare and safety override data protection/GDPR.

15. Roles and Responsibilities

A. All Staff

To keep adults at risk safe:

1. You should support staff and ensure they have what they require to follow any advice as a result of a risk assessment about how they support and oversee the welfare of any adult service user.
2. If you are unsure or unclear about what to do, speak to the project DSO for advice. The worst thing that you can do is nothing, or think that the problem will resolve itself.
3. You should keep a close eye on the relationships between and amongst adults you are working with and how well they are getting on and interacting. You should report any concerns about bullying, peer-on-peer abuse as soon as possible to the DSO and record these on the IMS system.
4. If you see or hear any worrying interactions between an adult at risk and someone they associate with, you should log this on the IMS and speak to the DSO. This may be a partner, boyfriend/girlfriend, relative or 'friend' of the learner, young person or another adults at risk.
5. You should continue to monitor any adult that you have shared concerns about or who has disclosed a safeguarding issue to you.
6. You should make every effort to provide advice and guidance to the adult, especially where they are at risk of harm, of how to keep themselves safe.

B. Nacro National Safeguarding Co-ordinator

Nacro has a Safeguarding co-ordinator who works across the organisation and who is supported by the ELT Strategic Safeguarding Lead. The Co-ordinator is responsible for:

- Ensuring there is a robust policy and procedures framework and reporting structure
Upholding safeguarding standards at Nacro
- Secretariat for Nacro's National Safeguarding Board
- Providing advice and guidance to DSLs, DSOs and managers
- Ensuring training framework is in place
- Ensuring Safer Recruitment and single central register is in place and effective

- Using data analysis to identify and respond to trends and issues
- Promote excellent practice
- Formal reporting to the ELT, CEO and trustees.

C. The Role of the Designated Safeguarding Lead (DSL) and the DSO (DS Officer)

There is a DSL (senior manager) for each Directorate at Nacro, and 2 DSLs in Housing and these are included on the chart in Annex 3. Each setting has a project DSO who can:

- Make sure that staff are well briefed about what to look out for when working with adults
- Ensure any new staff receive training on safeguarding as soon as possible following their appointment and that they understand the safeguarding policies in place
- Make sure that staff know the procedures to follow
- Make sure that staff know: who they are and anyone who deputises for them; the Safeguarding Adult Board contact details; contact details for the area DSO and the Nacro lead for safeguarding
- Check/monitor from time to time staff knowledge and understanding of safeguarding, including the range of safeguarding risks that they need to look out for
- Provide ongoing training and briefing on safeguarding issues, new risks, procedures etc.
- Provide advice and guidance to staff on dealing with individual cases and concerns
- Manage referrals to adult social care, and Channel in the case of radicalisation; this includes following up cases with adult social care to ensure that appropriate action has been taken
- Provide information to local authority/Safeguarding Adult Bords/social care as required for adults they are supporting/monitoring/working with etc.
- Attend, and contribute to, conferences/meetings, multi-agency meetings called to review the care or safeguarding issues of any adults
- Be aware of the additional issues for adults with learning difficulties and/or disabilities and ensure staff are aware of these
- Monitor the risk assessments for adults, ensure that these are completed robustly and that any safeguarding risks identified are managed effectively
- Maintain detailed, accurate written records of concerns and referrals including uploading relevant records of meetings, letters and reports onto the Nacro IMS
- Ensure that systems are secure and that computer access to files is limited to those authorised to have access
- Monitor records regularly especially checking chronologies for patterns and trends and to ensure that actions are being taken where required
- If partner agencies are not following up on concerns where they need to, to make sure the matter is escalated
- Make reports to the area DSO on a regular basis
- Provide information or data which may contribute to reports to Nacro corporate lead
- Ensure that when an adult moves to another provider or another local authority area, their records are forwarded appropriately and safely. Where there are major

safeguarding concerns, make personal contact with the receiving organisation, if possible, to ensure they understand the risks to or from the adult.

- This role does not replace that of managers but is an additional layer of specific support, checking and expertise.

D. Area DSOs

The role of area DSOs includes:

- Maintaining an overview of how effectively safeguarding is being managed within the projects in their area
- Providing support and guidance to DSOs in managing safeguarding concerns and incidents
- Working with statutory partners in addressing safeguarding concerns and helping to keep adults safe
- Providing feedback and information to DSLs and senior leaders about safeguarding issues, concerns, incidents and their management. This includes producing regular reports to senior managers.

E. Trustees

Trustees have a role in overseeing the quality and effectiveness of safeguarding policies and procedures. Their role includes:

- Ensuring that written policies, procedures and protocols are in place and effectively implemented
- Receiving and reviewing quarterly reports provided by Nacro
- Reviewing and agreeing annual report on safeguarding
- Nominating a Trustee to lead on safeguarding
- Receiving timely information on serious safeguarding incidents or concerns and monitoring how these are dealt with/resolved
- Contribute to and attend Nacro's National Safeguarding Board
- Overseeing reports to Charity Commissioners
- Carrying out an annual check on Single Central Register.

F. Nacro's National Safeguarding Board

This is a governance meeting of DSLs and DSOs, safeguard trustee and other key operational and corporate staff. It is chaired by the Executive Strategic Lead. It has a resident external safeguard expert to guide and support. It meets five times a year and considers performance, practice and staff development and training. Terms of reference can be found [here](#) and on One Space.

Section B Background Information and Further Guidance

16. What is Safeguarding Adults

16.1 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.

16.2 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 and covered by the Nacro Safeguarding Policy: Child Protection.

16.3 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 2014¹, which was updated in August 2017. Some of the common factors which may signal that there is danger of abuse or that abuse has occurred are contained in Annex 1.

16.4 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
- 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.

16.5 In practice this will apply to many of Nacro’s service users. Any concerns about any adult you are working with should be reported to the line manager, irrespective of whether you believe the adult is covered by this definition.

16.6 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.

16.7 Abuse and neglect are violations of an individual’s human and civil rights by any other person or persons. Abuse or neglect can or may:

¹ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

- 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
- consist of a single act or repeated acts and may take many forms
- be an act of neglect or 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
- occur in any relationship and may result in significant harm to, or the exploitation of, the person subjected to it.

16.7 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 risk of harm.

16.8 Abuse, harm, and neglect often incorporate a misuse, or abuse, of power and an individual's dependence on others. In addition to exploitation the following list, reproduced from the Care and Support Statutory Guidance (2017), gives examples of the different categories of abuse².

16.9 Physical abuse including:

- assault
- hitting
- slapping
- pushing
- misuse of medication
- restraint
- inappropriate physical sanctions

16.10 Domestic violence including:

- coercive control
- psychological
- physical
- sexual
- financial
- emotional abuse
- harassment and stalking
- so called 'honour' based violence

16.11 Sexual abuse including:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo

² As listed in Paragraph 14.17, Care and Support Statutory Guidance (2017) to the Care Act 2014,

- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure
- sexual assault
- sexual acts to which the adult has not consented or was pressured into consenting

16.12 Psychological abuse including:

- emotional abuse
- threats of harm or abandonment
- deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks

16.13 Financial or material abuse including:

- theft
- fraud
- internet scamming
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits

16.14 Modern slavery encompasses:

- slavery
- human trafficking
- forced labour and domestic servitude.
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Read [Modern slavery: how the UK is leading the fight](#) for further information.

16.15 Discriminatory abuse including forms of harassment, slurs or similar treatment because of:

- race
- gender
- gender identity or gender reassignment
- age

- disability
- sexual orientation
- religion
- pregnancy or maternity
- marital status

16.16 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.

16.17 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.

16.18 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. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

16.19 Other risks

In addition to the reproduced list of abuse from the Care and Support Statutory Guidance (2017), there are a number of other types of safeguarding issues or abuses to adults which all staff must be alert to and report if they are concerned that the adult is risk from any. These include:

- grooming for sexual exploitation
- grooming into criminal activity
- abuse or exploitation through social media and the internet
- radicalisation and extremism
- female genital mutilation
- forced Marriage
- cyber-bullying
- peer-on-peer abuse
- substance misuse
- homelessness
- self-harming and other risky behaviours

16.20 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.**

16.21 The six principles enshrined in the Care Act (2014) should be used to guide actions.

17. Mental Capacity Act (MCA) 2005

17.1 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.

17.2 In order to protect those who lack capacity and to enable them to take part, as much as possible in decisions that affect them, the following statutory principles apply:

- You must always assume a person has capacity unless it is proved otherwise
- You must take all practicable steps to enable people to make their own decisions
- You must not assume incapacity simply because someone makes an unwise decision
- Always act, or decide, for a person without capacity in their best interests
- Carefully consider actions to ensure the least restrictive option is taken.

Assessment of Mental Capacity is undertaken by health professionals.

This follows a two-stage process:

Stage 1: Does the person have an impairment of the mind or brain (temporary or permanent)?

Stage 2: Is the person able to:

- Understand the decision they need to make and why they need to make it?
- Understand, retain, use and weigh information relevant to the decision?
- Understand the consequences of making, or not making, this decision?
- Communicate their decision by any means (i.e. speech, sign language)?

Failure on one point will determine lack of capacity.

17.3 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.

18. Duty of Candour

18.1 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 2008.³ 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.

18.2 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.

18.3 There is a requirement that services promote a culture that encourages candour, openness and honesty at all levels.

18.4 Refer to Annex 9 for the procedure on Duty of Candour.

19. Working in Partnerships with Others

Working together

19.1 Safeguarding and promoting the welfare of adults/service users – and in particular protecting them from significant harm – depends on effective joint working between agencies and professionals that have different roles and responsibilities.

³ For more read - <http://www.legislation.gov.uk/ukdsi/2014/9780111117613>

19.2 The three key statutory partners we must work closely with are:

- The local Safeguarding Adults Board and local adult social services
- The Police
- Health partners.

19.3 In order to ensure and promote effective joint working, there need to be constructive relationships between individual workers, promoted and supported by those in the most senior roles within Nacro and across other organisations that Nacro works with. In order to do this individual service delivery projects across Nacro must establish links with other agencies – community or statutory – so as to ensure effective practices. This will include having named contacts, joint working protocols, information sharing protocols and presence on local forums. The Local Safeguarding Adult Board for each area will be able to offer assistance in making the right contacts.

Involving Adults/Service Users

19.4 It is just as important to establish the active involvement of adults using our services. This will include the following:

- Supporting adults so that they know who they can go to if they are worried or concerned
- Involving them in developing and improving relevant safeguarding activities through our service user involvement processes
- Really listening and taking account of what adults say or communicate using our service involvement feedback processes and one-to-one meetings
- Supporting adults with other languages or communication needs to have their views taken into account
- Displaying Nacro safeguarding posters and information leaflets to encourage an open culture of talking about feeling safe and secure
- Working with adults so they understand that certain behaviour will not be tolerated, i.e. bullying, racism, sexism, homophobia etc.

20. Safer Recruitment

20.1 One of the ways to keep adults safe is to make sure that the recruitment and selection process is carried out diligently so that anyone who may be unsuitable to be around adults at risk is not appointed. This process is called 'safer recruitment' and involves a full range of checks, including DBS (Disclosure and Barring Service) check where necessary and proportionate to the role, to be made before anyone is employed.

20.2 It is important to note that those who wish to abuse adults and groom them often seek out work, including voluntary work, in organisations that give them easy access to this group.

20.3 All employees and volunteers who will be working in roles that bring them into regular contact with adults will be asked to undergo safer recruitment checks before being allowed to work within the organisation. All of Nacro's recruiting managers should have completed online or in house safer recruitment training.

20.4 All prospective staff or volunteers must provide two referees from different employers. The referees must be able to make a clear statement that they know of no reason why the prospective employee is not suitable to work with adults at risk. In addition, they must also declare that they know of no allegations made against the employee in relation to working with adults at risk in the past or currently.

20.5 All prospective employees and volunteers must be able to explain satisfactorily any gaps in their work history.

20.6 As part of the safer recruitment employment checks, prospective employees must:

- Show current photographic ID – passport or current driving licence
- Provide documents which confirm their address
- Confirm the right to work in the UK
- Show copies of certificates to confirm their qualifications.

20.7 In addition, where relevant, a police check may also be requested from a police force in another country. The prospective employee's mental and physical fitness for work must also be checked.

20.8 If a DBS check is returned and it provides details of any prior offence, conviction, caution, or reprimand (other than parking or speeding convictions) we undertake a written risk assessment to support the final decision on whether any job offer stands or should be withdrawn.

20.9 No employee is allowed to work unsupervised in positions where they have direct and/or regular contact with adults until all the recruitment checks have been completed. If they are to start work in a supervised environment, and do not have access to adults at risk or their data in this environment when their substantive role is to have this, then a risk assessment must be done. All risk assessments must then be jointly reviewed by the Recruitment Manager and the Head of Safeguarding or the DSL within the directorate concerned. It would be only in exceptional circumstances that an employee would begin before DBS clearance.

20.20 The DBS numbers of staff are collected by HR and are recorded on its single central record of safer recruitment checks, alongside safeguarding training information. This is reviewed annually by the Safeguarding Trustee as well as at least annual reviews by Nacro Safeguarding Co-ordinator.

21. Training and Professional Development

21.1 Nacro has a comprehensive training schedule which can be found on One Space (Nacro Intranet).. The induction for all staff no matter what their role will provide training on safeguarding to all new employees and volunteers who are working with adults at risk as soon as possible after they join the organisation. The induction training will cover:

- Understanding what safeguarding adults involves
- The range of risks that adults face, including risks when using the internet and peer-on-peer abuse

- Information about role boundaries and professional propriety
- Individual safeguarding responsibilities, including what to do if concerns about an adult’s welfare or safety arise and whistle blowing
- the name, contact details and responsibilities of key safeguarding staff as per the Nacro structure chart in Annex 3
- The name and contact details of local Safeguarding Adult Boards.

21.2 All new staff, Trustees and volunteers will be provided with the safeguarding policy and associated codes of conduct. They must sign to say they read and understood the content of these. They will also be asked to complete a training needs analysis for future safeguarding/role related training.

21.3 Line managers must ensure that they and the staff they manage are familiar with the following Nacro policies and procedures (which are available via OneSpace):

- *Recruiting Safely in Nacro*
- *Code of Conduct for Nacro Employees*
- *Disciplinary Procedure*
- *Dignity at Work Policy*
- *Dealing with Allegations Against Staff Policy*
- *Equality and Diversity Statement*
- *Data Protection Policy*
- *Health and Safety Policy*
- *Whistle-blowing Policy*
- *Prevent Policy*
- *Incident Policy*
- *Substance Mis-use policy*

21.4 The safeguarding training will be refreshed annually at Directorate level.

21.5 DSOs will provide regular briefings and training to staff to update them on any new requirements from government or information that emerges about local risks to adults.

21.6 Nacro will ensure that DSOs and DSLs have Level 3 safeguarding training, and that this is renewed every three years.

Revision	Date	Changes Mode
7	November 18	
8	March 2020	Policy re-drafted

Annexes

Annex 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 uncooperative
- 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
- 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 Lacking in 'necessities', e.g. nutrition, medication, healthcare, social stimulation	Withdrawn 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 Children and young people	Ignoring dietary requirements Lack of appropriate food Isolation Denial of being allowed to follow one's religion	Becoming withdrawn or aggressive Loss of confidence Low self-esteem Lack of interest in participating in activities Looks unhappy or uncomfortable Behaviour of carers/service providers: Direct or indirect discrimination based on race, gender, culture, disability, sexuality, religion, belief or values Omitting services or activities based on preconceived ideas about someone's age or condition
Institutional	Adults at risk Children or young people in care	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
Radicalisation or extremism – this is any belief or ideology which advocates or promotes violence and includes extreme religious beliefs, far right extremism as well as animal or climate extremists	Children, young people and adults at risk	Change in dress/appearance Change in who they associate with or their friendship group	Isolating themselves from family and friends Feeling persecuted or that their life chances have been taken away by specific groups Embracing conspiracy theories Increased levels of anger or aggression Unwilling or unable to listen to the views of others Disrespectful attitude towards others not of the same faith or because of their ethnicity/faith/religion Spending a lot of time on the internet or mobile phone Accessing particular websites/internet that promote extremism Change in the language they use.

County Lines and the exploitation of adults at risk⁴

County Lines, is referred to a process where groups or gangs using young people or adults at risk to carry and sell drugs from borough to borough, and across county boundaries. It is a tactic used by groups or gangs to facilitate the selling of drugs in an area outside of the area they live, reducing their risk of detection. County line enterprises almost always involve exploitation of vulnerable people, both children and adults. It is always a safeguarding issue. The gang/group will put vulnerable individuals between themselves and the risk of detection, asking them to carry and sell drugs, and/or to sell drugs at the other end of the line. A group/gang may also target a vulnerable person living in the area outside London and take over their home as a base to sell drugs from. This almost exclusively involves violence, intimidation and the offer of money or drugs. The use of the property for drug dealing often leads to the vulnerable person being left homeless. This is sometimes known as 'cuckooing'.

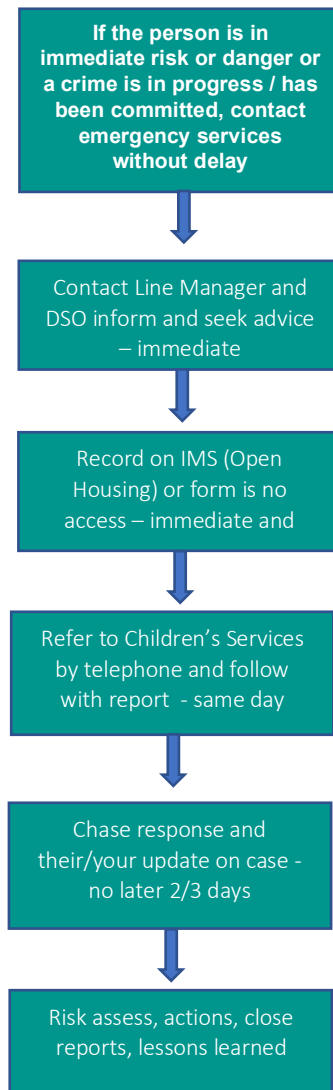
Early identification is paramount to safeguarding young and vulnerable people and identifying and tackling gang/group exploitation. A collaborative, multi-agency approach is the best way for professionals to safeguard young people. Information sharing by key stakeholders such as housing, schools, missing/return home interviews, care/fostering and other frontline practitioners is absolutely key to effective identification and risk management.

Indicators include:

- Adults at risk going missing and travelling to seaside or market towns
- Money, clothes or accessories which they are unable to account for
- An increase in possession with intent to supply offences outside your area
- An increase in unknown individuals at the property of the adults at risk
- Access to the property adults at risk is denied to professionals.

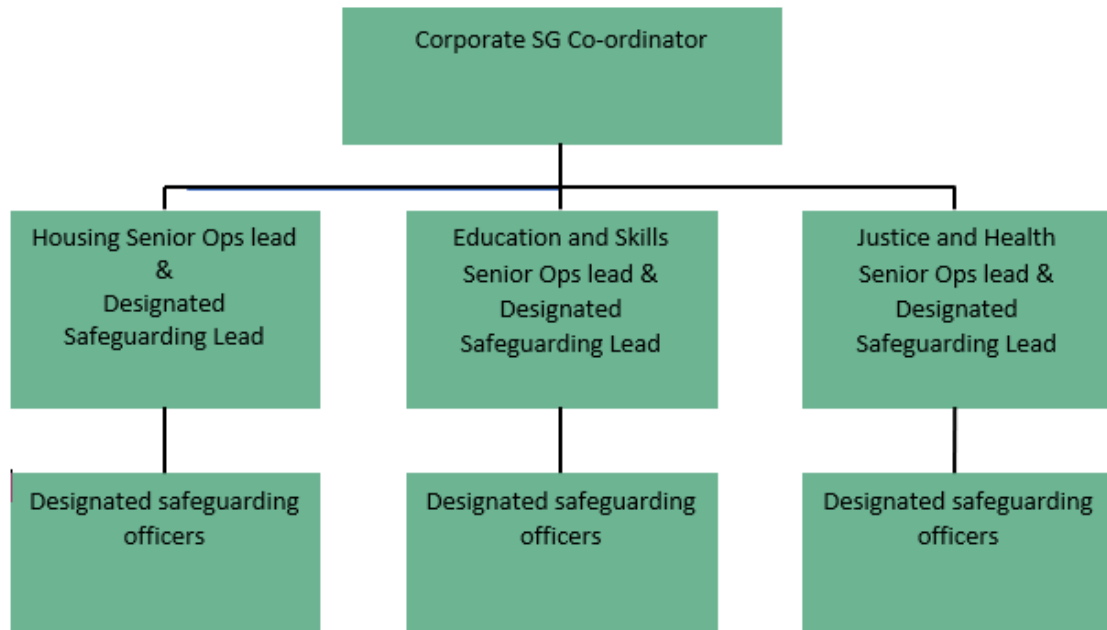
⁴ NCA – County Lines Gang Violence, Exploitation & Drug Supply 2016 CAD National Briefing Report

Annex 2: Safeguarding Procedure Flowchart

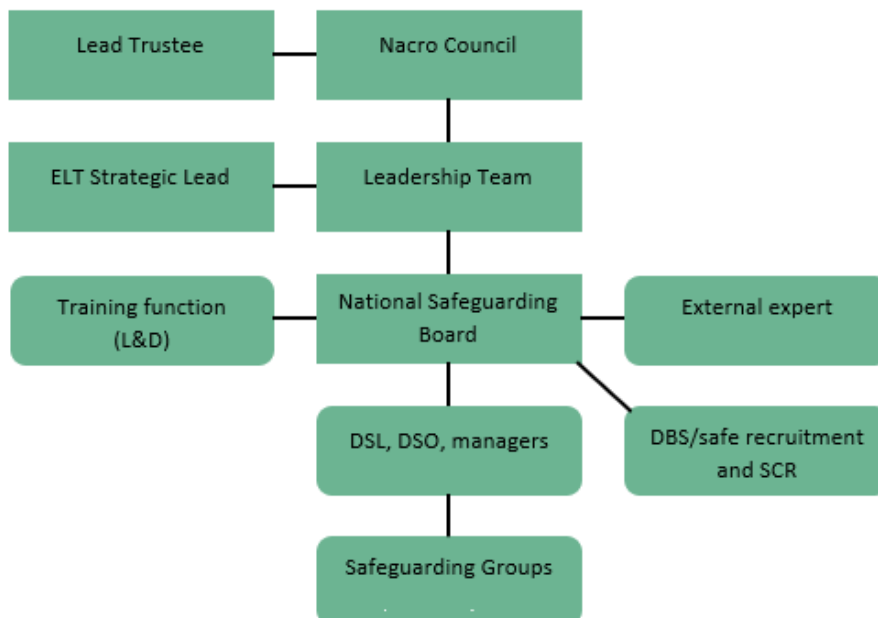


Annex 3 - The Nacro Safeguarding Structure chart

Safeguarding is everyone’s responsibility. Each directorate has an expert and trained operational lead (Designated Safeguarding Lead), with 2 in Housing. They are supported by Designated Safeguarding Officers (DSOs) as deputies. This does not alleviate responsibility for safeguarding from managers who have clear role descriptors and duties with regards to safeguarding.



Safeguarding Governance Structure



Annex 4: Initial report form (SG1)/Safeguarding referral⁵

This form is to be completed, where staff do not have access to the IMS/OpenHousing, 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			
Address incl. postcode		Telephone Number	
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			
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)			
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?):			

⁵ This form is to be completed only if you do not have access to the Nacro IMS or BASS OpenHousing.

Click here to enter text.			
Category of concern			
Physical	<input type="checkbox"/>		Sexual
Neglect	<input type="checkbox"/>		Emotional
Domestic Violence	<input type="checkbox"/>		Harassment
Bullying	<input type="checkbox"/>		Modern slavery
Financial or material	<input type="checkbox"/>		Discriminatory
Organisational abuse	<input type="checkbox"/>		Self-neglect
Other	<input type="checkbox"/>		
Action taken as a result of concern (to include immediate actions):			
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:		Project designated safeguarding officer:	
Name:			
Date:	Click here to enter text.	Time:	
Section 2: To be completed only if a referral has been made externally to adult safeguarding			

Date of Referral		Time of referral	
Adult Safeguarding / social services department office (include address):			
Tel no:			
Email:			
Name of worker in adult safeguarding / social services department who took referral:			
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:			
Have all appropriate staff been informed of the referral and its implications?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, indicate who has been informed			
If no, please give reasons			
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:			
Date:		Time:	

Annex 5 - Significant Events Chronology⁶

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 adults at risk and the impact of those events.

The chronology must be held at the front of the adults at risk's 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 well-being of an adult at risk or increase the risk of significant harm to that adults at risk.

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.

⁶ The chronology is to be completed only if you do not have access to the Nacro IMS or BASS OpenHousing.

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	External Agency - Contact notes	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 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 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 text.

Annex 6: Radicalisation and Extremism Referral Process

Further education providers are required to safeguard and promote the welfare of children, young people and adults at risk. Nacro should also follow this guidance for all other Directorates.

What to do if you are concerned a child, young person or young adult is at risk of radicalisation.

SUSPECT	<p>If a staff member suspects an individual is at risk of radicalisation, this should be raised with the Designated Safeguarding Officer and line manager. A Prevent Referral form will need to be completed by the member of staff raising the concerns (Prevent Referral forms are located on OneSpace).</p> <p>Facts and opinions should be clearly identified.</p>
REPORT	<p>Staff should not investigate concerns or allegations themselves, but should report them immediately to the DSO and line manager.</p> <p>In the absence of the DSO and line manager, the concern should be reported to senior Designated Safeguarding Lead for their Directorate</p> <p>The designated person will make a referral in accordance with Government and Local Authority Guidelines.</p>
SECURE	<p>All documents will be retained in a 'Prevent Duty' file, separate from the Individual's main file.</p> <p>The 'Prevent Duty' file will be kept securely as per other safeguarding documentation and only accessible by those staff engaged in managing the case</p> <p>Further information in relation to radicalisation can be located within the British Values & Challenging Radicalisation, Extremism and Terrorism Policy.</p>

Appendix 7 – Channel Referral Form

Restricted when Complete

Prevent 'Channel' Referral Form			
Referral Details			
Name:	Click here to enter text.		
Alternative name:	Click here to enter text.		
Date of Birth:	Click here to enter a date.	Gender:	Click here to enter text.
Address:	Click here to enter text.		
Nationality:	Click here to enter text.	Ethnicity:	Click here to enter text.
Language (first):	Click here to enter text.	Faith:	Click here to enter text.
School/college or Occupation/workplace:	Click here to enter text.		
Family or Carer details:	Click here to enter text.		
Referring Agency Details			
Referral Author and Contact Details:	Click here to enter text.		
Agency:	Click here to enter text.		
Date of Referral:	Click here to enter a date.		
Vulnerability Factors			
Factor	Notes	Y/N	
Faith/Ideology	e.g. Concerning comments relating to faith or ideology, or association with extremists	Choose an item.	
Social Mobility	e.g. poverty, lack of education or employment, immigration issues	Choose an item.	
Physical or mental health	e.g. Disability, learning difficulties, mental health concerns	Choose an item.	
Risk or harm factor	e.g. threat posed by family member (DV issues), victim of hate crime or personal attack	Choose an item.	
Criminal Activity or association	e.g. involved in criminal activity or associating with known criminals	Choose an	

		item.
Isolation or exclusion	e.g. lack of social activity, isolation, absent peer groups	Choose an item.
Other factor	Any other factors Please specify:	Choose an item.
Is the individual aware of the referral?	Although it is not necessary or always beneficial to notify an individual, whether they are aware is important.	Choose an item.

Restricted when Complete

Summary reason for referral
Outline main reasons for referral: Click here to enter text.
Existing agency involvement
Outline any existing agency involvement (that you are aware of) e.g. CAF, MAPPA, Safeguarding: Click here to enter text.
Any other relevant information
Click here to enter text.
<p>Notes: A Channel referral places an individual into a multi-agency assessment and support process which aims to reduce their vulnerability to extremist related activity. Each referral is screened for suitability. Further information will be sought from partner agencies before any support mechanisms are put in place. Your referral is important and does not mean an individual is a terrorist or will become a terrorist, only that vulnerabilities have been identified which require further investigation or help. Please provide as much detail as possible.</p> <p>If you have any questions or concerns please do not hesitate to discuss with your Prevent Lead, your safeguarding lead, or local Police Prevent Engagement Officer.</p>

Annex 8: 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.

Annex 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:
 - 1.1 When an incident occurs that the individual feels triggers Duty requirements the individual reports it to the Service Manager
 - 1.2 The Service Manager then carries out the process above in Service Duty of Candour.
 - 1.3 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.

Annex 10: BASS Safeguarding Policy Statement

Safeguarding is at the heart of our vision and mission with our commitment to the safeguarding of all our service users at the centre. This means not only ensuring our service users and their family members are free from abuse, harm and neglect, but also ensuring their health, wellbeing and human rights.

All staff working on the BASS are expected to adhere to Nacro's overarching Safeguarding Policies, Procedures and Guidance which accords with legislation, statutory guidance and national and local best practice guidance.

Nacro will ensure that the safety and wellbeing of any vulnerable person associated with a BASS placement is safeguarded. This includes the Contractor ensuring, as far as they are able, that:

- No child under the age of 18 years is living at or visiting the property – other than for an agreed child living in a property dedicated to the use of that family
- No adults at risk, for example a partner in a domestic violence situation is visiting or staying at the property
- Any vulnerable Service User is protected from bullying or any form of abuse.

Nacro will establish arrangements with local safeguarding children and adults at risk' processes. Nacro and the Local Authority will share information in an agreed form to ensure that the welfare of adults at risk and children are safeguarded. Nacro will ensure that arrangements are in place to guarantee the effective working with other organisations to safeguard and promote the welfare of adults and children, including formal written arrangements for sharing appropriate whistle blowing procedures.

In carrying out its duties managers on BASS will ensure that BASS services work in partnership with local safeguarding boards and other statutory and voluntary agencies and those constructive relationships are developed and maintained.

In carrying out the responsibilities outlined in this document, BASS staff will also need to read/refer to other internal policies including Data Protection and Domestic Abuse Policy.

Nacro will encourage staff to participate in appropriate training events held by Local Authority, so that they are kept abreast of local developments and requirements in the area of Safeguarding children and Adults.

Nacro will ensure that arrangements are in place so that all relevant managers, staff and volunteers working on the BASS service, undertake appropriate training to equip them to carry out their responsibilities effectively and keep this up to date by appropriate refresher training at regular intervals.

Nacro and the police will share information in whatever form to ensure that the welfare of children and vulnerable people is safeguarded.

Nacro will ensure that all referrals into the BASS which include children will be checked with the Local Authority Children's Services department to ensure suitability of the placement and to address any safeguarding issues and agree protocols for referrals, support and information sharing arrangements for the parent service user and children.

Annex 11 - Reporting to Commissioners, Regulators and Funders

Nacro has a legal responsibility to report serious incidents to various commissioners and funders. These are usually co-ordinated by the Head of Governance, except for reports to the LADO. Please see advice below.

LADO (cross directorate)

If you answer yes to any of the following a referral to the LADO is necessary

- behaved in a way which has harmed or might harm a child
- possibly committed a criminal offence against a child
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children

Responsibility – Reported coordinated by Designated Safeguarding Lead

Charity Commission (cross directorate)

If you answer yes to any of the following this must be reported to the Charity Commission without undue delay. This may be before an investigation has been completed if it is considered that the matter is of the appropriate severity, decided at meeting above).

- A beneficiary or other individual connected with the charity's activities has/alleges to have suffered serious harm
- Allegation that a staff member has physically or sexually assaulted or neglected a beneficiary whilst under the charity's care
- The Chief Executive of the charity has been suspended pending the outcome of an investigation into their alleged sexual harassment of a fellow member of staff
- Allegation that a trustee, staff member or volunteer has been sexually assaulted by another trustee, staff member or volunteer
- A staff computer is found to contain images of child pornography
- An internal investigation has established that there is a widespread culture of bullying within the charity
- A beneficiary or individual connected with the charity's activities has died or been seriously harmed; a significant contributory factor is the charity's failure to implement a relevant policy
- Charity failed to carry out DBS checks which would have identified that a member of staff or trustee was disqualified in law (under safeguarding legislation) from holding that position
- Repeated medication errors to beneficiaries in a care home indicating a systemic problem
- Charity discovers that an employee or volunteer coming into contact with children or at risk adults is on the sex offenders register

Responsibility – Reported coordinated and filed by Head of Governance

Disclosure and Barring Service (cross directorate)

If you answer yes to ALL of the below, a referral to the DBS is necessary:

- Was the person working in regulated activity?
- Has the internal investigation been completed?
- Has the investigation found the allegations to be true?
- Has the person been removed from regulated activity (through instruction or their own choosing)/Are there safeguarding concerns about the person?

Responsibility – Reported coordinated and filed by Head of Governance

Education and Skills Funding Agency (incidents within Education only)

If the answer is yes to any of the following then ESFA must also be notified
This may be before an investigation has been completed if it is considered that the matter is of the appropriate severity, decided at meeting above).

- A safeguarding concern related to sexual violence has been referred to the LADO and/or the police
- An allegation of abuse has been made against a teacher or member of staff

Responsibility – Reported coordinated and filed by Head of Governance

Teaching Regulatory Authority (incidents within Education only)

If you answer yes to ANY of the following the TRA must be notified. This may be before an investigation has been completed if it is considered that the matter is of the appropriate severity, decided at meeting above).

- Does the incident involve a teacher (rather than other staff in Education)?
- Is the misconduct serious enough to potentially result in a prohibition order?
- Has the teacher been dismissed for serious misconduct?

Responsibility – Reported coordinated and filed by Head of Governance

Ofsted (Education only)

Director of Education to decide whether reportable.

Individual Contracts (cross directorate)

Contracts should be checked for what the individual requirements are where there has been a safeguarding incident, thresholds for reporting may vary and so each service must be aware what needs to be reported.

Responsibility – Reporting coordinated and filed by Designated Safeguarding Lead

1. Incidents logged on IMS, reviewed at bi-monthly meetings with Director of Education, Director of Housing, Head of Learner Services and Safeguarding and Head of Governance.



2. Those reaching the threshold for reporting as outlined above are identified



3. Incidents which come to light which:

- An allegation that a staff member has sexually assaulted a service user
- An allegation that a staff member has physically assaulted a service user

Are considered of sufficient severity and will not wait for review at bi-monthly meetings and will go straight to point 4.



4. Relevant Trustees contacted about intention to report



5. Reports are coordinated and filed



6. Reported to next Council meeting

Annex 12: 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)

MAPP A 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 Safeguarding Adults Review (SAR)

Safeguarding adults' 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.

ANNEX 13:

LIST OF ABBREVIATIONS

BASS	Bail Accommodation Support Service
CEO	Chief Executive Officer
DSL	Designated Safeguarding Lead
DSO	Designated Safeguarding Officer
ELT	Executive Leadership Team
ESFA	Education and Skills Funding Agency
FGM	Female Genital Mutilation
GDPR	General Data Protection Register
GP	General Practitioner
IMS	Incident Management System
LADO	Local Area Designated Officer
MARAC	Multi-agency risk assessment conference
NSSL	National Strategic Safeguarding Lead
SAR	Serious safeguarding Adults Review
TRA	Teaching Regulatory Authority



Information about your local team and safeguarding leads

Role	DSO
Name	
Email address	
Phone number(s)	
Location/ Address	
Role	Area DSO/ Service Lead (housing)
Name	
Email address	
Phone number(s)	
Location/ Address	
Role	Directorate DSL
Name	
Email address	
Phone number(s)	
Location/ Address	
Role	Corporate Safeguarding Administrator
Name	
Email address	
Phone number(s)	
Location/ Address	
Role	LADO
Name	
Email address	
Phone number(s)	
Location/ Address	