

Safeguarding Policy

Contents

1. Introduction
2. Scope
3. Principles
4. Definitions
5. Roles and Responsibilities
6. Guidance on Appropriate Behaviours
7. Governance Arrangements
8. Breaches of Policy
9. Categories of Abuse
10. Guidance on Raising Safeguarding Concerns
11. Notifiable Incidents
12. Recording Safeguarding Information
13. Escalation Procedures
14. Reference Documents
15. Queries

Appendices

- Appendix 1: What to do if an adult is at risk of harm
- Appendix 2: What to do if you are worried a child is being abused
- Appendix 3: Immediate Protection for a Child (Working Together to Safeguard Children 2018)
- Appendix 4: Possible Signs and Indicators of Child Abuse and Neglect
- Appendix 5: Seven Golden Rules for Information Sharing
- Appendix 6: Information Sharing Flow Chart
- Appendix 7: Safeguarding Adults Report Form
- Appendix 8: Safeguarding Training Matrix



1.0 Introduction

People First Independent Advocacy (PF) as with all other organisations and agencies, have a statutory duty to ensure that we safeguard and promote the welfare of children and young people, that reflect the needs of the children we support; and to protect adults from abuse or neglect. This policy details the safeguarding arrangements that are in place to ensure PF fulfils its statutory duties and responsibilities.

1.1 As an organisation that is commissioned by statutory agencies including Local Authorities and Clinical Commissioning Groups (CCG), we are required to have comprehensive policies and procedures in place to safeguard and promote the welfare of children and to protect adults from abuse and/or the risk of abuse; that we are linked to the local Children Safeguarding Assurance Partnerships and Safeguarding Adult Boards and that we contribute to multi-agency working.

1.2 This policy has two functions; it details the roles and responsibilities of PF, our employees and volunteers in relations to all safeguarding activity and also provides clear guidance on agreed safeguarding procedures that must be followed.

1.3 This policy must be read in conjunction with the following PF policies:

- Health and Safety
- Lone Working
- SAFER Recruitment
- Whistleblowing
- DBS
- Data Protection Policy
- Performance Management and Supervision Policy

1.4 It is the intention of PF that policies and procedures remain current and 'fit for purpose' to reflect changes in legislative, organisational, operational and management arrangements. It is our intention that the Safeguarding Adults Policy and Procedure will be reviewed every 12 months. If an employee has any concerns about this policy or wishes to provide feedback on the process, this can be addressed through their line management or by speaking with the Designated Safeguarding Lead.

2.0 Scope

2.1 This policy aims to ensure that no PF act or omission puts a person who uses our services at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of abuse.

2.2 PF operates across a number of Local Authority areas. This policy covers every area in which PF operates. We will notify appropriate authorities of non-compliance with the standards contained in this policy or of any serious untoward incident that has compromised the safety and welfare of child or adult within their population.

2.3 Where PF is partnership working with other organisations including both statutory and non-statutory organisations, we will notify appropriate authorities of non-compliance with the standards contained in this policy or of any serious untoward incident that has compromised the safety and welfare of child or adult within their population.

3.0 Principles

3.1 This policy aims to safeguard children, young people and adults who may be at risk of abuse irrespective of their protected characteristics defined by the Equality Act 2010. The protected characteristics being age, gender, race, disability, marriage/civil partnership, maternity/pregnancy, religion/belief, sexual orientation and gender reassignment.

3.2 PF is committed to a human rights based approach which ensures that all staff, volunteers and people we work with are treated with dignity, fairness, equality, respect and autonomy.

3.3 PF recognises that safeguarding children and adults is a shared responsibility, with the need for effective joint working between the public, agencies and professionals. PF promote effective working relationships at all levels with the public, stakeholders and other organisations. Including:

- Trustees, Senior Leadership Team and Extended Senior Leadership Team committed to continuous safeguarding learning and development.
- Clear lines of accountability within PF for safeguarding.
- Staff and volunteer training and continued professional development on signs and symptoms, roles, responsibilities and legislation supporting safeguarding children,

young people, looked after children and adults at risk including Care Act 2014 and Mental Capacity Act 2005.

- Appropriate supervision and support for staff in relation to safeguarding practice.
- Safe working practices including SAFER recruitment and fully enhanced DBS checks.
- Effective inter-agency working including information governance and sharing.

3.4 This policy will sit alongside local Early Help Strategies which provide a coordinated approach to promoting early identification of issues, needs and trends and preventative interventions for families.

4.0 Definitions

4.1 **Children:** A **child** is anyone who has not yet reached their 18th birthday (Children Act 1989/2004). 'Children' means children and young people throughout.

4.2 **Safeguarding and promoting the welfare of children** is defined in Working Together to Safeguard Children 2018 as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

4.3 **Child Protection:** Part of safeguarding and promoting welfare. This refers to the activity that undertaken to protect specific children who are at risk of or experiencing abuse.

4.4 **Early Help:** This is about enabling families to have the opportunity to regain control of their circumstances before they escalate into more difficult issues through targeted preventative and universal services e.g. Edge of Care and Focus Families.

4.5 **Young Carers:** These are children and young people who undertake caring roles for members of their family e.g. parents or siblings who may have disabilities, long term illnesses or misuse substances.

4.6 **Looked After Children:** 'Looked after children' are children and young people who are looked after by the state. This includes those who are subject to interim care orders, care orders (The Children Act 1989 sections 31,38) temporarily classed as looked after on a planned basis or short breaks, voluntarily looked after at the request or by agreement of the parents (The Children Act 1989, section 20).

4.7 **Children Safeguarding Assurance Partnerships:** The Children and Social Work Act 2017 replaced Local Safeguarding Children Boards with multi-agency safeguarding arrangements that are the joint responsibility of local authorities, the police and clinical commissioning groups.

Working Together to Safeguard Children (2018) provides the framework under which the CSAP will operate. This defines the safeguarding partners as being:

- The local authority
- A clinical commissioning group for an area any part of which falls within the local authority area
- The chief officer of police for an area any part of which fall within the local authority area.

The safeguarding partners are expected to agree on ways that they will co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others, and implement local and national learning.

The purpose of the local arrangements is to support and enable local organisations to work together in a system where:

- Children are safeguarded and their welfare promoted
- Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- Organisations and agencies challenge appropriately and hold one another to account effectively
- There is early identification and analysis of new safeguarding issues and emerging threats
- Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- Information is shared effectively to facilitate more accurate and timely decision making for children and families

4.8 **Adult:** A person who is 18 years old or over

4.9 **Safeguarding Adults:** “Safeguarding means 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.

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." The Care Act 2014

4.10 **Adult at risk (of abuse and neglect):** Adult safeguarding duties apply to any adult who is 18 or over and has:

- Care and support needs, and;
- Is experiencing or as at risk of abuse and neglect, and;
- Is unable to protect themselves because of their care and support needs.

The Local Authority **does not have to be** meeting the care and support needs of the adult.

When 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 the adult safeguarding procedures.

4.11 **Making Safeguarding Personal Key Principles (The Care Act 2014)**

- **Empowerment;** Presumption of person led decisions and informed consent
- **Protection;** Support and representation for those in greatest need
- **Prevention;** It is better to take action before harm occurs
- **Proportionality;** Proportionate and least intrusive response appropriate to the risk presented
- **Partnership;** Communities have a part to play in preventing, detecting and reporting abuse and neglect.
- **Accountability;** Accountability and transparency in delivering safeguarding

4.12 **Safeguarding Adults Boards:** The Care Act 2014 states all local authorities must have in place a Safeguarding Adults Board. The purpose of the Board is to work in partnership with organisations to help protect adults with care and support needs from abuse or neglect.

The Board leads adult safeguarding and works with organisations to ensure that they have effective safeguarding policies and procedures in place. The Board aims to make sure adults who may be at risk of abuse or neglect, and their carers, are enabled to:

- Live as safely and independently as possible
- Make their own decisions
- Take control of their own lives.

The three core duties of the Board are to:

- Publish an annual strategic plan
- Publish an annual report
- Review serious safeguarding cases. These are called Safeguarding Adult Reviews (SARs).

5.0 Roles and Responsibilities for Safeguarding

5.1 General Roles and Responsibilities of People First

The ultimate accountability for safeguarding sits with the Chief Executive Officer. Any failure to have systems and processes in place to protect children and adults at risk would result in a failure to meet our statutory duties and non-statutory organisational constitution.

PF has appropriate systems in place including:

- Established Governance arrangements
- A clear line of accountability for safeguarding
- Clear policies and procedures including SAFER Recruitment, Training and Managing Performance, Supervision and Support policies
- A Designated Safeguarding Lead for Children and Adults with suitable training, experience, authority and knowledge including Children Act 1989/2004, Mental Capacity Act 2005, Care Act 2014
- Clear protocol for responding to and recording safeguarding concerns.
- Effective arrangements for information sharing, escalating concerns and sharing learning
- Effective inter-agency working with local authorities, CCGs, Police and other organisations including Probation and Third Sector.

5.2 Chief Executive Officer/ Deputy Chief Executive Officer

- Ensures that safeguarding children and adults is identified as a key priority in all strategic planning processes.
- Ensures that safeguarding children and adults is integral to all governance and audit arrangements
- Ensures that all contracts for delivery of services and projects adhere to PF's principles and standards for safeguarding children and adults.

- Ensure SAFER recruitment practices are adhered to and all staff and volunteers have to confirm they have read and understood the Safeguarding Policy when confirming their acceptance of the job offer.
- Ensure all staff and volunteers in contact with children and adults in the course of their normal duties are trained and competent to alert to potential indicators of abuse or neglect for children and adults at risk, know how to act on those concerns with local guidance.
- Ensures that PF co-operate and support the local authorities safeguarding duties.

Ensure that any systems and processes relating to individuals take into account the Mental Capacity Act 2005; ensuring key principles are followed with appropriate recording.

5.3 **Designated Lead for Safeguarding and Mental Capacity Act (MCA)**

The Designated Safeguarding Lead (DSL) is an appropriate senior member of staff who has the status and authority within the organisation to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

All Safeguarding concerns WILL be reported to the appropriate authority and the DSL is responsible for:

Managing Safeguarding referrals

Ensuring all cases of suspected abuse are reported to the appropriate Local Authority and:

- The Designated Safeguarding Lead (all cases which concern a staff member)
- Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
- Police (cases where a crime may have been committed)

Liaising with the Chief Executive Officer (CEO) to inform them of issues and police investigations

Acting as a source of support, advice and expertise to staff on matters of welfare, safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

Training

The DSL, and cover officers, will receive appropriate training carried out every two years (including Children Act 1989/2004, Working Together to Safeguard Children 2018, Mental Capacity Act 2005, Deprivation of Liberty Safeguards, Prevent, Mental Health Act 2007, Care Act 2014 and case law in order to:

- Understand and keep up to date with changes in reporting of safeguarding concerns relating to children, young people and adults
- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
- Have a working knowledge of how local authorities conduct child protection case conferences, Safeguarding Adult Enquiries and Safeguarding Adult Reviews and be able to attend and contribute to these effectively when required to do so
- Ensure each member of staff has access to and understands the Safeguarding policy and procedures, especially new, sessional and part time staff
- Be able to keep detailed, accurate, secure written records of concerns and referrals
- Obtain access to resources to attend any relevant or refresher training courses
- Encourage a culture of listening to people and taking account of their wishes and feelings, among all staff, in any measures the People First may put in place to protect them

Raising Awareness

The designated safeguarding lead will:

- Ensure People First policies are known and used appropriately
- Ensure the People First Safeguarding policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this
- Ensure the Safeguarding policy is available publicly
- Link with the local Assurance Partnerships and Safeguarding Boards to make sure staff are aware of training opportunities and the latest local policies on safeguarding
- Promote the key principles of the Mental Capacity Act 2005 through all our work

Other Responsibilities

- Contacting, by telephone, the relevant Local Authority as a matter of urgency, in order to discuss safeguarding concerns, being prepared to provide the persons details and follow advice and guidance provided by the person handling the call and as in the guidance referred to above
- Providing a written record of any formal referral to the relevant Local Authority on the same day.
- Completing, with the CEO, an annual safeguarding audit detailing any changes to the policy and procedures; training undertaken by the DSL and by all staff and volunteers; number and type of incidents/cases, and the number of referrals made. If this self-assessment highlights any areas for improvement, this will be detailed in an action plan which will be signed off and monitored by the CEO to ensure these improvements are implemented.
- Providing advice and guidance to colleagues, attending inter-agency meetings (or supporting other staff to do so) and contributing to assessments.
- Escalating concerns using local escalation protocols to ensure safeguarding concerns/alerts are responded to appropriately by other agencies

5.4 Designated Safeguarding Lead Contact Details

Designated Safeguarding Lead (Children and Adults)	Lindsay Graham
During office hours	03003 038 037 option 1
Out of Hours	07845411395

5.5 Individual Staff members and volunteers

- To be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance
- To undertake training in accordance with their roles and responsibilities to ensure knowledge and understanding remains current
- Understand principles of confidentiality and information sharing in line with local and legislative guidance
- To contribute to multi-agency meetings established to ensure safeguarding arrangements

- To escalate concerns when safeguarding alerts raised are not responded to appropriately inline with the person's wishes, fundamental rights or local guidance/legislation

Please see **Appendices 1 and 2** for guidance on action to take where there are concerns that a child or an adult at risk is being abused.

6.0 Whistleblowing and Complaints

6.1 PF is committed to valuing all employees and has a responsibility to ensure all staff and volunteers work to the highest standard. All staff and volunteers have a responsibility to maintain public confidence in PF and must uphold high standards of personal conduct both within and outside of their work setting. Staff and volunteers must not act in a way which could bring PF in to disrepute.

6.2 PF expects all staff are:

- Professional and honest
- Work in partnership with others to achieve our goals
- Listen and learn, and be willing to change
- To respect and care for our staff, the people we work with and our local community

6.3 Staff and volunteers are advised to take precautions with their use of social media in a personal capacity and are advised that expectations set out within the Social Media Acceptable Use policy apply whether using it for a work purpose or at home for personal use.

6.4 All staff and volunteers must follow the guidance outlined within the safeguarding policy and it must be read in conjunction with the Staff Handbook, Feedback and Complaints and Whistleblowing policy.

6.5 PF is committed to Whistleblowing and we recognise our responsibility to raise issues or concerns regarding PF services and services provided by other organisations.

6.6 Complaints relating to safeguarding will be handled in line with our Feedback and Complaints Policy (available upon request or at www.wearepeoplefirst.co.uk). If independent support is required to raise a complaint, PF will support people to access their local Citizens Advice Bureau.

7.0 Governance Arrangements

7.1 Safeguarding Assurance

The Designated Safeguarding Lead will complete a quarterly Safeguarding Activities report for the Senior Leadership Team including number and type of incidents/cases, and the number of referrals made.

The Designated Safeguarding Lead will complete an report annual Safeguarding Audit detailing any changes to the policy and procedures; training undertaken by the DSL and by all staff and volunteers; number and type of incidents/cases, and the number of referrals made. If this self-assessment highlights any areas for improvement, this will be detailed in an action plan which will be signed off and monitored by the Strategic Lead to ensure these improvements are implemented.

7.2 Safeguarding Training and Development

PF's Safeguarding Training Matrix details what training is expected of all PF employees and volunteers. Please see **Appendix 8**. This is informed by legislation, good practice and local guidance.

Safeguarding Training is incorporated into staff induction and rolled out regularly across the organisation in the form of formal training, development sessions, team meetings, supervision, staff bulletins and briefings.

7.3 SAFER Recruitment Practices

In line with the Safer Recruitment policy, all recruitment is done through the Human Resources department and this ensures appropriate determination of level of DBS check required for the role.

7.4 Managing allegations against persons who work with children or adults at risk.

Where there are concerns that a member of staff or volunteer, either directly or non-directly employed by PF, is behaving in a way that demonstrates unsuitability for working with children or adults at risk, in their present position, or in any capacity this must be reported to the Designated Safeguarding Lead.

The allegation or concern may arise either in the employees/professionals work or private life. Examples include:

- Commitment of a criminal offence against or related to children or adults at risk
- Failing to work collaboratively with social care agencies when issues about care of children or adults at risk for whom they have caring responsibilities are being investigated
- Behaving towards children or adults, in a manner that indicates they are unsuitable to work with this client group.
- Where an allegation or concern arises relates to the individuals' private life such as perpetration of domestic abuse; behaviours to his/her own children; or behaviour to others which may impact upon the safety of children/adults to whom they owe a duty of care.
- Where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse and neglect.

All concerns and allegations will be considered in line with the LSAP /LSAB policy relevant to managing allegations against persons who work with children or adults. The Designated Safeguarding Lead will inform the Local Authority Designated Officer (LADO) of all allegations that come to their attention that meet the criteria outlined in the local LSAP /LSAB policy.

In instances where the allegation suggests that a child/young person or adult is at risk of significant harm the case must be referred to the respective local authority in line with LSAP /LSAB policies and procedures.

8.0 Breaches of Policy

8.1 This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the Designated Safeguarding Lead so that the level of risk can be assessed and an action plan can be formulated.

8.2 Contact Details

Designated Safeguarding Lead (Children and Adults)	Lindsay Graham
During office hours	03003 038 037 option 1
Out of Hours	07845411395

9.0 Categories of Abuse

9.1 **Children:** For children’s safeguarding, the categories of abuse are taken from *Working Together to Safeguard Children* (HM Government, 2018) and NSPCC.

Abuse is defined as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). A child may be abused by an adult or adults, or another child or children.

Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional Abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
Sexual Abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child Sexual Exploitation	<p>Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p>
Neglect	<p>The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</p>
Extremism	<p>Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.</p>
County Lines	<p>As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of ‘deal line’. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.</p>
Child Criminal Exploitation	<p>As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally</p>

	exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.
--	---

9.2 Adults

For Adult Safeguarding the categories of abuse are taken from The Care Act (2014).

Physical Abuse	Including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.
Domestic Abuse	Including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence, forced marriage and female genital mutilation.
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, internet scamming, 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 and 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.
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.

9.3 The Prevent Strategy (Radicalisation of Vulnerable People)

Prevent is a strategy which aims to stop people becoming terrorists or supporting terrorism (being **radicalised**) and operates in the 'pre-criminal space' e.g. before any criminal activity has taken place.

Prevent aims to address:

Radicalisation: the process by which people come to support, and in some cases to participate in terrorism

Violent Extremism defined by the Crown Prosecution Service (CPS): the demonstration of unacceptable behaviour by using any means or medium to express views which:

- Justify or glorify terrorist violence because of particular beliefs;
- Seek to provoke others to terrorist acts or serious criminal acts;
- Fosters hatred which might lead to inter-community violence in the UK.

Given the very high numbers of people who come into contact with health and social care professionals, these organisations, including PF, are critical partners in Prevent. PF recognise that there are many opportunities for staff to help protect people from radicalisation. The key challenge is to ensure that all staff can identify the signs that someone is vulnerable to radicalisation, interpret those signs correctly and access the relevant support. The following website link provides information to support identification.

<https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/protecting-children-from-radicalisation/>

Chanel is a multi-agency process within Prevent, which aims to support those who may be vulnerable to being drawn into violent extremism. It works by identifying individuals who may be at risk, assessing the risk and where necessary referring cases to a multi-agency panel which decides on the most appropriate type and level of support to divert and support the individual at risk.

10. Guidance on Raising Safeguarding Concerns

It is important that all staff and volunteers who work with adults, children, young people and their families are able to identify, assess and manage risks when dealing with safeguarding concerns. Staff should be able to respond and report to these at an appropriate level. To assist with this, multi-agency guidance has been developed to aid decision making. **Appendix 1 and 2** give further guidance.

10.1 Children

- Cumbria:
https://cumbrialscb.proceduresonline.com/chapters/p_report_concern_pro.html
- Lancashire:
<http://www.lancshiresafeguarding.org.uk/media/45811/LSCB-Thresholds-Guidance-Final-Oct-2018.pdf>
- Redcar and Cleveland/ Middlesbrough:
<https://www.middlesbrough.gov.uk/sites/default/files/STSCP-Tees-threshold-document-2019.pdf>
- Stockton-on-Tees: to be inserted

10.2 Adults

- Cumbria: in development
- Lancashire:
<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/resources/guidance-for-safeguarding-concerns.aspx>
- Redcar and Cleveland/ Middlesbrough/ Stockton-on-Tees:
<https://www.tsab.org.uk/key-information/policies-strategies/>

11. Notifiable Incidents

11.1 In accordance with Working Together to Safeguard Children (2018), local authorities must notify Ofsted when they are aware of any serious childcare incident that must be notified to the Secretary of State, within 5 working days of being notified that the incident occurred.

11.2 A notifiable incident is an incident involving the care of a child which meets any of the following criteria:

- A child has died (including cases of suspected suicide), and abuse or neglect is known or suspected
- A child has been “seriously harmed” and abuse or neglect is known or suspected
- A looked after child has died (including cases where abuse or neglect is not known or suspected)
- A child in a regulated setting or service has died (including cases where abuse or neglect is not known or suspected)

“Seriously harmed” in the context of the above includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following:

- A potentially life-threatening injury
- Serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development
- Been the victim of a serious crime e.g. rape

This definition is not exhaustive. Even if a child recovers, this does not mean that serious harm cannot have occurred.

11.3 Notifiable incidents must be reported to appropriate local authority through their Safeguarding Hub.

12. Recording Safeguarding Information

12.1 Accurate and up to date recording of safeguarding concerns is essential for a number of reasons including:

- Helping settings identify concerns at an early stage
- Helping settings identify patterns of concerns
- Enabling settings to record seemingly minor issues to build a more complete picture of what life may be like for the people who use their services

- Helping settings to monitor and manage safeguarding practices, including decision making, actions taken and agreed joint strategies with other agencies
- Providing evidence to support professional challenge, both internally and when working with external agencies
- Supporting settings to demonstrate action taken to reduce impact of harm
- Helping to evidence robust and effective safeguarding practice in audits and inspections

12.2 All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. If in doubt, staff should discuss with their line manager or the Designated Safeguarding Lead.

12.3 All safeguarding concerns must be recorded as soon as possible. It is important to note the following protocol when recording safeguarding information:

- Record the information being given; if this information is recorded in writing initially, you must ensure that the notes are securely stored on the PF database
- Try to record the information verbatim
- Record consent or reasons why consent to raise the alert has not been given
- Record the information at the time of the conversation, or as soon as possible afterwards
- Record the information objectively. However, do identify where you have been subjective, or where you have interpreted information, particularly if the person has difficulty communicating clearly
- All information recorded must be entered on to the database, as a soon as possible as a case file note
- All action taken, including escalating to a manager, must also be recorded on to the database

13. Escalation Procedures

13.1 On occasions there may be disagreement between PF and the Local Authority regarding a Child or Adult Safeguarding concern raised. Potential areas of disagreement include:

- An alert not considered to meet the threshold for a Safeguarding Adults Enquiry by the Local Authority
- The Local Authority conclude that further information should be sought by the referrer before an alert is progressed

- There is disagreement in relation to timescales for the Local Authority responding to the alert
- The adult themselves is dissatisfied with the response/ process
- There is a disagreement over the sharing of information and/or provision of services
- There is disagreement over the outcome of any assessment and whether the appropriate action plan is in place to safeguard and promote the welfare of the adult.

At no time must professional disagreement detract from ensuring that the child or adult is safeguarded. The person's feelings, wishes, welfare and safety must remain paramount throughout.

13.2 Escalation Procedure

Stage One: Local Resolution

Level 1: Most disagreements can be resolved through discussion and negotiation. The professionals involved should attempt to resolve differences through discussion, but if they are unable to do so, their disagreement must be reported by them to their line managers or equivalent.

Level 2: With respect to most day-to-day issues, the relevant line managers will be able to resolve the disagreement. The purpose of this contact is to review the available information and to resolve the concern. It may be helpful to consider the involvement of the Local Authorities Safeguarding Adults Service Manager at this stage in preference to use of line management.

Level 3: Where it is not possible to resolve the matter at front line management level, the matter should be referred without delay to the relevant service leads should take place; for example, Child Protection, Manager of Adults Safeguarding Service Lead, District Leads.

The issue will then be considered at service lead level with any action agreed fed back immediately to the relevant managers involved and the detail of the conflict and agreements reached should be recorded on the adult's database record.

Stage Two: Formal Dispute Procedure

If despite following the Stage One process the disagreement remains, the matter will be referred to an appropriate Executive Manager/Lead, e.g. for Cumbria County Council Adults and/or Children's Services this will be the Assistant Director for People Services.

The purpose of escalating the dispute to this level is to reach a position where differing professional opinions have been taken into account and efforts made to explore whether the dispute has arisen through lack of clarity or understanding in the professional dialogue.

Ultimately a decision will need to be reached where agencies agree a way forward where the interests of the child or adult take precedence over a professional stalemate.

Stage Three: Where Disagreements Remain

If agreement cannot be reached then the formal process should be activated. PF will write a formal letter of complaint to the appropriate Council and to the Chair of the appropriate Children Safeguarding Assurance Partnership or Safeguarding Adults Board highlighting the concern raised, steps taken to try to resolve the concern, desired outcomes of raising the concern.

All disputes should be escalated in a timely way so that the welfare of the adult remains paramount. In some situations, it may be required to instigate all of the stages within a short period of time or to escalate the process so that the safety of the adult is not compromised.

14. Reference Documents

The following documents have been referenced in this policy

Working Together to Safeguard Children 2018

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Children Act 1989

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

Children Act 2004

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

Children and Social Work Act 2017

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

Cumbria Early Help Strategy

<https://www.cumbria.gov.uk/elibrary/Content/Internet/537/6683/6687/6698/6835/4182811834.pdf?timestamp=42552112955>

Lancashire early Support Strategy

<http://council.lancashire.gov.uk/documents/s6959/Appendix%20D.pdf>

Stockton-on-Tees Early Help and Support

<https://www.stockton.gov.uk/children-and-young-people/children-and-family-support/early-help-support-and-involvement/>

Female Genital Mutilation Act 2003

<https://www.legislation.gov.uk/ukpga/2003/31/contents>

Female Genital Mutilation Safeguarding Pathway (Department of Health)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/542650/FGM_Flowchart.pdf

Prevent Duty

<https://www.gov.uk/government/publications/prevent-duty-guidance>

NHS Prevent Training Competencies Framework

<https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/>

Counter Terrorism and Border Security Act 2019

<http://www.legislation.gov.uk/ukpga/2019/3/contents/enacted>

Safeguarding Children who may have been Trafficked Guidance

<https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>

Care Act 2014

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

Mental Capacity Act 2005

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

Deprivation of Liberty Safeguards

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

Human Rights Act 1998

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

Modern Slavery Act 2015

<http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>



Adult Safeguarding Roles and Competencies for Healthcare Staff Intercollegiate Document
[file:///dcfs1/FolderRedirection\\$/Lindsay/Downloads/PDF-007069%20\(1\).pdf](file:///dcfs1/FolderRedirection$/Lindsay/Downloads/PDF-007069%20(1).pdf)

General Data Protection Regulations
<https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>

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

15. Queries

Employees should address any queries relating to this policy to the Designated Safeguarding Lead.

Appendices

- Appendix 1: What to do if an adult is at risk of harm
- Appendix 2: What to do if you are worried a child is being abused
- Appendix 3: Immediate Protection for a Child (Working Together to Safeguard Children 2018)
- Appendix 4: Possible Signs and Indicators of Child Abuse and Neglect
- Appendix 5: Seven Golden Rules for Information Sharing
- Appendix 6: Information Sharing Flow Chart
- Appendix 7: Safeguarding Adults Report Form
- Appendix 8: Safeguarding Training Matrix

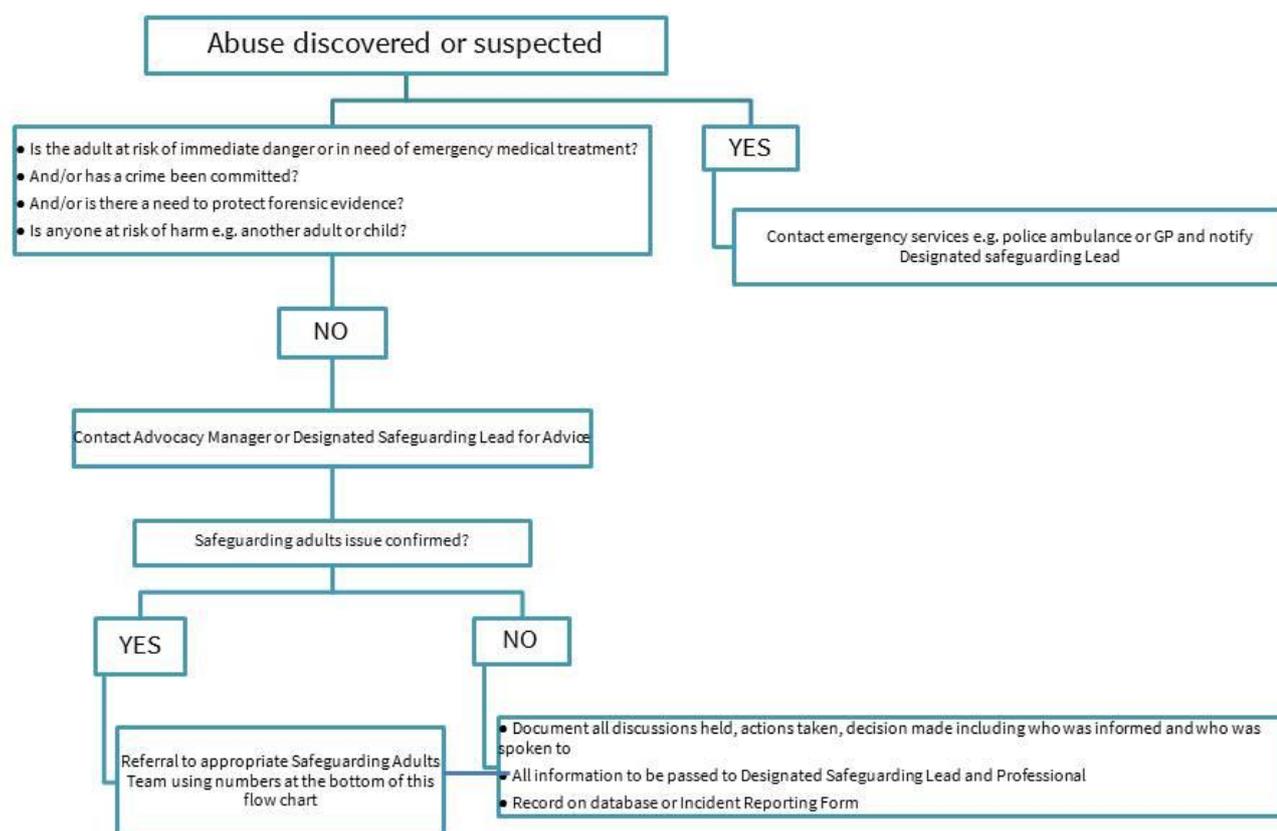
Agreed by Trustees - February 2020

Date for Review - February 2021

SLT responsible – Advocacy Manager

Appendix 1

What to do if an adult is at risk of harm



Where to raise Safeguarding Alerts?

North Cumbria: 0300 303 3249 (Out of Hours 01228 526690)
 West Cumbria: 0300 303 3589 (Out of Hours 01228 526690)
 South Cumbria: 0300 303 2704 (Out of Hours 01228 526690)
 Lancashire: 0300 123 6722 (Out of Hours 0300 123 6722)
 Redcar: 01642 065070 (Out of Hours 01642 524552)
 Stockton: 01642 527764 (Out of Hours 01642 524552)
 Middlesbrough: 01642 065070 (Out of Hours 01642 524 552)

Who to contact in the Police Public Protection Unit?

Tel: **101** and request to speak to the PPU for the area where the adult resides
 In an emergency contact the Police on **999**

People First Designated Safeguarding Lead and Mental Capacity Lead:

Tel: 03003 038 037 (option 1)
 Out of Hours: 07845411395

All staff and volunteers should update their Knowledge by accessing regular training, team meeting and supervision. All staff and volunteers should be familiar with local safeguarding policies including those of local Safeguarding Adults Boards.

Appendix 2

What to do if you are worried a child is being abused

Any member of staff who believes or suspects a child may be suffering, or is likely to suffer significant harm, should always refer their concerns to Children Social Care. There should always be an opportunity to discuss concerns with a manager, Designated Safeguarding Lead or professional but this must never delay emergency action to protect a child.

Are you concerned a child is suffering or likely to suffer harm e.g.

- You may observe an injury or signs of neglect
- You are given information or observe emotional abuse
- A child discloses abuse
- You are concerned about the safety of a child or unborn baby

STEP 1

- Inform parents/ carers you will refer to Children's Social care UNLESS
The child may be put at increased risk of further harm e.g. suspected sexual abuse, suspected fabricated or induced illness, female genital mutilation, increased risk to child, forced marriage or their is a risk to your own safety

STEP 2

- Make a telephone referral to Children's Social Care and follow up referral in writing within 24 hours
- Document all discussions held, actions taken, decisions made including who was spoken to (for physical injuries document injuries observed)
- Where a CAF has been completed, forward this with the written referral

STEP 3

- Children's Social Care acknowledge receipt of referral and decide next course of action. If the referrer has not received an acknowledgement within 3 working days, contact Children's Social care again.

STEP 4

- You may be requested to provide further reports/ information or attend a multi-agency meeting

People First Designated Safeguarding Lead

Tel: 03003 038 037 (option 1)

Out of Hours: 07845411395

Who to contact in the Police Public Protection Unit?

Tel: **101** and request to speak to the PPU for the area where the child resides

In an emergency contact the Police on **999**

Who to contact in Children's Social Care

Cumbria: 0333 240 1727

Lancashire: 033 123 6720

Redcar: 01642 130 6720

(Out of Hours 01642 524552)

Stockton: 01642 130700

(Out of Hours 01642 524552)

Middlesbrough: 01642 130700

(Out of Hours 01642 524552)

Appendix 3

Immediate Protection for a Child (Working Together to Safeguard Children 2018)

Immediate Protection

Where there is a risk to the life of a child or a likelihood of serious immediate harm, local authority social workers, the police or NSPCC should use their statutory child protection powers to act immediately to secure the safety of the child.

If it is necessary to remove a child from their home, a local authority must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an **Emergency Protection Order (EPO)**. Police powers to remove a child in an emergency should be used only in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child. An EPO, made by the court, gives authority to remove a child and places them under the protection of the applicant. When considering whether emergency action is necessary, an agency should always consider the needs of other children in the same household or in the household of an alleged perpetrator.

The **local authority** in whose area a child is found in circumstances that require emergency action (the first authority) is responsible for taking emergency action. If the child is looked-after by, or the subject of a child protection plan in another authority, the first authority must consult the authority responsible for the child.

Only when the second local authority explicitly accepts responsibility (to be followed up in writing) is the first authority relieved of its responsibility to take emergency action.

Multi-agency working

Planned emergency action will normally take place following an immediate strategy discussion. Social workers, the police or NSPCC should:

- Initiate a strategy discussion to discuss planned emergency action. Where a single agency has to act immediately, a strategy discussion should take place as soon as possible after action has been taken
- See the child (this should be done by a practitioner from the agency taking the emergency action) to decide how best to protect them and whether to seek an EPO
- Wherever possible, obtain legal advice before initiating legal action, in particular when an EPO is being sought

For further guidance on EPOs see Chapter 4 of the statutory guidance document for local authorities, Court orders and pre-proceedings (DfE, April 2014).

Appendix 4 Possible Signs and Indicators of Child Abuse and Neglect

PHYSICAL ABUSE			EMOTIONAL ABUSE		
Actions and behaviours of adult/ carer	<ul style="list-style-type: none"> Minor injuries Serious head injuries Premeditated sadistic injuries e.g. bites Burns and scalds Repeated abuse resulting from lack of control Injury resulting from physical chastisement 	<ul style="list-style-type: none"> Shaking Poisoning Physical assaults regarded as bullying Suffocating Fabricated/ induced illness Female circumcision Death/ murder 	Actions and behaviours of adult/ carer	<ul style="list-style-type: none"> Lack of praise and encouragement Lack of comfort and love Lack of continuity of care e.g. frequent moves Inappropriate non-physical punishment e.g. locking in bedroom, cold water in bath, frequent shouting at child Humiliating and degrading behaviour e.g. bullying, racial abuse 	<ul style="list-style-type: none"> Exposure to repeated incidents of domestic abuse Age or developmentally inappropriate expectations being imposed on the child Making the children feel frightened or in danger Rejection Lack of secure attachment
Physical signs on child/ young person	<ul style="list-style-type: none"> Unconscious Unexplained bruising/ marks or injuries Adult bite marks Outline bruising e.g. Hand mark or belt Bruises to the eyes, ears, finger tips Burns and scalds on hands, feet, buttock, groin, cigarette burns Female genital mutilation Genital/ anal area injuries 	<ul style="list-style-type: none"> Difficulty in moving limbs Blood in white of eyes, small bruises on rib cage (may be associated with shaking) Injuries and/or fractures in babies/ children who are not mobile Drowsiness e.g. from head injury or poisoning 	Physical signs on child/ young person	<ul style="list-style-type: none"> Self harm behaviour e.g. mutilation, substance misuse, suicide attempts 	<ul style="list-style-type: none"> Developmental delay Eating disorders
Behaviour and emotional state of child/ young person	<ul style="list-style-type: none"> Withdrawn or watchful behaviour Flinching when approached or touched 	<ul style="list-style-type: none"> Poor concentration Poor self image Low self-esteem Aggressive 	Behaviour and emotional state of child/ young person	<ul style="list-style-type: none"> Aggressive Withdrawn Low self-esteem and self worth Repetitive comfort behaviour e.g. rocking or hair twisting Sudden speech disorders 	<ul style="list-style-type: none"> No sense of achievement Lack of confidence/ positive identity Inability to play Failure to thrive Severe behavioural problems
SEXUAL ABUSE			NEGLECT		
Actions and behaviours of adult/ carer	<ul style="list-style-type: none"> Inappropriate fondling Mutual masturbation Digital penetration Oral/ genital contact Anal or vaginal intercourse Sexual exploitation Exposure to pornography Internet child pornography 	<ul style="list-style-type: none"> Encouraging children/ young people to become prostitutes Encouraging children to witness intercourse/ sexual acts Leaving a child in the care of a known sex offender 	Actions and behaviours of adult/ carer	<ul style="list-style-type: none"> Abandonment Leaving alone Malnourishment, lack of food, inappropriate food or erratic feeding Lack of warmth Lack of adequate clothing Lack of protection/ supervision appropriate to the child's age/ developmental stage Persistent failure to attend school 	<ul style="list-style-type: none"> Leaving child alone to care for younger siblings Lack of appropriate stimulation Lack of protection from dangerous substances e.g. fire, drugs, chemicals Lack of appropriate medical care Lack of secure attachment
Physical signs on child/ young person	<ul style="list-style-type: none"> Injury to genital/ anal area Sexually transmitted diseases Pregnancy Bruises, scratches, burns or bite marks Discharge Warts in genital or anal area 	<ul style="list-style-type: none"> Self harm e.g. suicide, self mutilation, substance misuse Bleeding from the vagina or anus in passing urine or faeces Eating disorders 	Physical signs on child/ young person	<ul style="list-style-type: none"> Delayed physical development e.g. underweight/ short stature Cold/ puffy hands and feet Slow growth 	<ul style="list-style-type: none"> Persistently dirt and unkempt Persistently hungry Death Impairment of health/ failure to thrive Frequently smelly
Behaviour and emotional state of child/ young person	<ul style="list-style-type: none"> Nightmares/ disturbed sleep Persistent offending, non-school attendance, running away Wetting, soiling, smearing excreta Significant changes in child's behaviours Low self-esteem 	<ul style="list-style-type: none"> Sexual awareness is inappropriate to child's age/ development Sexually aggressive to others Limited attention span Unexplained aggression/ withdrawn behaviour 	Behaviour and emotional state of child/ young person	<ul style="list-style-type: none"> Destructive tendencies Low self-esteem Neurotic behaviour Running away Stealing or hiding food 	<ul style="list-style-type: none"> Indiscriminately seeking affection from unfamiliar adults Impairment of intellectual behaviour Long-term difficulties with social functioning

Appendix 5

Seven Golden Rules for Information Sharing

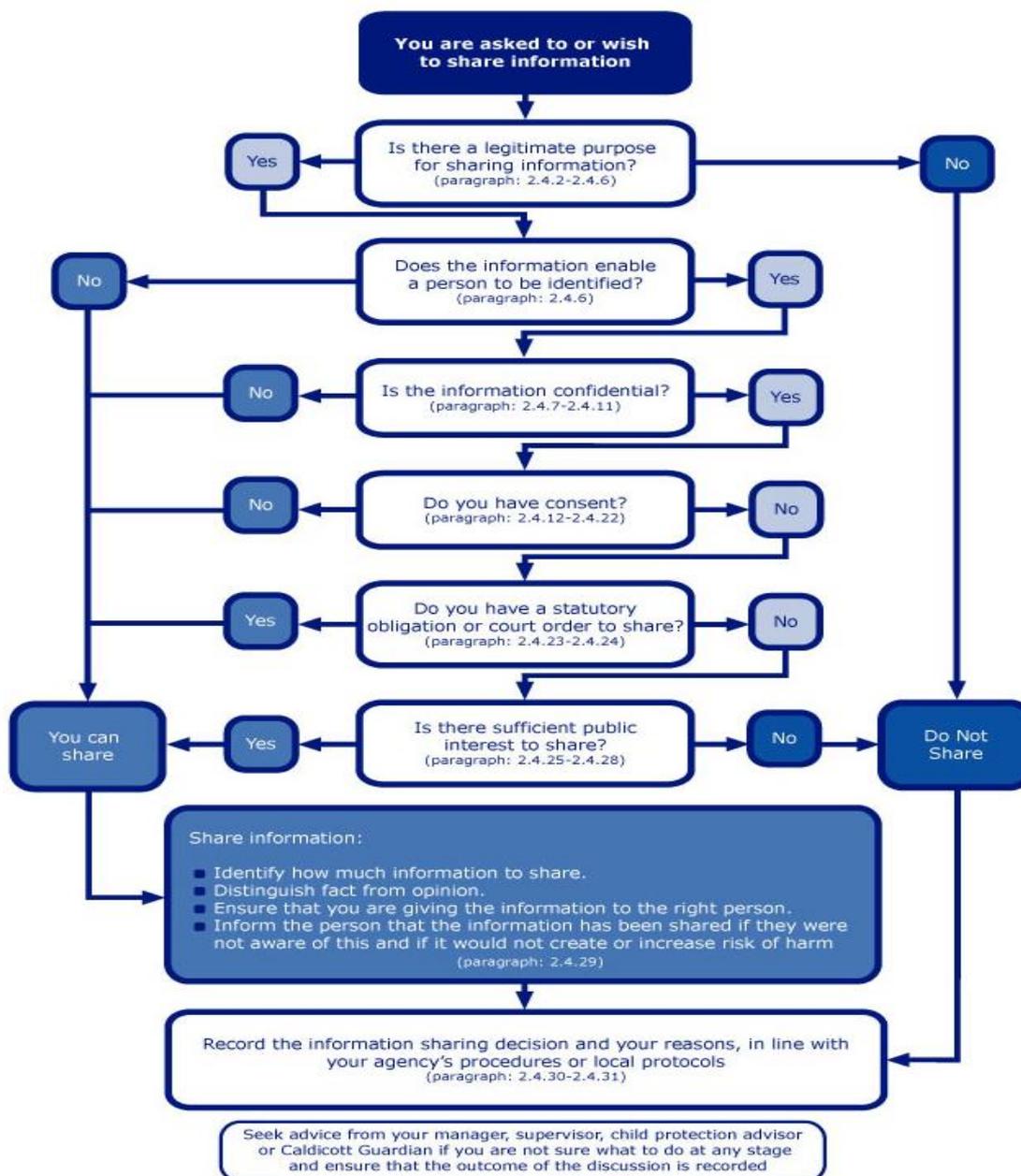
In relation to Safeguarding, the General Data Protection Regulations do not prevent, or limit, the sharing of information for the purposes of keeping children and adults safe. Legal and secure information sharing between both adult and children's social care, health services, educational provision and other local agencies is essential for keeping children and adults safe and ensuring they get the support they need. Information can be shared without consent if to gain consent would place a child or adult at risk.

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

Extract from HM Government Information Sharing: Guidance for Practitioners and Managers July 2018

Appendix 6

Flowchart of Key Principles for Information Sharing



APPENDIX 7

PEOPLE FIRST SAFEGUARDING ADULTS REPORT FORM

This form is to be used to notify Adult Social Care of suspected or actual instances of abuse or neglect and is the start of a Safeguarding Adults Section 42 Enquiry under the Care Act. Please attach further pages if necessary. This form should be completed as fully as possible. Please contact the Designated Safeguarding Lead for support if required.

Person completing the form		Role of Person	
Date of referral to Adult Social Care		Organisation:	
Phone number		Type of service	
Details of incident/suspected/actual abuse or neglect			
Date of alleged incident		Who reported the alert/concern?	
Time of alleged incident		Date of report	
Where did the incident occur?			
Details of the adult at risk			
Name		Date of Birth	
Telephone		Ethnicity	
Address			
What is the adult's primary reason for needing care and support? (please tick)			
Physical support	<input type="checkbox"/>	Sensory support	<input type="checkbox"/>
Learning disability support	<input type="checkbox"/>	Asperger's syndrome support	<input type="checkbox"/>
Mental health support	<input type="checkbox"/>	Social support (includes support for carers/substance misusers)	<input type="checkbox"/>
Other health condition	<input type="checkbox"/>	Please specify	
Support with memory and cognition	<input type="checkbox"/>	Autism support	<input type="checkbox"/>
Preferred Communication method			
Access Needs			
No support reason			
Any other details about the adult at risk			
Details of the alleged perpetrator (where relevant)			
Name:		Relationship to victim:	
Date of birth:		Ethnicity:	

Address:		Telephone:		
If the alleged perpetrator is a staff/volunteer, provide details (e.g. employer, job role, work address)				
Are they an adult with care and support needs?			Yes	No
Details of care and support needs (if applicable)				
Any other details about the alleged perpetrator(s)				
Description of the alleged incident/harm				
Please give a detailed description of the incident (including times), all people involved, witnesses and any other comments you feel are relevant. If the concern relates to physical abuse please highlight that a body map may need to be completed. Please attach additional Sheets if necessary.				
Type of abuse (please tick all that apply)				
Physical		Sexual		Psychological
Financial/ Material		Neglect/ Omission		Discriminatory
Organisational/ Institutional		Self neglect/		Domestic abuse/ Violence
Modern slavery		Radicalisation/ Extremism		Other
If other, please specify				
Is the victim at risk of further abuse/neglect? (please tick)	Yes	No	Unknown	
What has been done to ensure the immediate safety of the alleged victim(s) and others? Completing and submitting this form does not constitute management of immediate risks.				
Were the Police called?	Yes	No	Unknown	
Please provide the outcome of the Police action and Police log number (if available):				
If the incident relates to domestic abuse/violence, has the MARAC Checklist (CAADA-DASH) been completed?	Yes	No	Unknown	
If yes, has a referral to MARAC been considered? Please provide details, including discussions with your agency's Single Point of Contact (SPOC) for MARAC	Yes	No	Unknown	

Please provide details of other agencies involved that will be able to help with the safeguarding adults enquiry:					
Are you aware that there have been any previous referrals made in relation to this adult at risk or alleged perpetrator?	Yes		No		Unknown
If yes, please provide details (e.g. dates, type of abuse, action taken)					
Are there any risks to others (other adults, children)?	Yes		No		Unknown
Please provide details (also include who this information has been shared with – e.g. Police, Children’s Social Care, MAPPA). If there are risks to children you must notify Children Services.					
Involvement of the adult(s) at risk					
The following section is crucial to determining the next steps in the safeguarding adults enquiry and every attempt should be made to complete it as fully as possible.					
Has the adult(s) at risk given consent for this referral?	Yes		No		
If no, please confirm why you have not sought consent or are overriding consent (please tick)					
Public interest (risks to others)		Risk of serious harm		Suspected serious crime	
Adult at risk lacks mental capacity to provide consent (best interest decision made)		Ability to consent is affected by threatening or coercive behaviour		Seeking consent would increase risks to the adult or others	
Other please specify					
Do you think the adult at risk would have substantial difficulty in participating in the safeguarding adults process?	Yes		No		
If yes, are you aware of a suitable person who could support them to engage in the process? (e.g. family member, friend, advocate)					
Please provide the name and contact details of this suitable person					
Has the adult at risk’s family been informed of the concerns (where the adult has consented to this)?					
If you think the adult at risk may need support to participate in the safeguarding adults					



process, please provide details of what support may be required			
What does the adult at risk (or their representative) say that they want to happen as a result of the safeguarding adults enquiry (desired outcomes)?			
Signed		Date	
Printed		Time	



Appendix 8: Safeguarding Training Matrix

To be inserted once agreed in partnership with Workforce dev strategy