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The Advocacy Project

Safeguarding Policy

Policy name	Safeguarding Adults Policy
History	Date adopted: July 24
	Date of last review: July 24
	Date of next review: July 26
Approval authority	CEO
Responsible office	Head of Service

Scope: safeguarding policies, procedures, and guidance

Reason for policy: This policy aims to provide guidance on what constitutes a safeguarding concern and how to report and record it both internally and externally. This policy is only applicable to adults. Please also read the safeguarding children and young people`s policy.

Who should read this policy: everyone working on behalf of The Advocacy Project including employees, agency workers, consultants, contractors, volunteers, social work students and trustees.

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1 Policy statement

The Advocacy Project is committed to protecting people's right to live a safe, healthy, and enjoyable life, free from any form of abuse or neglect. In this policy we use the term 'abuse' to include both abuse and neglect. We take all concerns about whether someone is at risk of harm seriously and respond by following the procedures in this policy.

The local authorities operate a formal procedure on preventing abuse and safeguarding adults. The Advocacy project recognises that the protection of adults is best handled as an inter-agency matter and respects the role of the Local Authority.

Everyone working on behalf of The Advocacy Project will:

- be alert to the possibility of abuse.
- report suspicions of abuse to the local authority
- be trained and supported to follow the policy.
- be provided with regular supervision to support them with identifying and reporting concerns
- have recruitment checks including the relevant DBS checks in line with our Recruitment and Selection Policy
- have an up-to-date DBS certificate, and any disclosures will be managed appropriately according to the DBS Employment and Engagement of Ex-Offenders Policy.

Staff and volunteers who work with adults at risk will be provided with appropriate training on adult abuse and protection. It is mandatory for staff to partake in **all** internal training around safeguarding. It is imperative that all managers sign up staff to local authority training and internal training on safeguarding adults and safeguarding children and young people. Managers must also attend the safeguarding training provided internally.

The Advocacy Project follows the principles of "making safeguarding personal". This means we put the views and wishes of people at risk of harm at the centre of how we support them to be safe. This includes how we support them through a safeguarding enquiry process. We work collaboratively with other professionals to do this.

All staff and volunteers are made aware of this policy and read it during their induction week.

The Advocacy Project has a strict policy and associated guidelines with respect to confidentiality in line with GDPR regulations. There may be times, as stipulated by GDPR regulations, when it is in the best interest of an adult at risk that information should be shared with other agencies in order to prevent abuse. When information is shared in this way it will only be given on a 'need to know' basis.

This policy will be reviewed annually by the board, with advice/guidance from the safeguarding lead.

2 Scope

This policy applies to everyone working on behalf of The Advocacy Project including employees, agency workers, consultants, contractors, volunteers, social work students and trustees.

This policy covers suspicions of abuse perpetrated by someone / an institution outside The Advocacy Project and someone working on behalf of The Advocacy Project.

Whether or not they're using our services, this policy covers risk of harm for everyone over 18 years of age who has care and support needs. See our Safeguarding Children and Young People Policy for procedures for those under 18 years of age.

This policy should be read alongside:

- Safeguarding Children and Young People Policy
- Safeguarding engagement protocols for individual settings
- Data Protection Policy
- Confidentiality Policy
- Self-harm and Suicidal Ideation Policy
- Whistleblowing Policy

3 Identifying a safeguarding concern

Abuse can happen anywhere, and anyone can be an abuser. This includes social workers, the police, professionals, volunteers or even a colleague (see whistleblowing policy) In some cases, people who abuse or neglect may not realise they are abusing, eg carers who act out of character due to stress. Incidents of abuse may be one-off or multiple, they can be intentional or unintentional, and they can affect one person or more.

Not all forms of abuse will be immediately recognisable or based on one significant incident. Abuse can be recognised through identifying patterns, eg the number of concerns or complaints raised about a particular provider, service or hospital, or a person continually losing weight / changes in their behaviour. Line managers must make sure there are opportunities to talk about such concerns during supervision and team meetings and raise suspected patterns as safeguarding concerns.

We must be aware of barriers to recognising abuse. These include:

- our own interpretation of behaviours
- cultural beliefs, relationships with other adults, parents or children
- concern about discrimination
- lack of sharing and analysis of information; or any communication difficulties.

For adults with care and support needs

The local authority has a statutory responsibility under the Care Act 2014 to “make enquiries, or cause others to do so” if it believes someone over the age of 18:

- has needs for care and support (whether or not the local authority is meeting those needs); and
- is experiencing, or at risk of, abuse; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse.

An adult with care and support needs may be:

- an older person
- someone with a physical disability, a learning disability or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- someone with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living

NB: not everyone who is older, has a disability or mental health need etc will have care and support needs.

For everyone under the age of 18: see our Safeguarding Children and Young People Policy

Perpetrators and potential locations of abuse

The person being mistreated often (though not always) knows the person responsible for their abuse quite well. People who might cause abuse could include:

- | | |
|---|---|
| <ul style="list-style-type: none"> • a paid carer or volunteer • a health worker, social care or other professional worker • a relative, friend or neighbour • partner • another resident or service user • an occasional visitor or someone who is providing a service | <ul style="list-style-type: none"> • people who deliberately exploit vulnerable people • an unpaid carer • another adult at risk • a neighbour • an organised gang |
|---|---|

Incidents of abuse may be one-off or recurring event. Abuse can take place anywhere, including in:

- | | |
|--|---|
| <ul style="list-style-type: none"> • the person's home • a hospital • a care home • a day centre | <ul style="list-style-type: none"> • a workplace • an educational institution • a carer's home • a public place |
|--|---|

3.1 Categories of abuse

The Care Act 2014 identifies 10 categories of abuse relating to **adults with care and support needs**:

physical abuse

- domestic violence
- sexual abuse
- psychological abuse
- financial or material abuse
- modern slavery
- discriminatory abuse
- organisational abuse
- neglect or acts of omission
- self-neglect

In addition, we need to be aware of:

- sexual exploitation
- radicalisation
- coercive and controlling behaviour.
- forced marriage.
- abuse through social media
- female genital mutilation (FGM)
- cuckooing
- mate crime
- breast ironing

See Appendix 1 for detailed information about types of abuse and indicators.

See the Safeguarding Children and Young People Policy for categories of **abuse for children and young people under the age of 18**

3.2 Self-harm and suicidal behaviours

For adults with care and support needs, self-harming and/or suicidal behaviours do not fall under adult safeguarding procedures in their own right. However, these behaviours may indicate that someone has been, or is being, abused.

If you suspect self-harm or suicidal behaviours:

- dial 999 if someone needs emergency medical attention
- refer to the Self Harm and Suicidal Ideation Policy

(For those under 18 years old, you must follow the safeguarding procedure in the Safeguarding Children and Young People Policy.)

4 Reporting a safeguarding concern

Each local authority is required to have a Safeguarding Adults Board (SAB) under the Care Act 2014. The SAB is responsible for the multi-agency safeguarding protocol which sets out how to raise concerns. The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse and neglect by adhering to the principles of well-being and prevention.

It is everyone's responsibility to understand the local multi-agency protocols for the local authority areas they are working in. If you are unsure whether something is a safeguarding concern, looking at the local protocol can help you and your manager decide.

Most local authority protocols tell people to contact the local authority directly if they are concerned about someone being abused. Therefore, in this policy we refer to raising concerns directly with the local authority.

4.1 How to raise a safeguarding concern

If the alleged perpetrator is not working on behalf of The Advocacy Project

When we raise a safeguarding concern with the local authority, we are asking them to consider carrying out a safeguarding enquiry under section 42 of the Care Act 2014. In order to instigate an enquiry, the following three elements must be established:

- the person has needs for care and support whether or not the local authority is meeting those needs
- the person is experiencing, or is at risk of, abuse or neglect
- as a result of their care and support needs, the person is unable to protect themselves against abuse or neglect

If all three elements are met a safeguarding enquiry will begin.

On Day 1 (the day you become concerned about a possible safeguarding situation):

Immediate action

- a) Make sure the adult at risk is in no immediate danger
- b) Dial 999 if anyone is in immediate danger or needs immediate medical attention
- c) Take action to preserve evidence if a crime has been committed including securing the scene for example, lock the door.
- d) Try not to disturb the scene, clothing or victim if at all possible this is because evidence may be present even if you cannot actually see anything.
- e) Contact Children & Families department if a child is also at risk.
- f) If possible make sure other service users are not at risk.
- g) Where possible, make sure the service user knows you will be notifying the local authority before you make contact with the local authority
- h) If possible, ask the person what they want to happen and whether they want support to be safe (see the section 'If a person doesn't want to raise a safeguarding concern' if they don't want support from the local authority)
- i) Explain the options available to the service user and what outcome they would like from safeguarding
- j) Offer advocacy and support them to understand how to access this
- k) Make detailed notes of your conversations or what you saw that concerns you

Contact your line manager if you are unsure whether to raise this as a safeguarding concern. If you are unable to contact your line manager, call another manager. If you aren't able to contact your line manager, call another manager, Head of Service Delivery, another member of SLT or the CEO

All incidents must be reported to your line manager unless it is a whistleblowing concern. In such instances, you must inform the Head of HR and the safeguarding

You must raise the concern to the local authority on the same day of becoming aware of the concern or witnessing a safeguarding incident. If this cannot be done on the same day; please inform your manager and send the safeguarding referral within 24 hours of becoming aware of the concern or witnessing a safeguarding incident.

Contact the local authority (this should be used as an alternative option to raise concerns when a safeguarding form cannot be filled in and sent immediately and the delay may cause further harm to adult at risk)

Call the local authority to raise the concern. When you make this call you are requesting that they consider instigating a section 42 enquiry. It would help if you are able to also give the following:

1. the name of the service user you are concerned about.
2. their date of birth and address (if known) ,GP details (if known)
3. whether the person has **consented** to you reporting the concern – if not, explain why
4. any evidence that the service user has needs for care and support (if known)
5. why you are concerned – exactly what the service user said, or what you saw (use quotes where possible)
6. what abuse or neglect the service user is experiencing or at risk of experiencing

Make sure you get the full name, job role, telephone number and email address of the person you speak to.

Complete the local authority form

Complete the local authority safeguarding form and email it over using Egress or send as a password protected document in an encrypted email (use The Advocacy Project form if the local authority does not provide one). Whichever form you use, note the following:

- steps 1-6 above
- the date and time of the eventualities/s (if known)
- the name of the person alleged to be causing the harm and their role (if known) eg staff member, social worker, carer, brother
- whether the service user has consented to you reporting the concern (for further information see below)
- whether you have any reason to believe anyone else might be at risk
- whether you have any reason to suspect they may not understand the risks or are unable to consent to you contacting the local authority

- whether you have any reason to believe a similar concern may have occurred about this service user, the person alleged to be causing the harm or unit
- whether the service user has any support needs or needs support to communicate; see appendix for the local authority contact
- if you or the service user feel protective measures need to be put into place today to keep the service user safe, get confirmation of what action the local authority will take to protect the service user
- indicate why, if at all, you have reason to believe the service user may be eligible for advocacy e.g. under the Care Act
- The concern must be reported to the local authority in which the abuse or neglect took place.

Send the form to the local authority safeguarding team as an email attachment, along with a covering email. You should use the following template, or you can adapt it; it is important points a), b), and c) must be included as this will give the reasons why we think the safeguarding team should consider a section 42 enquiry:

Dear

Please see attached the local authority safeguarding form. I would like you to consider carrying out a safeguarding enquiry under section 42 of the care act 2014 for the following reasons:

- a) service user's care and support needs are: [set out the details of the service user's care and support needs here]
- b) the service user is experiencing, or is at risk of experiencing, abuse or neglect: [set out the details here]
- c) the service user is unable to protect themselves because of their care and support needs: [set out the details here]

Next steps:

- Inform your line manager that you have notified the local authority.
- Update the service user at risk on what you have done and enquire whether they feel safe
- Record all actions on the CMS including uploading the safeguarding reporting form and a scanned copy of your written notes. Please use the `safeguarding` tab on CMS rather than the advocacy tab.
- If you are not able to update the CMS records on day 1; you must inform your manager and make sure that this is done next day without delay.

Please note: we want to make sure the local authority has enough information to understand why you are concerned about the person and follow this up in a way that ensures their safety. We also want to seek confirmation that actions have been taken to keep the person safe and find out if an enquiry is being carried out.

On Day 2 (the day after you suspect a safeguarding concern):

What to do the day after you have raised a safeguarding concern

1. Call the local authority to find out whether the concern has been received, accepted, or rejected and whether they intend to start a S42 enquiry. If they have delegated this responsibility to someone else, find out who. If they do not intend to start a S42 enquiry, find out the reasons why.
2. If the local authority decides to go ahead with a section 42 safeguarding enquiry, request the name of person overseeing the enquiry – known as the “Enquiry officer”. The Safeguarding Adults Manager is responsible for coordinating all safeguarding activity in response to a referral.
3. Notify your line manager immediately if the local authority do not plan to take the safeguarding enquiry forward.
4. Where possible, contact the service user at risk and update them on your actions provide them with the details of the professional overseeing the enquiry if they want this information:
 - a. give them details of the professional overseeing the enquiry if they want to know
 - b. if the person wants a safeguarding enquiry and the local authority have decided not to hold one, explain how to contest this and explore how else to resolve the issues.
 - c. support them to access advocacy where they ask for it
 - d. for someone you suspect lacks capacity to decide whether to have an advocate, speak to your line manager to decide who can provide advocacy.
5. Update the CMS; note you can only close this issue on CMS with the permission of your manager.

Please make sure to contact local authority on a daily basis until they inform us whether they will start s42 enquiry or close the enquiry.

On Day 5:

If the local authority hasn't yet confirmed **within 10 days of** raising the concern whether they will start a safeguarding enquiry or not, talk to your manager about beginning the escalation process (see section 5).

4.2 How to raise a safeguarding concern

If the alleged perpetrator works on behalf of The Advocacy Project On the same day:

- a) call 999 if anyone is in immediate danger or needs immediate medical attention
- b) where possible, ask the person what they want to happen; explain that because the alleged perpetrator works on behalf of The Advocacy Project then other people might be at risk, so you're obliged to raise this as a safeguarding concern to the local authority

- c) make sure the person is offered advocacy and they understand how to access this; if they do want advocacy, agree with your manager who is best placed to provide it
- d) make detailed notes of your conversations or what you saw that concerns you
- e) where appropriate, preserve any evidence.
- f) where possible, make sure the person knows you will be raising the concern with the local authority before you do so
- g) call your manager, giving all the information about your concerns and what action you have taken; your manager will tell you whether you should raise the concern or whether they will do this on your behalf
- h) send written confirmation of the information and action you have taken in a confidential email to your line manager
- i) the manager will agree with their manager, safeguarding lead and/or HR Administrator what steps to take
- j) do not record any notes on CMS or discuss the matter with anyone else, as this might alert the person who works for The Advocacy Project that is the subject of the allegation.
- k) If your manager is implicated in the safeguarding concern; contact the safeguarding lead and the HR administrator

What should I do if I am the manager?

On the same day:

- a) ascertain the facts from the person notifying you of the concern
- b) speak to your manager; if your manager is implicated, you should speak to the safeguarding lead or the HR Administrator immediately
- c) if that member of staff or volunteer is currently at work, agree with your manager and/or HR Administrator what action you need to take to minimise risk to others eg suspend them, ask that they return from the hospital ward
- d) agree with your manager whether this is a safeguarding concern that needs reporting to the local authority; it may be necessary to retain equipment (mobile phone, laptops etc), gain passwords and/or make sure the alleged perpetrator can't access The Advocacy Project systems
- e) if raising the concern with the local authority:
 - i. outline what you have done since being notified of the concern including any protective measures you have put in place to keep people safe
 - ii. agree with the local authority whether they want you to start an enquiry
- f) make detailed notes and send copies to the HR Administrator

- g) agree with your manager whether to notify our commissioners
- h) make sure the CEO has been made aware of this situation, and in her/his absence the SLT member who is deputising for her/him.

If a staff member or volunteer has concerns that suspected abuse may have been perpetrated by someone working on behalf of The Advocacy Project, and these concerns have been reported to the appropriate manager but not to the local authority nor actions taken to make people safe, a staff member or volunteer can contact The Advocacy Project's CEO and/ or contact the local authority. The Advocacy Project will not take sanctions against members of staff contacting the local authority in these instances if done in good faith and without malice.

Whistleblowing is protected by law as outlined in our Whistleblowing Policy (Public Interest Disclosure Policy).

4.3 If the adult at risk doesn't want you to raise a safeguarding concern

Anyone working on behalf of The Advocacy Project should normally only disclose information about the person with their consent. However, a concern about safeguarding is one of several specific situations in which you can disclose without their consent and be within the law. This is covered in full in the Confidentiality Policy.

Where possible, explore with the person the reasons they don't want to report the concern with the local authority. Explain to them what will happen and offer to support them throughout the process. If they still don't consent to raising the concern with the local authority, you must:

- a) discuss this with your line manager and consider asking the local authority for advice without divulging the victim's details to see if the concern should be raised. Your line manager should also seek advice from the safeguarding lead at the Advocacy Project.
- b) report the concern to the local authority following the procedure in section 4.1 / 4.2
- c) make sure it's clear on the form you submit that:
 - i. the person has not consented, and
 - ii. whether you believe one of the following applies:
 - other people may be at risk of harm or abuse; this includes concerns about any children being cared for by the person, or if the alleged perpetrator supports other adults with care and support needs
 - the alleged perpetrator is a professional, member of staff or volunteer who works with adults at risk of harm, or children; this includes concerns about any person working on behalf of The Advocacy Project
 - the person might not be able to understand, retain or weigh up information about the risks to make an informed choice to disclose this information to the local authority, or they appear to be unable to communicate whether they want to disclose this information
 - the person is under pressure/duress to not raise a safeguarding concern

- the alleged perpetrator has their own care and support needs and may be at risk of harm or abuse themselves.

All details of your decision-making process, including discussions with the person concerned and your line manager (or a duty manager) should be recorded in CMS as part of the procedure outlined in sections 4.1 and 4.2 above.

If someone is in immediate danger, you must contact emergency services whether or not the person consents. You must also contact the police if you suspect a crime has been or will be committed – this, along with other risks of harm to self or others, is covered in detail in the Confidentiality Policy.

4.4 Should I tell the ward or care home about my concerns?

A concern should never be raised with the service provider without also notifying the local authority. You will also need to consider whether informing the ward or care home will increase the risks to the service user.

The local authority is independent of the provider and has responsibility for safeguarding adults in the local area. The local authority has the power to delegate some of its responsibilities – including carrying out safeguarding investigations and arranging reviews – **but the local authority still retains overall responsibility for safeguarding.**

- Some of our service contracts require us to be present on wards in mental health hospitals. It is good practice to obtain protection plan from the wards prior to raising any kind of concern.
- There are many situations where informing a ward or care home about a potential concern may make the service user safer. For example, this could be if the service user is sharing ideas of suicide, self-harm or harm to others. Or where, for example, the risks to the service user are coming from a source external to the hospital or where there are instances of patient-on-patient violence. We have agreed protocols in place with providers to inform them, as well as the local authority of safeguarding concerns. The protocol should always be followed unless there is good reason not to.
- Wherever possible you should contact your line manager to get support and advice. You should then call the Safeguarding Adults Manager to alert them to your concerns. Then fill out the relevant form and send it securely to the safeguarding lead at the Trust, the ward manager (if appropriate) and the local authority.
- If the allegation relates to a nurse or healthcare assistant; report the concern to the ward manager, inform the trust safeguarding lead and raise a safeguarding concern
- If the allegation relates to the ward manager or responsible clinician, report the concern to the modern matron, inform the trust safeguarding lead and raise a safeguarding concern
- If the allegation relates to the modern matron, report the concern to the service manager, trust safeguarding lead and raise a safeguarding concern.
- If it is an urgent and serious concern, you must find out whether an immediate protection plan been put into place for the patient before raising the concern.
- You must call the Trust's safeguarding lead to make sure they've received the safeguarding form and follow all the steps and escalation protocols outlined above.

All safeguarding engagement protocols will need to be signed off by the Head of Service Delivery.

5 Escalating a safeguarding concern

5.1 Purpose

All professionals need to work together towards a common goal; making sure people are safe from abuse and that the person is kept at the centre of the process throughout.

We are committed to making sure we support local authorities and service providers to prevent abuse. All practitioners need to remain working in a collaborative, respectful manner even when we may disagree or be frustrated with a professional perspective. If the relationship breaks down between our practitioners and safeguarding professionals, the aim of supporting the person to be safe won't be achieved.

If you are concerned someone may be at risk of abuse, you are responsible for communicating and resolving this concern, even if people in other agencies don't agree. You and your line manager are required to keep the case open until you are satisfied sufficient measures have been put in place to make sure the person and others are no longer at risk, as far as is reasonably possible.

This section outlines the key steps to resolving disagreements on safeguarding issues. You must follow these steps unless there are clear reasons agreed between you and your manager not to; these reasons must be recorded.

5.2 Multi-agency working

Multi-agency working is about people and organisations working together to prevent and stop both the risk and experience of abuse or neglect. It's essential service managers work to develop excellent working relations with key safeguarding professionals in the areas for the services they manage. Service managers should support Safeguarding Adults Boards to implement lessons from Safeguarding Adults Reviews where possible.

Service managers need to:

- a) attend local Safeguarding Partnership Boards, where possible
- b) develop a good working relationship with:
 - i. local safeguarding managers
 - ii. chair of the Safeguarding Adults Board
 - iii. local Director of Adult Social Care
- c) understand the local authority protocols including their local thresholds

5.3 When to escalate

Here are some examples (not an exhaustive list) where The Advocacy Project's manager may be in disagreement with the local safeguarding team, and escalation may be needed.

- a) Where we do not get a response or a satisfactory response to the concern we have raised, we have a duty to escalate the concerns.
- b) Where you remain concerned for the person's safety and the local authority have been unable to give you reassurance of action taken to make the person safe
- c) Where the local authority have decided the matter is not a safeguarding concern so won't be taking any action
- d) Where the local authority has delegated the enquiry to the service provider and The Advocacy Project's manager thinks someone independent needs to oversee the enquiry
- e) Where the local authority won't accept the safeguarding concern without certain information which it's not reasonable to provide at that time
- f) Where the local authority's professional overseeing the enquiry is not keeping the person or their advocate informed about progress
- g) Where the person at risk is not appropriately involved or kept informed
- h) Where we're concerned the outcome of the enquiry doesn't meet the person's wishes, and/or they remain at risk of harm

5.4 Local resolution

Local resolution should always be the first step so we can keep effective working relations with the local authority.

Where possible, a conversation rather than written correspondence should be attempted to resolve any disagreement. The focus should remain on what it is you're trying to achieve, eg make sure the person is safe, help them to be involved. All oral communication should be followed up with an email, letter or minutes confirming what was discussed and agreed.

Before The Advocacy Project manager liaises with a professional to resolve the resolution, they need to be clear:

- a) what the disagreement is
- b) what information gives rise to their concerns
- c) what the impact is if this isn't resolved
- d) what they hope to achieve from the conversation

5.5 Escalation process

Here are the seven steps for resolving a disagreement. If you're not satisfied with the outcome of a step, you should consider moving onto the next step. If you decide not to move onto the next step despite not resolving the situation, you must inform your line manager within one working day.

Step 1	Manager: support staff member to resolve issue with designated safeguarding manager
Step 2	Manager: liaise with the enquiry officer to resolve the issue

Step 3	Manager: liaise with their manager or the designated safeguarding manager within the local authority
Step 4	Head of Service Delivery: liaise with Director of Adult Social Care
Step 5	Head of Service Delivery: liaise with Safeguarding Adults Board chair
Step 6	Head of Service Delivery: consider notifying funders, CQC, Healthwatch
Step 7	SMT: consider application to court or liaison with Department of Health

- a) For each step:
- i. you must involve the person as far as possible
 - ii. notify your line manager on any action taken within one working day
 - iii. record all action on CMS
- b) If the advocate has a good working relationship with the designated safeguarding manager or most senior safeguarding manager, the service manager can agree for the advocate liaise with these professionals.
- c) If the service manager has a good working relationship with the chair or Director of Adult Social Care, the Head of Service Delivery can agree for the service manager liaise with the chair or director.
- d) If the designated safeguarding manager has not been identified, liaise with safeguarding manager/lead within the local authority.
- e) There may be circumstances where the manager might agree to skip a step. In these instances, record a clear rationale on CMS.

Step 1: Staff member & designated safeguarding manager

The Advocacy Project manager should support the staff member who reported the concern to the local authority to ask for the designated safeguarding manager to re-assess their decision. For example, where we remain concerned for the safety of the person and the local authority appear to be taking no action to make sure the person's safety:

- a) the service manager should review all the information and consider whether this issue should be reported to the local authority
- b) once this is established, it's essential to remember communication is complex, and often what we think we're communicating is not always being received
- c) revisit the written report to make sure all the facts and observations are well-communicated to the local authority, and check they have understood the seriousness of the situation as you see it
- d) consider the points below:
 - i. Does the report portray all the information in a way that allows the person reading it to understand the situation fully?
 - ii. Would using the local threshold / quality standard to structure the information help?

- iii. If extra information needs adding, send this to the local authority and ask they reassess the matter in light of this new information.
- iv. Be clear why you think it needs re-assessing, what the impact might be if it's not re-assessed, and what you hope to achieve.

Commissioner / regulatory body / Healthwatch

In most circumstances, contacting the commissioner / regulatory body / Healthwatch to resolve the issue should only happen after the internal structures within the local authority have been exhausted. We run local Healthwatch services in some of the London boroughs and we may decide to flag up our concerns in some circumstances to our Healthwatch service manager. There may be circumstances that need an urgent response, and The Advocacy Project manager should consider whether it's appropriate to contact the regulatory body (usually CQC), commissioners of the service provider and local Healthwatch. If you think it's essential these organisations know your concerns about local authority safeguarding practice, this should be agreed with your line manager.

Step 2: The Advocacy Project manager & designated safeguarding manager

If The Advocacy Project manager remains dissatisfied after step 1, they should liaise with the safeguarding manager themselves to resolve the issue.

Step 3: The Advocacy Project manager & most senior manager within the local safeguarding team

If The Advocacy Project manager remains dissatisfied after step 2, The Advocacy Project manager should raise their concerns with the most senior safeguarding professional in the local authority to resolve the issue.

Step 4: Head of Service Delivery & Director of Adult Social Care

If The Advocacy Project manager remains dissatisfied after step 3, they should ask the Head of Service Delivery to escalate with the Director of Adult Social Care Services.

Step 5: Head of Service Delivery & Safeguarding Adults Board chair

If the Head of Service Delivery remains dissatisfied after step 4, they should work with the chair of the Safeguarding Adults Board to resolve the issue.

Step 6: Head of Service Delivery & commissioners/regulatory body/ Healthwatch

When the local authority's internal structures have been exhausted, the Head of Service Delivery should consider whether it's appropriate to contact these external bodies.

Contacting the commissioner / contracts manager

In certain circumstances, the commissioner or contracts manager for the service provider can work with the service provider to remedy concerns about the safety of people. The Head of

Service Delivery could contact the relevant commissioner or contracts manager at this stage and confirm what action they're able to take.

Contacting the regulatory body (CQC)

Where the alleged perpetrator is a professional or volunteer within the service provider, the Head of Service Delivery should make sure the regulatory body are informed, which is usually the CQC. They may also consider notifying the CQC where the alleged perpetrator is not a professional or volunteer, if they consider this to be beneficial.

Contacting Healthwatch

Where there are various concerns about a service provider's approach to keeping people safe, and concerns about poor practice, the Head of Service Delivery should consider informing the local Healthwatch.

Step 7: Senior management team (SLT) & application to court / Department of Health

If the Head of Service Delivery is unhappy with the resolution, they should present their reasons to The Advocacy Project's CEO. The CEO should seek legal advice before deciding whether to apply to court.

If a Head of Service Delivery has concerns about a local Safeguarding Adults Board and they haven't been able to resolve issues with professionals in the local authority, they should ask for authorisation from The Advocacy Project's CEO before contacting:

- a) national Healthwatch
- b) Department of Health, and/or
- c) make an application to court

5.6 Advice and support

If the Head of Service Delivery is unsure about what action they should take, they should discuss with the CEO. In particular, this may be:

- a) ongoing concerns that someone remains at risk of harm, and we're unable to get support to resolve this
- b) we're considering contacting other agencies which aren't directly within multi-agency protocols, such as the CQC or Healthwatch
- c) we're concerned there may be organisational failures that are putting people at risk.

5.7 Timescales

Deciding when to move to the next step will vary for each case. For example, if the local authority won't consider a safeguarding enquiry and there are no initial protective measures in place, and you're concerned about the risks for the person or others, you may need to escalate through steps 1,2,3,4 and 5 on the same working day.

6 Systems for tracking and monitoring safeguarding outcomes

We have robust systems in place for making sure everyone working on behalf of The Advocacy Project is following the procedures in this policy to identify, record, track and monitor outcomes of safeguarding issues.

- All actions and outcomes relating to safeguarding are recorded using the detailed fields set up for tracking safeguarding on CMS. There is a separate tab to record safeguarding concerns raised. This tab allows us to record information on the each of the safeguarding process.
- Advocates are expected to follow the procedures outlined in this policy, comply with the reporting process on CMS, and update their managers on each safeguarding concern. They are expected to engage in regular reflective practice with their manager to ensure they are following best practice.
- Managers must discuss each safeguarding concern with advocates as they arise, and check the proper recording process is being carried out on CMS.
- Advocates, managers and the Head of Service Delivery must follow the escalation procedure in this policy.
- The Head of Service Delivery is notified of any open safeguarding cases on CMS which have not received an enquiry outcome within 10 days after raising the safeguarding referral. Make sure urgent action is taken to pursue these as per the escalation process, if necessary.
- The Head of Service Delivery and managers meet monthly to review safeguarding cases and identify any potential patterns or trends which need addressing with other agencies including funders, commissioners and other regulatory bodies.

7 Safer recruitment and workforce management

7.1 Safer recruitment

The Advocacy Project will make sure all recruitment managers follow the Recruitment and Selection Policy to recruit appropriately. This includes carrying out safer recruitment checks on prospective employees and volunteers, including Disclosure and Barring Service (DBS) checks at the appropriate level for posts, references and exploring values and boundaries at recruitment.

HR will make sure any service users or volunteers working on behalf of, but not directly employed by, The Advocacy Project have been recruited and selected in line with this policy.

Any subcontracts with other agencies will include clauses requiring the subcontractors to work to our policies or have their own equivalent policies in place.

Managers must inform HR immediately if they come across information or hear potential allegations about situations that may be of concern in relation to safe practice, incidents, or criminal proceedings that may have occurred since the last DBS check.

7.2 Workforce management

The Advocacy Project will also make sure the appropriate DBS re-checks are carried out in line with The Advocacy Project DBS, Employment & Engagement of Ex-Offenders Policy for all existing staff/volunteers.

7.3 Referrals to the Disclosure & Barring Service (DBS)

The Advocacy Project is committed to its duty to make referrals to the DBS in line with the Safeguarding Vulnerable Groups Act 2006. It is the responsibility of the HR Administrator to make a referral to the DBS when anyone working on behalf of The Advocacy Project has been dismissed due to abuse or removed from working with children or adults at risk (or may have been if the person had not left or resigned). Referrals will be made in line with DBS, Employment & Engagement of Ex-Offenders Policy.

7.4 Training and development

Everyone working on behalf of The Advocacy Project is expected to demonstrate competencies in line with the relevant section of our Safeguarding Competency Framework. Our internal training addresses these competencies. Staff are required to attend safeguarding training at least once a year. Our safeguarding training also includes the prevent training. This training is provided during the induction and staff receive refresher training when the government update the prevent training and guidance.

We record training attendance on our HR system so we can make sure everyone has attended the right level of training. If a local authority stipulates a standard of training that is above The Advocacy Project's minimum standard, The Advocacy Project staff and volunteers working in that local authority area must be trained to the local authority's minimum standard.

8 Safeguarding governance, management and learning

8.1 Safeguarding lead

The CEO is responsible for making sure there is a named member of the Senior Management Team who has ultimate responsibility for safeguarding in the organisation. This is currently the Head of Service Delivery.

The Head of Service Delivery is responsible for reporting to the Board of Trustees on safeguarding via the board reporting protocols as set out in the Governance Handbook. This includes cases where a safeguarding concern has been raised about a member of staff, volunteer or trustee at The Advocacy Project. The Head of Service Delivery and the CEO will report any serious incidents to the Charity Commission in line with their guidance.

The safeguarding lead role includes the following.

Systems and governance

- a) Making sure policies, systems, processes, monitoring, reporting and resources are fit for purpose in relation to safeguarding

- b) Ensuring appropriate organisational governance including oversight of the development, implementation, reporting and learning from safeguarding policy and practice

Prevention

- a) Monitoring and reporting on compliance with the Recruitment and Selection Policy
- b) Monitoring and reporting on compliance with the DBS, Employment & Engagement of Ex-Offenders Policy
- c) Carrying out enquiries(It might be more appropriate for the Head of Service Delivery or a member of SMT to carry out an enquiry) or coaching a manager to do so, in consultation with the relevant statutory authorities, if the suspected perpetrator is a member of staff or volunteer within The Advocacy Project
- d) Highlighting the extent to which The Advocacy Project prevents abuse
- e) Supporting managers and practitioners to develop best practice so the support we provide people contributes to preventing abuse

Response

- a) Making sure there is training available to The Advocacy Project staff and volunteers so they know how to respond appropriately to concerns about abuse, and when to offer advocacy support
- b) Making sure the organisation holds and implements a fit-for-purpose policy
- c) Making sure the required competencies are clear, communicated and monitored
- d) Embedding, monitoring and evaluating the effectiveness of the policy and remedying gaps
- e) Overseeing the development, delivery and evaluation of appropriate training and development opportunities for everyone working on behalf of The Advocacy Project, with regard to safeguarding practice
- f) Raising any concerns about management practice with that manager and, where appropriate, raising it with their line manager

The safeguarding lead is required to:

- remain up to date with any changes to law, guidance, policy and best practice around safeguarding
- support the development and delivery of safeguarding training within The Advocacy Project
- report to the board of trustees on all safeguarding matters, including reviewing our safeguarding practice and demonstrating continual development

8.2 CEO

The CEO is responsible for:

- reporting to the board of trustees if a safeguarding concern has been raised about a member of staff, volunteer or trustee at The Advocacy Project, and that the CEO will be notifying the Charity Commission of this; this should be done at the first possible meeting of the board of trustees, or earlier if the CEO believes the concern to be sufficiently serious.
- reporting any safeguarding concerns about The Advocacy Project staff, volunteers or trustees to the Charity Commission, on behalf of the board of trustees; this is unless the board of trustees have reported the concern themselves (guidance on how to make the report is available on the Charity Commission website).
- tell the board of trustees when the report has been made to the Charity Commission.

8.3 Board of trustees

All trustees have oversight of safeguarding through our safeguarding dashboard, which is reported at each board meeting. There is a named trustee who acts as safeguarding lead for the board.

Appendix 1: categories, types and indicators of abuse

Categories of abuse	Types	Signs and Indicators
Physical	<ul style="list-style-type: none"> ‣ Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing Rough handling ‣ Scalding and burning ‣ Physical punishments ‣ Inappropriate or unlawful use of restraint ‣ Making someone uncomfortable on purpose (eg opening a window and removing blankets) ‣ Isolating or confining someone without a clear reason, or for malicious reasons ‣ Misuse of medication (e.g. over-sedation) ‣ Force-feeding or withholding food ‣ Unauthorised restraint, restricting movement or inappropriate physical sanctions (eg tying someone to a chair) 	<p>The person has:</p> <ul style="list-style-type: none"> ‣ injuries that are inconsistent with a person’s lifestyle ‣ frequent injuries ‣ bruising, cuts, welts, burns or loss of hair ‣ unexplained falls ‣ subdued behaviour ‣ signs of malnutrition ‣ doesn’t seek medical treatment for obvious injuries.
Domestic abuse	<ul style="list-style-type: none"> ‣ psychological ‣ physical ‣ sexual ‣ financial ‣ emotional. ‣ verbal abuse and humiliation in front of others ‣ fear of outside intervention ‣ <p>Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.</p> <p>Coercive or controlling behaviour is a core part of domestic violence and it was criminalised by the Serious Crime Act 2015. Behaviours like this includes threats being made or manipulation of a person to do something they do not wish to do or would not normally do.</p>	<ul style="list-style-type: none"> ‣ Low self-esteem ‣ Feeling that the abuse is their fault when it is not ‣ Signs of violence such as bruising, cuts, broken bones ‣ Fear of outside intervention ‣ Isolation – not seeing friends and family ‣ Limited access to money ‣ A person being abused or humiliated in front of others ‣ Damage to home or property

	<p>Coercive behaviour can include:</p> <ul style="list-style-type: none"> ‣ acts of assault, threats, humiliation and intimidation ‣ harming, punishing, or frightening the person ‣ isolating the person from sources of support ‣ exploitation of resources or money ‣ preventing the person from escaping abuse regulating everyday behaviour 	
<p>Psychological or emotional abuse</p>	<ul style="list-style-type: none"> ‣ Enforced social isolation ‣ Removing mobility or communication aids ‣ Intentionally leaving someone unattended when they need help ‣ Preventing someone from meeting their cultural or religious needs ‣ Preventing the expression of choice and opinion - Failure to respect privacy ‣ Preventing meaningful activities ‣ Isolation or unreasonable and unjustified withdrawal of services or supportive networks ‣ intimidation, coercion, harassment, threats, bullying or humiliation Swearing ‣ Threats of harm or abandonment ‣ Cyber bullying 	<ul style="list-style-type: none"> ‣ An air of silence when a particular person is present ‣ Withdrawal or change in the psychological state of the person ‣ Insomnia ‣ Low self-esteem ‣ Uncooperative and aggressive behaviour ‣ A change of appetite, weight loss/gain ‣ Signs of distress: tearfulness, anger ‣ Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Sexual abuse	<ul style="list-style-type: none"> ‣ Rape, attempted rape or sexual assault ‣ Inappropriate touching ‣ Non-consensual masturbation ‣ Non-consensual penetration or attempted penetration of the vagina, anus or mouth ‣ Sexual activity that the person lacks capacity to consent to ‣ Sexual photography ‣ Forced use of pornography ‣ Forced witnessing of sexual acts ‣ Indecent exposure ‣ Acts where the adult has been pressured into consenting 	<ul style="list-style-type: none"> ‣ Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck ‣ Torn, stained or bloody underclothing ‣ Bleeding, pain or itching in the genital area ‣ Unusual difficulty in walking or sitting ‣ Foreign bodies in genital or rectal openings ‣ Infections, unexplained genital discharge, or sexually transmitted diseases ‣ Pregnancy in a woman who is unable to consent to sexual intercourse ‣ The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude ‣ Incontinence not related to any medical diagnosis ‣ Self-harming ‣ Poor concentration, withdrawal, sleep disturbance ‣ Excessive fear/apprehension of, or withdrawal from, relationships ‣ Fear of receiving help with personal care ‣ Reluctance to be alone with a particular person
Financial or material abuse	<ul style="list-style-type: none"> ‣ Theft of money or possessions ‣ Fraud, scamming ‣ Preventing a person from accessing their own money, benefits or assets ‣ Employees taking a loan from a person using the service ‣ Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions ‣ Arranging less care than is needed to save money to maximise inheritance ‣ Denying assistance to manage/monitor financial affairs ‣ Denying assistance to access benefits ‣ Misuse of personal allowance in a care home ‣ Misuse of benefits or direct payments in a family home 	<ul style="list-style-type: none"> ‣ Missing personal possessions ‣ Unexplained lack of money or inability to maintain lifestyle ‣ Unexplained withdrawal of funds from accounts ‣ Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity ‣ Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so

	<p>Someone moving into a person's home and living rent free without agreement or under duress</p> <p>False representation, using another person's bank account, cards or documents</p> <p>Exploitation of a person's money or assets, eg unauthorised use of a car</p> <p>Misuse of a power of attorney, deputy, appointee-ship or other legal authority</p> <p>Rogue trading – eg unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship</p>	<p>The person allocated to manage financial affairs is evasive or uncooperative</p> <p>The family or others show unusual interest in the assets of the person</p> <p>Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA</p> <p>Recent changes in deeds or title to property</p> <p>Rent arrears and eviction notices</p> <p>A lack of clear financial accounts held by a care home or service</p> <p>Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person</p> <p>Disparity between the person's living conditions and their financial resources, eg insufficient food in the house</p> <p>Unnecessary property repairs</p>
<p>Modern slavery</p>	<ul style="list-style-type: none"> ▶ Human trafficking ▶ Forced labour ▶ Domestic servitude ▶ Sexual exploitation, such as escort work, prostitution and pornography ▶ Debt bondage – being forced to work to pay off debts that realistically they never will be able to ▶ 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 	<ul style="list-style-type: none"> ▶ Signs of physical or emotional abuse ▶ Malnourished appearance ▶ Withdrawn or unkempt appearance ▶ Lack of personal effects or identification ▶ Always wearing the same clothes ▶ Avoidance of eye contact ▶ Appearing frightened or hesitant to talk to strangers ▶ Fear of law enforcers ▶ Living in dirty, cramped or overcrowded accommodation and or living and working at the same address

Discriminatory abuse	<ul style="list-style-type: none"> ▶ Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ‘protected characteristics’ under the Equality Act 2010) ▶ Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic ▶ Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader ▶ Harassment or deliberate exclusion on the grounds of a protected characteristic ▶ Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic ▶ Substandard service provision relating to a protected characteristic 	<ul style="list-style-type: none"> ▶ The person appears withdrawn and isolated ▶ Expressions of anger, frustration, fear or anxiety ▶ The support on offer does not take account of the person’s individual needs in terms of a protected characteristic
Organisational or institutional abuse	<ul style="list-style-type: none"> ▶ Discouraging visits or involvement of friends or family ▶ Run down or overcrowded establishment ▶ Authoritarian management ▶ Lack of leadership, supervision or training ▶ Lack of respect for dignity and privacy ▶ High staff turnover ▶ Poor care quality ▶ Failure to manage residents with challenging behaviour ▶ Not providing adequate food or drink or assistance with eating ▶ Misuse of medication ▶ Failure to provide care with dentures, spectacles or hearing aids ▶ Failure to respond to abuse effectively ▶ Interference with personal correspondence ▶ Failure to respond to complaints 	<ul style="list-style-type: none"> ▶ Lack of flexibility and choice for people using the service ▶ Inadequate staffing levels ▶ People being hungry or dehydrated ▶ Poor standards of care ▶ Lack of personal clothing and possessions and communal use of personal items ▶ Lack of adequate procedures ▶ Poor record-keeping and missing documents

Neglect or acts of omission	<ul style="list-style-type: none"> ‣ Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care Providing care in a way that the person dislikes ‣ Failure to administer medication as prescribed ‣ Refusal of access to visitors ‣ Not taking account of individuals' cultural, religious or ethnic needs ‣ Not taking account of educational, social and recreational needs ‣ Ignoring or isolating the person ‣ Preventing the person from making their own decisions Preventing access to glasses, hearing aids, dentures, etc. Failure to ensure privacy and dignity 	<ul style="list-style-type: none"> ‣ Poor environment ‣ Poor physical condition and/or personal hygiene ‣ Pressure sores or ulcers ‣ Malnutrition ‣ Unexplained weight loss ‣ Untreated injuries ‣ Reluctant contact with medical and social care organisations ‣ Accumulation of untaken medication ‣ Inappropriate or inadequate clothing
Self-neglect	<ul style="list-style-type: none"> ‣ Lack of self-care to an extent that it threatens personal health and safety ‣ Neglecting to care for one's personal hygiene, health or surroundings Inability to avoid self-harm ‣ Failure to seek help or access services to meet health and social care needs ‣ Inability or unwillingness to manage one's personal affairs 	<ul style="list-style-type: none"> ‣ Poor personal hygiene ‣ Unkempt appearance ‣ Lack of essential food, clothing or shelter malnutrition/dehydration ‣ Living in squalid conditions ‣ Hoarding ‣ Collecting a lot of animals in unsuitable conditions ‣ Non-compliance with health or care services ‣ Unwillingness to take medication

Additional types of abuse

The safeguarding procedure should be used if you suspect any of these types of abuse.

Sexual exploitation

Sexual exploitation involves exploitative situations, contexts and relationships where someone receives something (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of being involved in sexual activities. Those exploiting the person have power over them by virtue of their age, gender, intellect, physical strength and/or the person's limited availability of choice because of their social/economic and/or emotional vulnerability.

Radicalisation

People with care and support needs might be at risk of radicalisation. Vulnerabilities can make some people more susceptible to supporting or promoting extreme ideologies. This can take place via the internet, social networks, print media, meetings, or a person acting alone. Guidance about radicalisation can be found in the Prevent strategy.

If you have concerns about anyone displaying an extreme view which might put them or others at risk, you must:

- › speak to your line manager immediately
- › the manager needs to liaise with a senior manager on the same day we become concerned someone is at risk of being radicalised to decide if we should:
 - contact the local authority Prevent coordinator (for any person regardless of age or care need)
 - additionally raise it as a safeguarding concern following the normal procedure (for adults receiving care and support, or people under 18 years of age)

Coercive and controlling behaviour

Coercive and controlling behaviour was specifically criminalised by the Serious Crime Act 2015. This is when someone manipulates or threatens someone to force them to do something they would not otherwise choose to do. Coercive and controlling behaviours might be present in many kinds of abuse including sexual abuse, psychological abuse, financial abuse, domestic violence and modern slavery.

Forced marriage

Forced marriage is when someone is coerced into marrying another person. This might be as a result of threats or other emotional, physical and psychological pressure. It is not the same as an arranged marriage. Forced marriage can include being made to feel that they are bringing shame on their family by not entering into the marriage. Guidance is available through the Forced Marriage Unit on 020 7008 0151 or via email fmu@fco.gov.uk. You can also check this website for further information:

<https://www.gov.uk/guidance/forced-marriage>

Abuse through social media

Social media includes blogs, online gaming, discussion forums, instant messaging and social networks such as Facebook. It can be a means of abuse, including cyber bullying, grooming for sexual abuse, sharing indecent images, or manipulating people to share explicit images of themselves and radicalising people's beliefs.

If you are concerned that someone might be being abused using social media, you must speak to your line manager and raise this as a safeguarding concern.

Cuckooing

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation, usually by drug dealers or gang members. It takes the name from cuckoos who take over the nests of other birds. Cuckooing can include the following:

- › using the property to grow, deal, store or take drugs
- › using the property for sex work
- › using the property to store weapons
- › taking over the property as a place for them to live
- › taking over the property to financially abuse the tenant.

These perpetrators usually befriend the adult with care and support needs, or child or young person, to gain their trust. They may then become threatening and isolate the person from their family or friends or other services that they may be accessing.

Female Genital Mutilation (FGM)

FGM is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. You should raise this with your line manager and raise as a safeguarding concern.

Mate Crime

Mate crimes happen when people, often those with learning disabilities, are befriended by someone who uses the relationship to exploit or abuse the person. The relationship is often long lasting and results in repeated and worsening abuse.

Breast Ironing

When girls start showing signs of puberty, mothers begin `ironing` their breasts. They use heated tools like stones, spatulas or pestles, to pound or massage the chest in an attempt to prevent the breasts from developing.

Appendix 2: written notes

It is vital a written record of any safeguarding concern is made as soon as possible after the information is obtained. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them in legal proceedings.

You must make an accurate record on the same day including:

- a) name of the person you are concerned about
- b) their date of birth and address (if known) GP details (if known)
- c) why you are concerned – exactly what did the person say or what did you see (use quotes where possible)?
- d) any injuries you are aware of and how you came to know about these
- e) name of alleged perpetrator (if known)
- f) role of the alleged perpetrator (if known) eg staff member, social worker, carer, brother g)
date and time of incident/s (if known)
- h) whether the person has consented to you reporting the concern
- i) whether you have reason to believe anyone else might be at risk
- j) whether you have reason to suspect they may not understand the risks or are unable to consent to you contacting the local authority
- k) whether you have reason to believe a similar concern may have previously arisen about this person, alleged perpetrator or unit
- l) whether the person has any support needs or needs support to communicate
- m) why, if at all, you have reason to believe the person may be eligible for advocacy eg advocacy under the Care Act

You must make sure you have **signed and dated any handwritten notes** you made at the time.

Once signed and dated, your notes **must be scanned and attached under the referral record in CMS** using the document attachment facility.

Keep originals in a locked filing cabinet so they can be made available if needed.

Appendix 3: preserving evidence

In many instances you may not need to do anything to preserve evidence apart from record the events that have given cause for concern. The best way to preserve evidence is to report the matter as quickly as possible.

There may be occasions when it is important to follow certain rules:

- a) make a written record of messages (eg voicemail) to make sure they are not lost; include the date and time, and sign them; where possible save the message
- b) make sure written records are kept in a safe place
- c) don't encourage the person to wash clothes, bedding or other items
- d) try not to touch anything unless you have to for the immediate wellbeing of the person
– if you have to then make a record of what you have done at the earliest opportunity
- e) if any sexual offence is suspected try to discourage the person from washing, drinking, cleaning their teeth or going to the toilet until the police are present
- f) preserve anything used to warm or comfort the victim eg a blanket
- g) where possible, make sure the alleged perpetrator doesn't have any further contact with the person
- h) record the exact information you have been told or seen about any physical signs or injuries including size, shape, colour etc.

Appendix 4: safeguarding reporting form

Safeguarding adults – CONFIDENTIAL

Person's name	
Address (if known)	
Telephone (if known)	
Age/DoB (if known)	
Gender (if known)	
<p>Why you are concerned about this person</p> <ul style="list-style-type: none"> ‣ Be specific and factual when describing what you saw or were told ‣ Explain what you know and how you know this information ‣ Outline why you are worried for this person/others ‣ Include quotes where possible ‣ Explain injuries you are aware of ‣ Specify date and time of incident/s if known ‣ Mention if you're aware of other similar incidents against this person, by this alleged perpetrator or within this ward/setting 	
If you're concerned about their safety, please explain	
Does the person have any support needs (disability, impairment or condition)?	
How does the person communicate (including any steps to make the service	

accessible, such as translators)?	
Are you concerned others might be at risk? If yes, please explain	
Do you have any reason to suspect the person might not be able to consent or understand their risks? If yes, please explain why	
Has the person given consent for you to report your concern to the local authority?	
Has the person indicated what they want to happen?	
Is the person eligible for advocacy? If yes, explain why.	
Where known, provide the name, job title and contact details of social worker / GP / consultant / responsible clinician	
Details of alleged perpetrator/s (if known)	
Name	
Address	
Telephone	
Relationship to adult at risk	
About the person completing this form	
Name	
Signature	
Job title	

Telephone	
Date	

Appendix 5: contacts

Prevent contacts

Borough	For	Contact	Number	Email
Barnet	Children and Young People	Barnet MASH	020 8359 4066	mash@barnet.gov.uk
Bexley	All	Community Safety Team	020 8303 7777	community.safety@bexley.gov.uk
Brent	Children & Young People	Family Front Door	020 8937 4300	Family.FrontDoor@Brent.gov.uk
Camden	Safeguarding concerns	MASH – Safeguarding Hub	020 7974 3317 Out of hours: 020 7974 4444	LBCMASHAdmin@camden.gov.uk
	All concerns	Prevent Team	020 7974 2010	prevent@camden.gov.uk
Croydon	All	Prevent Team	07562 438898	channel@croydon.gov.uk
Ealing	All		020 8825 9849	prevent@ealing.gov.uk
Hackney	All – police	SO15 Local Operations Officers	020 7275 4652	SO15Mailbox-.LocalOpsNorthEastTeam3@met.police.uk
	Children & Young People	Billy Bakar, Education Safeguarding	020 8820 7406	billy.baker@hackney.gov.uk
	All	Tracey Thomas, Hackney Prevent	0208 356 8104	Tracey.Thomas@Hackney.gov.uk
	All	Prevent Team		prevent@hackney.gov.uk
Hammersmith and Fulham / Kensington and Chelsea	All – shared service	H&F/RBKC Prevent team	020 8753 5727	prevent@lbhf.gov.uk
Haringey	Children, Families and Young People	Single Point of Access	020 8489 4470 Out of hours: 020 8489 0000	
	Adults	Project Coordinator	020 8489 3884 or 020 8489 1280	prevent@haringey.gov.uk

Hounslow	All	Joan Conlon	07817 079190	
		Najeeb Ahmed	078 9054 0433	
		Karmjit Rekhi	079 7672 1119	
Sutton	Children & Young People	Children's First Contact Service (CFCS)	0208 770 6001 Out of hours: 020 8770 5000	childrensfirstcontactservice@sutton.gov.uk
	Adults	Abu Ullah, Prevent Officer	020 8649 0672	prevent@sutton.gov.uk abu.ullah@sutton.gov.uk
Wandsworth	Children & Young People	MASH	020 8871 6622 Out of hours: 020 8871 6000	mash@wandsworth.gov.uk
Westminster	All		020 7641 6032	prevent@westminster.gov.uk

Alternatively, you can telephone 0800 011 3764 for the national police Prevent advice line or visit actearly.uk/contact to report possible terrorist or extremist activity to the Metropolitan police.

Safeguarding contacts

Key boroughs where we deliver services

Borough	For	Contact	Number	Out of Hours	Email
Broadmoor	Any	Daniel Anderson, Social Work Manager	01344 754538		Daniel.Anderson@westlondon.nhs.uk
		Bracknell Forest Safeguarding Board	01344 351500	01344 786543	BFSB@bracknell-forest.gov.uk
Brent	Adults	Safeguarding adults Team	0208 937 4098 or 0208 937 4099		safeguardingadults@brent.gov.uk
	Children	Brent Family Front Door	020 8937 4300	020 8863 5250	
Camden	Adults	Access and response team	020 7974 4000		adultsocialcare@camden.gov.uk
		Children & Families		020 7974 4444	LBCMASHadmin@camden.gov.uk

	Children	Contact Service	020 7974 3317		Secure email: LBCMASHadmin@camden.gov.uk.cjism.net
Ealing	Adults – local authority	Sophie Shah, Safeguarding adults coordinator	020 8825 6228		ShahSo@ealing.gov.uk
		Shani St. Luce, DoLS & Safeguarding Team	020 8825 6338		StLuceSh@ealing.gov.uk
		Manager			
	Hospital	Jenny Silvera, Senior Safeguarding Coordinator and Operational Prevent Lead	07795 333554 or 020 8967 5000 ext 3506		Jennifer.silvera@nhs.net
		West London NHS Trust	David Cochrane (to be copied into safeguarding concerns)	West London NHS Trust 020 8354 8354 (Switchboard)	
	Local Authority Safeguarding Lead	Ealing Social Care 020 8825 8000			
	Children	CYPS	020 8825 8000	020 8825 5000	sscallcentre@ealing.gov.uk
Hackney	Adults	Adults Social Care Team	0208 356 6262	020 8356 5782	
			020 8510	020 8356 2300	access@hackney.gov.uk
		Mental health	8981	020 8510 8980	
	Children and Young People	CYPS	020 8356 5500	020 8356 2710	fast@hackney.gov.uk

Hammersmith and Fulham	Adults – local authority	Shazia Deen, Head of Safeguarding	07827 663887		Shazia.Deen@lbhf.gov.uk
	Adults - hospital	Anoushka Khorramin, Safeguarding lead nurse	07825 218451 020 3312 5173		a.khorramian@nhs.net
	Under 18s and families	Family services front door service	020 8753 6600	020 8748 8588	Familyservices@lbhf.gov.uk
Islington	Adults	Adult Access Services	020 7527 2299	020 7226 0992	access.services@islington.gov.uk
	Under 18s and families	Children and social care Children and families	020 7527 7400 020 7527 3080	020 7226 0992	csctreferrals@islington.gov.uk childrens.services@islington.gov.uk
Kensington and Chelsea	Adults	John Duguid, Adult Safeguarding Manager	07812 031215		john.duguid@nhs.net
	Under 18s and families	Family Support and Child Protection	0207 361 3013	020 7361 3013	socialservices@rbkc.gov.uk socialservices@rbkc.gov.uk.cjasm.net
Wandsworth	Adults	Adult SAMS Community Mental Health	020 8871 7707	020 8871 6000	accessteam@wandsworth.gov.uk safeguardingadults@wandsworth.gov.uk
			020 8767 3411 Team	020 8871 6000	
	Under 18	MASH	020 8871 7899	020 8871 6000	mash@wandsworth.gov.uk
Westminster	Adults – local authority	Ranjana Sharma, Safeguarding Adults Manager. Natasha Persaud-Hinds	07971 625949	020 7641 2388	rsharma@westminster.gov.uk nphinds@westminster.gov.uk
			07870 548271		
	Children and Young People	Westminster Access Team	020 7641 4000	020 7641 6000	accesstochildrensservices@westminster.gov.uk

Other boroughs

Borough	For	Contact	Number	Out of Hours	Email
Barking and Dagenham	Adults	Adult Social Care Team	020 8227 2915	020 8594 8356	intaketeam@lbbd.gov.uk
	Under 18s	MASH Children	020 8227 3811	020 8227 3811	ISCB@lbbd.gov.uk

Barnet	Adults	Adult Social Care	020 8359 5000	020 8359	socialcaredirect@barnet.gov.uk
	Under 18s	Children's Services Safeguarding adults	020 8359 7998	2000	
Bexley	Adults	team	020 8303 7777	0208 303 7777	screeners@bexley.gov.uk
	Under 18s	MASH	020 3045 5440	020 8303 7171	Childre socialcare.admin@bexley.gcsx.gov.uk
Bromley	Adults	MASH Adult	020 8461 7777		adult.early.intervention@bromley.gov.uk
	Under 18s	MASH CYPS	020 8461 7373 / 0304	0300 303 8671	
Croydon	Adults	MASH Adults	020 8726 6400	020 8726 6500	Online forms
	Under 18s	MASH Children	0208 255 2888	0208 726 6400	childreferrals@croydon.gov.uk
Enfield	Adults	Multi Agency Safeguarding Hub	020 8379 3196	020 8379 5212	Online forms childrensmash@enfield.gov.uk
	Under 18s	Single Point of Entry (SPOE) Children	0208 379 5555	0208 379 1000	
Greenwich	Adults	Assessment Team	020 8921 2304	0208 854 8888	aops.contact.officers@royalgreenwich.gov.uk mash-referrals@royalgreenwich.gov.uk
	Under 18s	Children's Services MASH	020 8921 3172	0208 854 8888	
Haringey	Adults	First Response Team Adults	020 8489 0000	020 8489 0000	firstresponseteam@haringey.gov.uk
	Under 18s	Single point of Access	020 8489 4470	020 8489 4470	spa@haringey.gcsx.gov.uk
Harrow	Adults	Safeguarding Adults Services	020 8420 9453	0208 424 0999	safeguardingadults@harrow.gov.uk
	Under 18s	Children & Family Services	020 8901 2690	0208 424 0999	mash@harrow.gov.uk
Havering	Adults	Safeguarding Adults Team	0170 8433 550	01708 433999	safeguarding_adults_team@havering.gov.uk
	Under 18s	Child Protection Team	0170 8433 222	01708 433999	mash@havering.gov.uk
Hillingdon	Adults	MASH Adults	018 9555 6633	01895 250111	socialcaredirect@hillingdon.gov.uk
	Under 18s	MASH	018 9555 6633	01895 250111	

Hounslow	Adults	Safeguarding adults team	0208 583 3100	020 8583 2222	safeguardingadults@ hounslow.gov.uk
	Under 18s	Early help	020 8583 6600	020 8583 2222	earlyhelp@hounslow.gov. uk or childrensocialcare@hounslow.gov.uk
Kingston upon Thames		Adult safeguarding Children's Single Point of Access (SPA) Team	0208 547 5005	020 8770 5000	adult.safeguarding@ kingston.gov.uk
			0208 547 5008	020 8770 5000	Online forms
Lambeth		Adult Social Care Services Children Social services	0207 926 5555	020 7926 5555	Online forms adultsocialcare@lambeth. gov.uk
			0207 926 5555	020 7926 5555	helpandprotection@ lambeth.gov.uk
Lewisham		MASH Adults	020 8314 7777	020 8314 6000	scait@lewisham.gov.uk
		MASH Children	020 8314 6000	020 8314 6660	mashagency@lewisham.gov.uk
Merton		Merton's Safeguarding Adults hotline	0845 618 9762	0845 618 9762	safeguarding.adults@ merton.gov.uk
		Children MASH Team	020 8545 4226/4227	020 8770 5000	mash@merton.gov.uk
Newham		Adult social care team	020 3373 0440	020 3373 0440	Accessto. AdultsSocialCareTeam@ newham.gov.uk
		CYPS	020 3373 4600	020 8430 2000	
Redbridge	Health and Adult	MASH Children	020 8708 7333	020 8554 5000	adults.alert@redbridge. gov.uk Social Services
			020 8708 3885	020 8708 5897	cpat.referrals@redbridge. gov.uk
Richmond upon Thames		Adult social services	0208 597 7971	020 8744 2442	adultsocialservices@ richmond.gov.uk
		Family services: Children	020 8831 5008	020 8770 5000	online form
Southwark		Safeguarding Adults team	0845 600 1287	020 7525 5000	RAD@southwark.gov.uk
		Children	020 7525 1921	020 7525 5000	mash@southwark.gov.uk
Sutton		MASH Adults	020 8770 4565	020 8770 6770	Online form suttonlscp@sutton.gov.uk
		Children Safeguarding Partnership	020 8770 5452		
Tower Hamlets		Social care for Adults	020 7364 5005	020 7364 7070	Online form or email adultcare@towerhamlets.gov.uk
		Child protection MASH	020 7364 5000	020 3276 3501	towerhamletsMASH@met. police.uk
Waltham Forest		Multi Agency Safeguarding Hub	020 8496 3000		

		020 8496 3000	Online form
Children MASH	020 8496 2310	020 8496 3000	MASHrequests@ walthamforest.gov.uk

NSPCC Freephone Child Protection Helpline: 0808 800 5000

Appendix 6: references and resources

References

Making safeguarding Personal Guide, ADASS (2014)

National Competency Framework for Safeguarding Adults, Bournemouth University (2015)

Mental Capacity Act Code of Practice, Department for Constitutional Affairs (2007)

Care and Support Statutory Guidance, Department of Health (2016)

Adult safeguarding Practice Questions, SCIE (2015)

London Multi-Agency safeguarding policy (as agreed by the London Safeguarding adult board) 2019

Safeguarding resources

A national framework of standards for good practice and outcomes in adult protection work (ADASS)

Safeguarding Adults: Advice and Guidance to Directors of Adults Social Services (ADASS)

Making Decisions: the Government's proposals for making decisions on behalf of mentally incapacitated adults The Foundation for People with Learning Disabilities

Safeguarding Adults: A Consultation on the Review of 'No Secrets' Guidance Department of Health

Mental capacity and Deprivation of Liberty: A Consultation paper Law Commission

Making safeguarding personal: executive summary Local Government Association

Report on Elder Abuse House of Commons Health Committee

Prevent Strategy

Forced Marriage Unit: 020 7008 0151 / fm@fco.gov.uk