

# Safeguarding and Protection of Adults Procedures and Guidance

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# Safeguarding and Protection of Adults Procedure

## 1. Introduction

Nacro is committed to safeguarding adults at risk, and we expect everyone who works for us to share this commitment.

Safeguarding Adults is defined in the Care Act statutory guidance as “protecting an adult’s right to live in safety, free from abuse and neglect”. This procedure relates to 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 Children and Young People Safeguarding Procedure.

It is the responsibility of all Nacro colleagues to act in accordance with this policy, to ensure we are effectively safeguarding all service users across Nacro.

If you have any queries regarding the implementation of this policy, please do not hesitate to reach to your local Designated Safeguarding Officer (DSO), or your Directorate Safeguarding Lead (DSL). DSL details can be found below:

- Housing: Gemma Goacher, [gemma.goacher@nacro.org.uk](mailto:gemma.goacher@nacro.org.uk), 07483090097
- Justice and Health: Eliana Silva, [eliana.silva@nacro.org.uk](mailto:eliana.silva@nacro.org.uk), 07485352950
- Education: Clare Kirk, [clare.kirk@nacro.org.uk](mailto:clare.kirk@nacro.org.uk), 07973436791

### 1.1 Relevant Legislation and Regulatory Guidance:

- Safeguarding Vulnerable Groups Act (SVGA) 2006
- Mental Capacity Act 2006
- The Care Act 2014
- The Sexual Offences Act 2003
- Modern day Slavery Act 2015
- Public interest disclosure Act 1998
- Data protection Act 2018
- Mental Capacity Act 2005
- Human rights Act 1998
- Counter Terrorism and Security Act 2015 (Prevent strategy)
- Updated Guidance Section 29 of the Counter Terrorism and Security Act, which came into force 31<sup>st</sup> December 2023.
- Equality Act 2010
- Public Interest Disclosure Act 1998
- Health and Care Social Act 2008
- Nacro is not bound by the Protection of Freedoms Act 2012, since it applies to public authorities, but acts within its principles.

## 2. Scope

This procedure is to be followed by all staff, volunteers, agency workers, trustees, and students on placement. It applies when there is alleged or suspected abuse and/or neglect of an adult who is an “adult at risk”.

Nacro Criminal Justice Services who are directly supporting service users whilst they are in prison should adhere and follow prison processes for safeguarding.

### 3. Purpose

The purpose of this document is to:

- Prevent harm and reduce the risk to vulnerable Adults with care and support needs.
- Safeguard the vulnerable adults in a way that supports them making choices and maintaining control about how they want to live.
- Promote an approach that concentrates on improving the lives of vulnerable adults.
- Raising public awareness so communities alongside professionals play their part in preventing, identifying, and responding to abuse.
- Providing information and support in accessible ways to help people understand the different types of abuse, how to stay safe, and how to raise concerns about the safety and wellbeing of a vulnerable person.
- To ensure the Nacro workforce have a clear understanding of their roles and the frameworks we work within.
- To identify the lesson, we have learnt and where required changed our practices, so we can try to prevent abuse occurring again.

### 4. Employee Responsibilities

Nacro staff have a duty to follow the six principles of safeguarding that underpin all adult safeguarding work, as set out in the Care Act 2014 and updated guidance 2017. These are:

**Empowerment** - presumption of individual and personalised decisions and informed consent.

**Prevention** – strategies are developed to prevent abuse and harm from occurring.

**Proportionality** – Taking a proportionate and least intrusive response appropriate to the level of risk presented.

**Protection** – support and representation for those in greatest need to be free from abuse and neglect.

**Partnerships** – local solutions through services working together within their communities.

**Accountability** – It is clear who is doing what and why; actions are clear and delivery transparent.

Where care and support are required, Nacro will prioritise the service user's well-being in any assessment or service that is carried out with an adult and consider their views, wishes, feelings and beliefs.

### 5. Safeguarding Procedures: General Guidance

#### 5.1. Carrying out an initial risk assessment

If you are involved in admitting, sign up or registering adults at risk for services, you must:

- Carry out a thorough [risk assessment](#), 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 must be in place as a matter of course.
- Put clear support plans in place to address the risks identified.
- Make sure that you identify, in this initial checking process, if the adult at risk poses any risks to other young people or other adults at risk in receipt of Nacro services.
- 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. If the risks cannot sufficiently be mitigated, it may be that the adult cannot be permitted in the service.
- 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.

For further information on completing a risk assessment please refer to Nacro's Service User/ Learner Risk Assessment Policy [here](#).

## **5.2. Recognising abuse**

All staff and volunteers should maintain a professional curiosity on the adults they are working with. It is often difficult to recognise abuse and exploitation therefore staff should be alert to:

- i. Changes in service user's disposition or demeanor no matter how small. These changes can include:
  - change in mood.
  - change in dress or clothes.
  - being hungry
  - being disheveled
  - clothes not being clean or in a good state.
  - not washing properly
  - lateness and non-attendance to appointments or lessons
  - 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
  - Overhearing indications of abuse or exploitation from a service user
  - Being informed directly or indirectly by other service users, visitors, members of the public, carer or other professionals.

If indicators of abuse appear incrementally over time (and there is no disclosure of abuse by the service user), it can be less clear that the service user is being abused or at risk of abuse. In these cases, discuss the signs with your line manager or contact the safeguarding leads or professionals at partner organisations who work with the service user. Sharing relevant information promptly is a crucial part of harm reduction and managing and responding to safety concerns.

You can also share concerns about behaviours during de-briefs, handovers, 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 incident alert system.

It is important to be aware of reactions and/or the impact that abuse may have on individuals who are experiencing or at risk of experiencing abuse or neglect. Self-harm is not a safeguarding issue on its own, but it may be a reaction to being abused. If this is the case, then we must report the cause (i.e., the abuse) as safeguarding and include details of the self-harm under impact on the service user.

Staff and managers should exercise their professional judgement of what constitutes an abuse indicator on a case-by-case basis. For advice or support, please refer to the Ann Craft Trust guidance on recognising a safeguarding issue [here](#).


**5.3. Professional Curiosity**




Staff should use their “professional curiosity” to enquire deeper and using proactive questioning and challenge. In practice, professional curiosity is aligned to multi-agency working, collating information from different sources and applying different perspectives. This may involve sharing concerns about behaviours during daily briefings, and/or team meetings and supervision sessions to check if other staff have noticed these to. It is good practice to liaise with and share information with other professionals to support early identification and any emerging problems, as soon as they arise.

**5.4. Responding to abuse**

If you are aware of or suspect an adult is at risk or suffering abuse and/or neglect, you should act.



	<ul style="list-style-type: none"><li>• Listen to what the individual is saying.</li><li>• Do not ask leading or probing questions or try to investigate it further yourself – this will be done by safeguarding professionals. Only ask open questions to seek clarification, i.e., tell me what happened?</li><li>• Listen to what they want to happen next. Try to incorporate their wishes as best as you can.</li></ul>
	<ul style="list-style-type: none"><li>• Reassure the individual that they have done the right thing in speaking</li></ul>

	<p>about what they are experiencing.</p> <ul style="list-style-type: none"> <li>• Reassure the individual that whatever happens to them is not their fault.</li> <li>• Not give views about the allegations or the person about whom allegations are made.</li> <li>• Do not be judgmental, express your own emotions or jump to conclusions i.e., do not show shock at what you are being told.</li> <li>• Assure the person disclosing the abuse that they will be taken seriously.</li> </ul>
	<ul style="list-style-type: none"> <li>• Explain that: <ul style="list-style-type: none"> <li>○ You have a duty to report it to the project DSO and/or your line manager (or their manager if they are implicated in the abuse). The DSO will decide whether the matter needs to be escalated further.</li> <li>○ Make sure that you do not make any promises to keep the information confidential. Concerns raised will have to be shared with them and external agencies (including the Police where needed)</li> <li>○ You will take steps to protect them from further abuse.</li> </ul> </li> <li>• Ensure the victim is safe/ not in immediate danger and consider whether there is a risk to the safety of other service users.</li> </ul>
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• Contact emergency services (e.g., Police; Ambulance), if there is a threat to life, serious injury, or if a crime has been committed which is considered an indictable offence.</li> <li>• Secure the scene, if appropriate to ensure that no forensic evidence is lost. Do not contaminate evidence and witnesses: <ul style="list-style-type: none"> <li>○ Discussing the allegations of abuse with the alleged perpetrator or anyone other than the relevant Manager.</li> <li>○ Moving or destroying articles that could be used in evidence.</li> </ul> </li> </ul>

Wherever possible, offer the service user the choice to speak to a member of staff of their ethnicity, sexuality, or gender of their preference.

If required, arrange for an interpreter or signer. Do not use a family member, friend, or member of the service user's extended community for this purpose.

### 5.5 Serious Incidents

Nacro's definition of serious incident is:

Serious injury/harm to Nacro staff, service users, visitors, or members of the public (who are in Nacro premises) which results in medical treatment or hospitalisation.

Physical assault of a member of staff whilst delivering services.

For example, whilst carrying out a service, a member of staff is assaulted by a service user, learner or member of the public which results in injury.

Unexpected/avoidable death of a member of staff, service user or member of the public whilst on Nacro premises; and/or the person was involved in a Nacro service at the time of death or where Nacro may have some responsibility.

Some examples, although not limited to, could be an overdose, suicide, natural causes (stroke, heart attack) or due to injuries caused by an accident or assault.

The discovery and/or use of firearms or other lethal weapons; either at Nacro premises or on a service user or being used by a service user.

For example, evidence of firearms, blades, tasers, toxic gases etc. at a property, or found on a service user, as well as a service user being arrested for having or using such items.

Proven and serious safeguarding incident (this can be discussed with, and clarification obtained by the Lead Safeguarding Officer and relevant Director or Head of Service).

Examples of serious safeguarding incidents could include, although not limited to, serious harm, sexual assault / rape, child exploitation, radicalisation, grooming, trafficking, cuckooing.

Any incident which threatens risk to Nacro's good reputation through adverse media coverage or public concern about the organisation.

For example, any articles, documentaries, or social media posts that could reflect poorly on Nacro.

## **6. Recording and Reporting**

### **6.1 Recording**

Accurate records must be made at the time of the disclosure or discovery detailing the incident and/or the grounds for suspecting abuse.

If possible, note down what the individual is telling you. If it is not possible to take notes at the time, make a report on the Nacro incident alert system immediately after the disclosure while all the information is still fresh.

Recording and raising a concern can be undertaken by all staff, with guidance from their DSO and/or line manager, or if the line manager is implicated, with guidance from the Service Head or Designated Safeguarding Lead for the directorate.

When recording the concern, you must include:

- Full names of all involved (including aliases and spelling variations), date of birth and gender.
- Address



- Date and time of the incident
- As much detail as possible of the allegation or the grounds for suspecting abuse
- Details if any observed injuries
- Appearance or behaviour of the victim, including any injuries.
- Victim's account of events, as far as possible in their own words. Use speech marks to indicate speech recorded verbatim.
- Names of any witnesses
- If you were present, record exactly what you saw. Ensure the information included is factual and objective and professional language is used.
- All concerns, discussions with external agencies detailing full names, job title dates and times and decisions made, and the reasons for those decisions, and the outcome must be recorded in writing.

## 6.2 Reporting

### 6.2.1. Reporting Internally

You must inform the relevant DSO and/or Manager within 4 hours of a serious safeguarding concern being raised. This can be initially completed over the phone.

Additionally, a copy of the record of the report or suspected abuse should also be sent (if the record is being made by a staff member who is not a manager).

If the safeguarding concern relates to the Service Manager or DSO, the concern must be reported directly to their Line Manager with a copy of the report.

If the safeguarding concern relates to the line manager, the concern must be reported manually to the Service Manager or DSO, using the incident report form in Annex 2.

You must complete an incident report within 24hours using Nacro's Incident Reporting Management System and follow mandatory reporting processes set out by the service's commissioner (e.g., Local Authority, Care Quality Commission, Ministry of Justice).

Department	Safeguarding incident alert system
Education	C Poms
SAS	IMS2
CAS-2	Open Housing

See Incident Reporting and Management Policy [here](#) for further guidance.

Recording and raising a concern can be undertaken by all staff, with guidance from their line manager, or if the line manager is implicated, with guidance from the Service Head or Safeguarding Lead.

### 6.2.2. Escalating concerns within Nacro

Internal (Nacro) case reviews can be helpful to get all the strands of the case well understood by those involved within Nacro and establish a clear plan of action.

Any member of staff can request an internal case review for a case they are concerned about. This can be as informal as talking through the case on the phone with a colleague, to have multiple people/panels involved in a scheduled meeting.

There may be circumstances when a case review must take place. The criteria for this are:

- All major incidents within CAS-2, as part of our contractual obligations
- More than three incidents involving the service user within a 12-week period.
- A high-risk incident or concern where other agencies are not involved or have closed the case.
- Any incident related to child sexual exploitation.

The respective area manager or regional (or equivalent) is responsible for completing case reviews, with outputs sent to the relevant DSL and Head of service.

### **6.2.3. Reporting Externally**

Each local authorities' website should make it clear how to raise an adult safeguarding alert. Staff members working across multiple areas should download and use the NHS Safeguarding app, which links all the local authorities safeguarding policies and reporting systems. - [NHS Safeguarding Guide on the App Store](#)

It is also often possible to informally contact the local authority safeguarding team to get advice on making a referral. It should be noted that this informal contact is not the same as making a safeguarding referral.

When reporting to a local authority, it is the responsibility of the service DSO to make this report, with all valid information approved by the relevant DSL and Head of Service.

Factors that must be included when reporting to the Safeguarding Adults Team are:

- The vulnerability of the service user.
- The nature and extent of the abuse and likely consequences.
- The period during which the abuse has been happening.
- The impact of the victim and the impact on others.
- The likelihood of repeated or increasingly serious acts and any escalation in abuse that appears to be happening.
- Any actions taken and/or plan to keep service user safe.
- What would the service user like to happen next (if appropriate).
- What we would like the safeguarding team to do.
- Whether a child (under 18 years old) is involved (see Safeguarding Young People and Children Policy for more information).

Anonymous information or information from people who do not want to be identified should also be recorded. The service users' wishes are also to be clearly recorded especially where they do not wish action to be taken. Where the service user is already known to local Social Services, the relevant Care Manager or Care Co- Ordinator should be notified as well to expedite the process.

### **What happens when an enquiry is made?**

The local authority has the following legal duties under the Care Act 2014:

- To promote adult's wellbeing in the area of protection from abuse and neglect (Section 1).
- To make or arrange any enquiries necessary to decide if action should be taken and if so, what

action should be taken and by whom if the local authority has reasonable cause to suspect that an adult in its area (whether or not resident there).

**Section 42 of the Care Act stated that safeguarding duties apply to an adult who:**

- has needs for care and support (whether or not the local authority is meeting any of those needs).
- Is experiencing, or is at risk of, abuse and neglect; and
- As a result of those needs, they are unable to protect himself or herself against the abuse or neglect or the risk of it (Section 42, the Care Act 2014).

The relevant Safeguarding Manager at the local authority may decide to hold a strategy discussion or meeting involving all agencies which are supporting the service user.

The purpose will be to agree to a multi-agency plan to investigate the allegations and assess the concerns for the safety of the person who is being harmed and address any immediate needs to coordinate the collection of information about the abuse or neglect. This may involve continuing the enquiry or may trigger a referral to other agencies or processes, such as a criminal investigation by the police.

Local Authorities have a duty under the Care Act 2014 to establish a Safeguarding Adults Board to help and protect adults in its area who are at risk of experiencing abuse or neglect and are unable to protect themselves against it.

The Board may do anything which appears to be necessary or desirable for the purpose of achieving its objective, including making whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom. Nacro must cooperate with requests from a safeguarding board to supply information.

A continuing enquiry may result in a case conference and protection plan, which would usually be regularly reviewed.

Where there is a multidisciplinary meeting called by the local authority safeguarding team:

- The staff involved in the case and Service Manager/ DSO should attend unless implicated.
- The Safeguarding Lead may attend.

Area Managers are responsible to ensure the appropriate response has been taken to a Safeguarding incident and are tasked to review evidence of actions to reduce future risk. Area managers can delegate this task to Service leads, while retaining oversight and responsibility of the incident response. If a service staff team requires support or guidance related to risk management or future action, the service should contact the appropriate Area Manager or Directorate Safeguarding Lead.

Enquiries related to Nacro' service users who have care and support needs are categorized as "Statutory Safeguarding Enquiries". For service users with low support needs only, the local authority can use their discretion to make "Non-Statutory Safeguarding Enquiries".

There is a possibility that a local authority will ask Nacro to make enquiries.

- The DSO/ Manager of the service user's service should clarify with the local authority what is expected, as this could range from a conversation with the service user to a formal multi-agency meeting.
- The purpose of an enquiry is to decide if the local authority, Nacro or any other organisations or

person needs to take action to protect the service user.

- The service user should be involved from the beginning of the enquiry.
- The DSO/ Manager should record the concern, service user's wishes, any immediate action taken and the reason for those actions.

#### **6.2.4. Reporting Modern Slavery – the National Referral Mechanism**

The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

Modern slavery is a complex crime and may involve multiple forms of exploitation. It includes:

- human trafficking
- slavery, servitude, and forced or compulsory labour
- An individual could have been a victim of human trafficking and/or slavery, servitude and forced or compulsory labour.

Victims may not be aware that they are being trafficked or exploited, and may have consented to elements of their exploitation, or accepted their situation. If you think that modern slavery has taken place, the case should be referred to the NRM so that the relevant competent authority can fully consider the case. You do not need to be certain that someone is a victim.

The online referral system is to be used for referrals into the National Referral Mechanism. The only professionals who can make referrals are:

A 'first responder organisation' is, in England and Wales, an authority that is authorised to refer a potential victim of modern slavery into the National Referral Mechanism. The current statutory and non-statutory first responder organisations are:

- Police forces
- certain parts of the Home Office:
- UK Visas and Immigration
- Border Force
- Immigration Enforcement
- National Crime Agency
- local authorities
- Gang masters and Labour Abuse Authority (GLAA)
- Salvation Army
- Migrant Help
- Medaille Trust
- Kalayaan
- Barnardo's
- Unseen
- NSPCC (CTAC)
- BAWSO
- New Pathways
- Refugee Council

Therefore, Nacro staff who are concerned about possible modern slavery victims should report their concerns to the Police and request they consider a referral to the National Referral Mechanism.

## **7. Working in Partnerships with Others**

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

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.

To ensure and promote effective joint working, there needs 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. To do this, individual service delivery projects across Nacro must establish links with other agencies – community or statutory – 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.

### **7.1. Escalating concerns externally**

Safeguarding Boards can receive a high number of alerts, which sometimes led to alerts raised by Nacro staff and getting the attention our teams think they need.

At times, a safeguarding concern may be closed with no further action. If this happens, and it is felt that further action is needed, take the following steps:

- Ask for a full written explanation as to why the safeguarding concern has been closed with no further action being taken.
- Inform the Designated Safeguarding Lead (DSL) to get their support, if required.
- Review the information in the concern for completeness and clarity. Was there something important which was omitted and were concerned about the service user's safety and/or impact on service user's wellbeing explicitly stated?
- Did the local authority Safeguarding team have a full and proper understanding of the safety concerns involved?
- Pass any further relevant information to the local authority Safeguarding Adults Team such as information missing from the original enquiry or additional information which is now available.
- Compare the case with the definition of the local authority's safeguarding duty under and clearly detail how and why the concern you have raised meets the criteria under Section 42 of the Care Act.
- Review the local authority Safeguarding Team's practice and decision against the procedures for that local authority (often called threshold and/or criteria documents). They are usually published online but if not, staff should request a copy.
  - Are they working in accordance with these procedures or is there a gap between what

their procedures require and what they have done?

If the above steps are taken and there is no change, contact the local authority's lead for Safeguarding Adults, or if there is no one in that position, another Manager within the organisation. If the disagreement remains unresolved, a complaint can be made to the relevant local authority complaints officer.

See also "[Toolkit: Making an effective adult safeguarding referral and escalating safeguarding concerns](#)" that provides practical tips, ideas, and examples of how to escalate concerns, if you do not think other agencies are responding appropriately.

Raising the reporting of a Serious safeguarding Incident with Regulators, Commissioners or Partners. Nacro has a duty to report Serious safeguarding incident/events to Regulators, Commissioners and or lead contractual partners who are registered with a regulator. In such an escalation the process is as follows:

<b>Regulator/Agency /Partner</b>	<b>Initial Escalation</b>	<b>Coordinator</b>	<b>Signoff</b>	<b>Reported to</b>
Charity Commission	Directorate Safeguarding Leads	Head of Performance and Assurance  Director of Finance and Corporate Services	Safeguarding Trustee and CEO	BoT, NSB
DBS	Directorate Safeguarding Lead	Head of performance and Assurance and Directorate Safeguarding Lead	Director of Finance and Corporate services  Relevant Operations Director	NSB
Ofsted	Assistant Principle /Directorate Safeguarding Leads  (Education and Housing)	Assistant Principle /Directorate Safeguarding lead.  Director of Education  Director of Housing	Safeguarding Trustee and CEO	NSB, Education Committee, BoT

Local Authority Commissioner	Directorate Safeguarding Lead	Directorate Safeguarding Lead	Operations Directorate Director	NSB, BoT
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LADO	Directorate Safeguarding Lead	Directorate Safeguarding Lead	Operations Directorate Director	NSB, BoT
NHS contract partner /external NHS review	Directorate Safeguarding Lead	Directorate Safeguarding Lead	Operations Directorate Director	NSB
CQC ( As part of contracted Regulated services)	Directorate Safeguarding Lead	Directorate Safeguarding Lead	Operations Directorate Director	NSB, BoT
Coroner	Directorate Safeguarding Lead	Directorate Safeguarding lead	Director of Finance and Corporate services	NSB, BoT

## 8. Involving Adults/Service Users

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
- Ensure information is available in services to all service users on how to raise a safeguarding concern.
- 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 behaviors will not be tolerated, e.g., bullying, racism, sexism, homophobia etc.

## 9. Mental Capacity, Consent and Sharing Information

### 9.1 Mental Capacity Act 2005

Safeguarding activity and decisions must be compatible with the Mental Capacity Act 2005 and with the Deprivation of Liberty Safeguards (DOLS). The Mental Capacity Act applies to people aged sixteen or above.

Mental Capacity Act S.1(2) states that when considering capacity, a person should be assumed to have capacity until it is established that they lack capacity. Section 1(3) dictates that a person is not to be



treated as lacking capacity, until “all practicable steps” have been taken to assist them in the assessment process.

Whenever the term “a person lacks capacity” is used, it means a person who lacks capacity to make a particular decision or take a particular action for themselves at a time the decision or action needs to be taken. (MCA Code 2007.3)

Issues of mental capacity and the ability to give informed consent are central to decisions and actions in safeguarding. Therefore, all interventions need to take account the ability of the service user to make informed choices about the way they want to live and the risks they want to take.

All decisions taken in the safeguarding process must comply with the **five principles** outlines in the Mental Capacity Act 2005:

- **Principle 1: A presumption of capacity**

Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise.

- **Principle 2: Individuals being supported to make their own decisions.**

Adults must be given all practicable help before they are deemed as not being able to make their own decisions. If lack of capacity is established, it is still important to involve the individual as far as possible in making decisions.

- **Principle 3: Unwise decisions**

People have the right to make what others might regard as an unwise or eccentric decision. You must not treat someone as lacking capacity for that reason.

- **Principle 4: Best Interests**

If a person has been assessed as lacking capacity, then any action taken, or any decision made, for or on behalf of that person must be made in their best interests.

- **Principle 5: Less Restrictive Option**

Someone deciding or acting on behalf of a person who lacks capacity must consider a decision or act that would interfere the least with the person's rights and freedoms of action or whether there is a need to decide or act at all. Any intervention should be proportional to the circumstances of the case.

## **Procedures to comply with Nacro's Duty of Candour requirements (Health and Social Care Act 2008):**

Nacro has a requirement that services promote a culture that encourages candour, openness, and honesty at all levels. Managers must ensure staff are familiar with the duty of candour procedures and are updated when changes occur. Staff must know where to access the procedures should they need to be applied.

The duty only applies serious 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.

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 people are informed of the incident. The information provided must be comprehensive and honest. Where relevant people 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 people 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 people by the Registered Manager. The Registered Manager will make the apology face-to-face with the service user and/or relevant people 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.

### **Assessment of Mental Capacity is undertaken by health professionals.**

Social Workers working with adults should be continually aware of capacity in relation to specific decisions that vulnerable adults are required to make, particularly where a specific decision may place themselves or others at risk (MCA Code 4.34). When working with Social Workers, our staff should feel confident to raise concerns they have with a service user's mental capacity.

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.

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.

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.

## **9.2. Informed Consent**

It is essential in safeguarding to consider whether the service user can make decisions to give informed consent to share information and raise a safeguarding concern.

If they are, their consent should be sought unless doing so would:

- Place an adult at an increased risk of serious harm.
- Prejudice prevention, detection, or prosecution of a serious crime.
- Lead to an unjustified delay in making enquiries about significant harm or serious harm.

In these cases, you can share information without consent:

- In the best interest of a person lacking capacity (to understand the risks they face or capacity to understand the safeguarding process)
- In the public interest (You are trying to balance a person's right to privacy with their right to life, right to be free from torture, inhuman and degrading treatment, the right to liberty and right to autonomy). The person is incapacitated due to injury, physical condition or substance abuse and a delay could lead to further harm to them or the public.

If consent to abuse or neglect was given under duress or coercion, for example because of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded. There are limits (defined in common law) to what a person can give consent to, so even if there appears to be consent, you should use your professional judgement making and seek guidance internally and/or from the Local Authority Safeguarding Team.

### 9.3. Information Sharing

The challenges of working within the boundaries of confidentiality should not impede taking appropriate action. As best practice and whenever possible, informed consent to the sharing of information should be obtained. However:

- **Emergency or life-threatening situations** may warrant the sharing of relevant information with the relevant emergency services without consent.
- **The law does not prevent the sharing of sensitive, personal information within organisations.** If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information between organisations where **the public interest served outweighs the public interest served by protecting confidentiality** – for example, where a serious crime may be prevented.
- **Sharing information with staff of Nacro**
  - Information given to an individual member of staff belongs to Nacro and not to the individual staff member.
  - Information will be shared internally on a need-to-know basis.
  - Information will only be shared in the best interest of the service user.
  - Confidentiality must not be confused with secrecy: that is, the need to protect the management interests of an organisation should not override the need to protect the adult (See duty of candour).
  - Staff reporting concerns at work are entitled to protection under the Public Interest Disclosure Act 1998. See Nacro's Whistleblowing Policy
- **Sharing information with the alleged victim**
  - The service user will be updated as to the progress of the enquiry and the next steps. This should be done as soon as is reasonably possible so that the victim is reassured that actions are being taken.
  - Where there is no legal requirement to obtain written consent before sharing information, it still good practice to, where possible, seek consent before sharing. Unless, in doing so, would increase the risk to the individual.

- **Sharing information with the alleged perpetrator**
  - It is rare that information is shared with an alleged perpetrator.
  - Where the alleged perpetrator is a service user, and an enquiry is underway, guidance **must** be sought from the Safeguarding Lead and Head of Directorate as to what information can/cannot be disclosed or communicated.
  - Where the alleged perpetrator is a staff member, agency worker, volunteer or student on placement, guidance **must** be sought from an HR partner and the Safeguarding Lead as to what information can/cannot be disclosed or communicated.
  
- **Sharing information with other service users**
  - Information will not be shared with other service users who are not involved in the safeguarding concern unless it is required as part of the safeguarding enquiries plan to keep the individual(s) safe. This should always be agreed with the local authority Safeguarding Adults Team and Nacro Safeguarding Leads.
  
- **Sharing Information with other agencies**
  - Prior to sharing information with other agencies, the service user's consent should be requested. This will have been done at the point of the service user joining the service/booking in when the service user signs a Privacy Notice and Consent Form.
  - Where there are cases of domestic abuse, staff must not confirm or deny any information about a service user to a third party unless it is shared in line with an agreed information sharing process, for example a MARAC information sharing protocol.  
See Nacro-Wide Domestic Abuse Policy and Procedure
  - It should be further explained that it may be necessary to share information when a crime has been committed or there are concerns about others' safety.
  - Where a service user does not want to share information with other agencies and/or does not want action to be taken consider:
    - Whether an indictable offence (serious crime) has been committed or could be prevented.
    - The level of risk to the service user and/or others.
    - Whether a Mental Capacity Assessment should be conducted.
    - The level of risk, whether is too high not to share.
    - Whether gaining consent would increase the risk to the service user or others.
  - When considering any conflict between data protection or GDPR and giving information, the information must be shared if it is in the interests of data protection/GDPR.

## **10. If the Service user does not want Action to be Taken**

The service user may not wish any action to be taken to stop the abuse from occurring. However, staff have a duty of care to act and protect service users from abuse.

Action must be taken by staff where:

- A crime that is an indictable offence has been committed.
- There is a possibility that a crime could be committed.
- The allegation involves a member of staff, volunteer, or paid carer.
- There is a possibility of harm to other adults or children.
- The alleged perpetrator is also an adult with care and support needs.

- There are concerns that a service user does not have mental capacity.
- There are concerns that the service user may be under influence or under duress.

Explain to the service user that staff have a duty to report. Remind the service user that their rights are being infringed.

Try to address any concerns the service user may have about disclosure and reassure them by explaining the process to them.

Explain the disadvantages of allowing abuse to continue and the possible safety concerns to the service user.

Explain possible options that might be taken to ensure the service user's safety e.g., transfer to another service, the loan of an alarm, depositing cash for safekeeping (in case of financial abuse).

## **11. Managing Abuse Allegations where the Victim and Abuser are Service users in the Same Service**

In cases where a service user is allegedly being abused by another service user the safety of the victim is paramount.

Where the alleged abuser and victim are service users of the same service, the same processes are followed but the Service Manager will need to consider whether the service can manage the situation with both parties on site.

If this is not feasible, it may be necessary to arrange the transfer of one service user considering particularly impact on the victim while the situation is being investigated.

Decide if the alleged perpetrator needs to be represented during the enquiry (by a relative, social worker or solicitor) to avoid a potential conflict of interest.

Decide if the matter is likely to come to the attention of the Police. If so, be aware of PACE regulation (Police and Criminal Evidence Act 1984) relating to the provision of an appropriate adult to accompany the service user being investigated.

## **12. Concerns or Allegations Against a Member of Staff or Volunteers Towards a Service user**

All Nacro's staff and volunteers must abide by the organisation's Code of Conduct. Abuse of a service user is gross misconduct, as well as illegal under the Criminal Justice and Courts Act 2015. See Nacro's Code of Conduct [here](#).

Nacro's Whistleblowing procedure underlines the responsibility of staff to report staff actions which are abusive of service users, or which are unethical, and explains the process of reporting issues of concern to the Care Quality Commission or Local Authority. See Nacro's Whistleblowing procedure [here](#).

Where an allegation has been made, staff should follow Nacro's Policy and Procedure on Dealing with Allegations against staff; [Dealing with allegations against staff and volunteers policy, procedures and guidance - OneSpace](#).

## **13. Closing an Adult Safeguarding Concern**

A concern is closed when relevant action has been taken to address the abuse, even if the abuse is ongoing. It will typically be closed after the process of reporting, external referral, case conference and creating an action plan has taken place.

After the concern is closed, ongoing support arising from the concern should be recorded under the relevant action heading on service user's Risk Assessment/ Safety Plan. A new concern should then be raised if circumstances change or a new incident occurs, even if it is a continuation of the previous abuse. The new form should refer to the previous case.

Closing a case prompts the manager to consider each case and reflect on practice. Managers should share learning and reflections from cases with their teams, where possible and ideally in team meetings or reflective practice. It is not intended to signify that a solution has been reached or that the abuse has ended.

The Service Manager or Deputy Manager is responsible for ensuring all relevant safeguarding concerns recorded on IMS2 have been closed following the Incident Reporting and Management Policy requirements (see [incident procedures](#) for further guidance).

#### **14. Training and Professional Development**

Nacro has a comprehensive training schedule which can be found on One Space (Nacro Intranet).

All staff, no matter what their role, and volunteers must complete e-learning training on safeguarding and professional boundaries, provided by Nacro as part of their induction. The safeguarding training will be refreshed annually at Directorate level. The induction training will cover:

- Understanding what safeguarding adults involves
- The range of risks that adults face and indicators.
- Information about role boundaries and professional propriety
- Individual safeguarding responsibilities, including what to do if concerned about an adult's welfare or safety arise and whistleblowing.
- The name and contact details of local Safeguarding Adult Boards.

Online classroom Adult Safeguarding and Professional Boundaries training is also available for all staff, and they are encouraged to complete during their Induction period. Staff must also access safeguarding training offered by local authorities or other specialist providers, as required the type of service in which their work e.g., families, women with complex needs.

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. Managers should attend appropriate training related to the recruitment of staff, as well as appropriate training in the management of safeguarding issues.

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

Persistent failure to complete safeguarding training and relevant updates will be treated through a formal procedure.

#### **Staff responsibilities for reporting Female Genital Mutilation**

If you discover that an adult female (over age 18) has undergone FGM, it is not reportable in law, unless it occurred while they were under 18 years old. 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.

If you discover an individual under 18 has undergone, or is at risk of, FGM, please refer to the Safeguarding Children's Procedure for further guidance on how to act. If you discover that a young female under 18 has undergone FGM, you must:

- Report this directly to the police on 101.
- Also report this to the DSO and your line manager and make a written report on the Nacro incident alert system for safeguarding.

Revision	Date	Changes Mode
7	November 18	
8	March 2020	Policy re-drafted
9	2023	Reviewed by DSLs, Corporate Services and NSB, changes made.
10	May 2024	Reviewed by Head of Performance and Assurance, minor cosmetic updates, updated regulatory guidance reference: Section 29 of the CSTA 2015 (Prevent Duty), came into force on 31st December 2023)
11	July 2025	Reviewed by DSLs and Corporate Safeguarding manager. Updated Mental Capacity section and added National Referral Mechanism details.

## Annexes

### Annex 1: Causal factors and indicators of abuse

#### 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. Changes in patterns of behaviour, especially in attendance
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. Changes in patterns of behaviour, especially in attendance
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. Changes in patterns of behaviour, especially in attendance.



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 Changes in patterns of behaviour, especially in attendance
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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 Changes in patterns of behaviour, especially in attendance
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. <b>Behaviour of carers/service providers:</b> 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 Changes in patterns of behaviour, especially in attendance
Institutional	Adults at risk Children or young people in care	Poor care planning Inflexible routines Lack 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 Changes in patterns of

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	<p>Isolating themselves from family and friends</p> <p>Feeling persecuted or that their life chances have been taken away by specific groups.</p> <p>Embracing conspiracy theories</p> <p>Increased levels of anger or aggression.</p> <p>Unwilling or unable to listen to the views of others.</p> <p>Disrespectful attitude towards others not of the same faith or because of their ethnicity/faith/religion</p> <p>Spending a lot of time on the internet or mobile phone</p> <p>Accessing particular websites/internet that promote extremism.</p> <p>Change in the language they use.</p> <p>Changes in patterns of behaviour, especially in attendance</p>
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## **County Lines and the exploitation of adults at risk<sup>4</sup>**

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 key to effective identification and risk management.

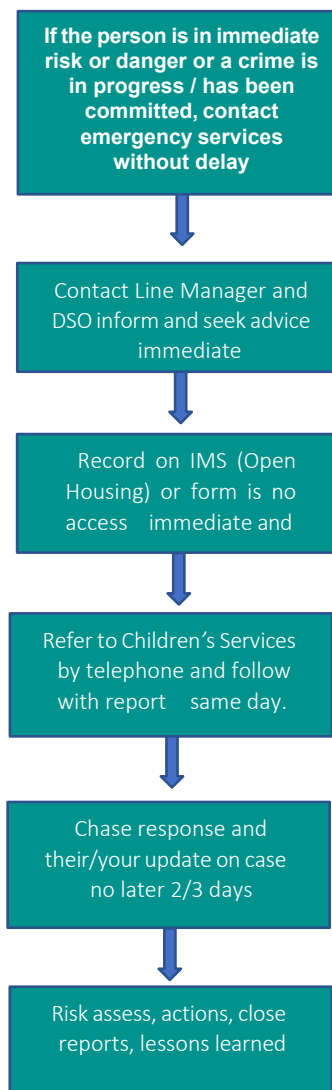
### **Indicators include:**

- 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.

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

## **Annex 2: Safeguarding Procedure Flowchart**





### **Annex 3 - Significant Events Chronology**

Nacro's managers and staff must use the significant events chronology to record significant 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 should be held within the safeguarding folder of the adult at risk.

Within Education directorate this should be completed continually to identify low level concerns.

Within Justice & Health and Housing this should be completed for case reviews and investigations.

What becomes significant can change over time. It is important to avoid the chronology becoming overly extensive by adding events that are of no real significance. 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 adult at risk. Events to be recorded should cover the following:

- Positive or negative changes to the family structure / circumstances e.g., separation, bereavement, custodial sentence, birth of child
- Negative changes in relationships/friendships (to family OR individual young person/service user)
- Changes to physical and mental health and wellbeing including significant others in household or family if impacting the individual
- Positive or negative changes in family and housing e.g., relocation, eviction, transfer to private tenancy
- Decision to initiate a Multi-Agency Assessment
- Identification of Additional Support Needs within staged intervention process (including requests for support services involvement e.g., psychological service, intensive support team, or care)
- Disengagement with services e.g., drug treatment / mental health / medical services
- Positive or negative changes in maintenance of tenancy agreements (Housing)
- Incidents (including self-harming)
- Positive or negative changes in neighbour relations or anti-social issues. Where this has led to further action being taken, for example ASBO, then this should be recorded.
- Evidence of, or referrals for suspected drug dealing, drug taking or excessive alcohol use
- Engagement or increase in offending/reoffending
- Reports of anti-social behaviour on towards the individual or household
- Changes to use of drugs/ alcohol / controlled medication – this could be an increase in use or decrease.
- Changes to appearance – appears unkempt, physical changes to appearance – e.g., significant weight loss.

This list is not exhaustive, and any other significant event not listed should also be recorded if a concern is raised. Chronologies have an important role in providing data to examine patterns and identify actual or potential risks. Information should be documented accurately and concisely as it may be shared with other agencies, used in case conferences and/or a court of law.

## Significant Events Chronology

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

Date	Significant Event	Comments/Actions	External Agency - Contact notes	Where else recorded	Print name
<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>



## **Annex 4: 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:**

<b>SUSPECT</b>	<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 <a href="#">OneSpace</a>).</p> <p>Facts and opinions should be clearly identified.</p>
<b>REPORT</b>	<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>
<b>SECURE</b>	<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 &amp; Challenging Radicalisation, Extremism and Terrorism Policy</p>

## **Annex 5: Reporting to Commissioners, Regulators and Funders**

Nacro has a legal responsibility to report serious incidents to various commissioners and funders. Please refer to Nacro's Serious Incident Report Guidance for further information and guidance, as well as the information 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

## **Annex 6: Glossary of useful terms**

### **Domestic Homicide Review (DHR)**

DHR's Take place following a fatality caused by domestic violence. Domestic Homicide Reviews are one way to improve responses to domestic violence. They ensure that public bodies like social services, councils, police and other community-based organisations understand what happened that led to the death and identify where responses to the situation could be improved. These reviews will not seek to lay blame but to consider what happened and what could have been done differently. They will also recommend actions to improve responses to domestic violence situations in the future.

Domestic Homicide Reviews are part of the Domestic Violence, Crime and Victims Act 2004 and became law from 13th April 2011. They do not replace but will be in addition to the inquest or any other form of inquiry.

### **Multi-agency public protection arrangements (MAPPA)**

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

### **Multi-agency risk assessment conferences (MARAC)**

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

### **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.

### **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 7**



## Information about your local team and safeguarding leads

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