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Sense Operational Policy

**Safeguarding Adults at Risk**

**England, Wales, and N Ireland**

**Guidance**

1. **Outcomes**
* Individuals should be involved as practically possible in the safeguarding process.
* Individuals are supported to keep themselves safe; they are provided with meaningful information to recognise and report abuse.
* Individuals are to be engaged in a conversation about how best to respond to their safeguarding situation that enhances involvement, choice and control as well as improving their quality of life, wellbeing and safety.
* Individuals’ safety is respected and protected.
* Individuals’ and staff members’ concerns about safeguarding are taken seriously and acted upon appropriately.
* Staff understand safeguarding procedures and feel skilled, knowledgeable, confident and supported to report concerns about abuse.
* Safeguarding issues are dealt with responsively and appropriately, actions are taken to prevent and reduce risks. The organisation promotes best practice in relation to safeguarding and learns lessons from internal and external experience.

**What is this Guidance about?**

Safeguarding is working with adults with care and support needs to keep themselves safe from abuse and neglect. Safeguarding is everybody’s business and the responsibility for responding belongs to us all. Sense takes its responsibilities in relation to safeguarding extremely seriously.

This Guidance provides a range of tools and resources to support individuals to keep themselves safe and to understand what safeguarding and abuse is.

The guidance is for all Sense staff – England and Wales.

**Who is this Guidance for?**

* Individuals using Sense services, their families and carers
* All staff (including volunteers), Service Managers, Operational Managers and Vice Principal’s
* Director(‘s) of Operations, Heads of Operations and Executive Principal
* Other professionals, such as social workers, police and therapists
* Trustees
* Whilst this list is not exhaustive safeguarding is everybody’s responsibility and will include other non-Operational Directors / Managers including Trading Managers where an adult is at risk and is accessing their service

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Safe Guide – this can be used by staff to provide information to individuals using Sense services about safeguarding. Staff should use communication approaches and support that are appropriate for the person.

Safe Guide for Families/Carers – this can be used by staff to provide basic information to families about safeguarding in Sense.

What to do if you suspect abuse (England and Wales) – Please ensure you display this within your service.

**Note:** All of these Appendices have been developed in support of the procedure and should be used alongside it.

**Part One:** Understanding Some of the Core Issues Associated with Safeguarding

Making Safeguarding Personal

### Person-Centred Approach / Outcome-Focused to Adult Safeguarding

Our goal is to support individuals to grow in confidence and skills, to make their own choices and to live as fully as possible. This includes supporting people to try new things and may include them taking informed risks.

It also means protecting the people we support from any form of abuse. Individuals with complex disabilities can be particularly vulnerable and may find it very hard to tell someone else about it.

Article 8 of the Human Rights Act 1998 says the state cannot make decisions about people without their involvement.

**Making Safeguarding Personal**

* Is an approach to working with people that puts them at the centre of their safety and wellbeing.
* It builds on people’s strengths, skills and capacity
* It promotes culture of reflective practice, where we learn from experience and support people to take positive and informed risks.
* We should discuss and anticipate how we might respond in safeguarding situations so that someone is as fully involved as possible.
* It is important to recognise people as experts in their own lives and work alongside them.

**What Good Safeguarding Looks Like: No Decision About Me Without Me**

* I get help to understand what Keeping Safe means
* I am asked my opinion if there are concerns that I am at risk
* I get help and support to report abuse or neglect
* I feel listened to and what I say is taken seriously
* I am given the information I need, in the way that I need it
* I am kept informed about what is happening
* I am asked my views, and this directly informs what happens next
* I know that decisions are made in my best interest when I lack capacity to make them, and that this is explained to me

**Making Safeguarding Personal and Mental Capacity Act**

**I feel listened to and what I say is taken seriously**



Making Safeguarding Personal is about involving the person in their own enquiry, understanding a person’s capacity to take part is essential.

The Mental Capacity Act 2010 must be used whenever you have doubt that a person, even with your support, has the capacity to set the outcomes they want achieved.

Prevention

Sense is committed to preventing abuse and our staff will always take proactive action to support individuals to keep themselves safe and to reduce the risks of abuse/harm.

Prevention is not about over protection or risk averse practice. It is about person centred support and builds on the principle of empowerment.

Individuals should be supported to make choices and to take positive risks.

Managers need to foster a culture of positive risk taking which supports practitioners to work in a risk enabling way. This requires a culture of supportive learning from good, reflective supervision and an emphasises on evidence-based practice.

Individuals will be provided with accessible and meaningful information in order to understand risks and find solutions for themselves.

Sense takes action to prevent abuse in a number of ways.

These are listed below:

* Carrying out HR checks (such as DBS);
* Staff undertake Safeguarding training, Communication training and Mental Capacity training;
* Forums to encourage communication includes Sense Users Reference Group for individuals (SURG);
* Advocacy for individuals and providing information on access to external advocacy services.
* Producing toolkits and simplified documents to empower individuals, staff and families (see [Keeping Safe Resources)](https://engage.sense.org.uk/sorce/beacon/dmd/22/view/Keeping%2Bsafe%2Bresources%2B2022%2BOct.docx)
* Regular supervision, mentoring and practice observation, Safe recruitment n.
* Staff are encouraged to have the confidence to safe challenge colleagues on poor practice and to have their practice challenged;
* The Safeguarding Board;
* Sexuality and Relationships Advisors;
* Quality assurance, auditing, evaluation and monitoring practices.
* Risk assessment, enablement and management; partnership working with local authorities; safeguarding boards; police; health services; and housing.
* Positive Behaviour Support.

Poor Practice

The following is a guide to poor practice and abuse. Both are serious and must be reported to a manager (or another relevant person).

Sense staff should be prepared to confront and tackle poor practice wherever it is observed and witnessed staff should be reassured that they will be supported in such incidents.

Where there is possible abuse, the manager or other relevant person should always raise an alert through formal safeguarding procedures. If a manager is in doubt as to whether something is abuse, he or she should raise an alert through formal safeguarding procedures.

Poor practice is serious, but it may be more appropriate for the manager to deal with the matter as an internal incident.

The table below shows examples of potential poor practice and actions. Procedures in each local area may differ and managers should be aware of any differences between this guide and local guidance.

| **Poor Practice - internal action (incident reporting)** | **Possible Abuse - raise an alert** |
| --- | --- |
| Significant assessed needs of one person not documented in support plan; i.e. management of behaviour, specific dietary requirements, bed rails to prevent falls. Provider identifies this & addresses it. No harm occurs | Failure to specify in a support plan how a significant need must be met and inappropriate action or inaction results in harm or injury e.g. person experiences pain, choking, or falling out of bed. |
| Support plan not followed. Provider identifies this and addresses it, and no harm occurs. | Failure to follow support plan results in the person suffering harm. More serious if this is a recurring incident or affects more than one person. |
| A person does not receive necessary help to eat or drink on one occasion. No harm occurs. | Recurring event or is happening to more than one person. Harm suffered, e.g. hunger, dehydration, and constipation. |
| Incontinence needs of a person not responded to within 20 minutes. No significant distress or harm caused. | Recurring event or is happening to more than one person or for a longer period of time. Harm suffered, e.g. loss of dignity, self-confidence and pressure ulcer development. |
| A person does not receive their medication on one occasion, but no harm occurs (their doctor / Pharmacist was contacted for advice regarding the impact of the missed medication). | Medication error on one occasion, causing harm, e.g. Diabetic - insulin. Or could have caused significant harm.Recurring event or happening to more than one person. Harm suffered, e.g. pain, health deterioration, and side effects. |
| Community Support visit missed on one occasion without notifying the person.  | The person does not receive a visit, and no other contact is made to check their well-being and safety, resulting in them suffering harm and / or numerous calls missed, or more than one person affected. |
| A staff member is reported to have talked to a colleague about an individual in an unprofessional way, which does not cause concern that harm would occur. | A staff member is reported to have shouted at or sworn at an individual. |
| Identified 1-1 positive behaviour support not provided to one person on one occasion, no harm occurs. | Recurring event, resulting in harm to the person and putting other people at risk; and/or unnecessary restraint used. |
| Peoples complex health needs are not responded to such as urine tests not in stock or order not placed. Staff undertake alternative tests e.g. blood glucose to ensure the person's diabetes is monitored until stock arrives. No harm occurs. | Urine tests not in stock, no more ordered and the person's diabetes not monitored in accordance with support plan. Harm caused e.g. the person becomes hypoglycaemic. |
| A staff member does not support a person to maintain their hearing aid/glasses/mobility aid on one occasion. No harm occurs. | Recurring event, effectiveness of aids is reduced thereby leading to less independence. |
| A staff member falls asleep momentarily during a waking night shift. The staff member immediately takes steps to wake him or herself up and then remains alert for the rest of the shift. | A member of staff is found asleep during a waking night shift. |
| A staff member observes an incident of poor practice that does not cause direct harm or causes concern in the manner the way someone was supported.  | A staff member observes an incident of poor practice that does cause direct harm and or causes concern over the manner the way someone was supported resulting in the person being injured or distressed.  |
| A volunteer suggests a customer with learning disabilities puts their change into the collection box on one occasion.  | A volunteer takes the change from the learning-disabled customer and puts their change into the collection box on each occasion without their permission.  |
| An elderly customer visits the shop with a bruised arm on one occasion explaining that they had a slight fall.  | An elderly customer visits the store over a substantial period of time with various cuts and bruises that are unexplained on each occasion. **Note:** Shop Manager to support the person to report to local Adults Safeguarding Board / police.  |

Social Networking

Social networking sites such as Facebook and Twitter provide an exciting opportunity for individuals to interact socially. However, safeguarding issues can sometimes arise through the use of social networks.

The following points should be taken into consideration:

1. Changes in an individual’s behaviour on social media or linked to their activity on social media should be monitored and opportunities should be given to the individual to discuss concerns or the support they may require.
2. Communication online should be treated in the same way as face-to-face communication. Hurtful communication is hurtful whether it is face to face or electronic.
3. Safeguarding concerns raised through social networks must be treated as any other safeguarding concerns: the procedure is exactly the same.
4. Photos and videos should not be posted on social networking sites unless consent has been received from each person in the photo or video.
5. Photos, videos or location trackers (such as pins, check–ins, photo and video locators) must not identify the address of a Sense home.
6. Safeguards may be required for people who wish to meet online friends face to face.
7. Communication via online activity and text messages can be easily misread in relation to emotional intent.

**Note:** Sense has a separate OS26 Social Media Procedure

Please also see a range of ‘Keeping Safe Resources’ [Keeping Safe Resources’](https://engage.sense.org.uk/sorce/beacon/dmd/22/view/Keeping%2Bsafe%2Bresources%2B2022%2BOct.docx)

Investigations

Staff will make themselves available and attend any investigation interviews and disciplinary meetings.

Sense will investigate any allegations of abuse (and provide any additional support the individual may need) unless there is compelling reason why it is inappropriate or unsafe to do this or if the Local Authority Safeguarding Adults Board (SAB) identifies they will lead on the investigation for example due to a serious conflict of interest.

Safeguarding investigations will always take precedence over un-resolved issues raised by alleged perpetrators and other issues such as complaints and grievances.

Where a criminal investigation is taking place, the disciplinary procedure may be suspended until the Police investigation has been completed. The decision to suspend or commence the disciplinary procedure will be taken following discussion between the Police, Human Resources and the Operational Group.

Following a referral to an external organisation such as the Police or social services (SAB), the external organisation will explain whether they should do the investigation or whether Sense should do its own investigation.

A senior manager will decide who conducts the investigation and will also decide who and how the referrer will be kept up to date and informed. This will be done through a named individual.

The objectives of an investigation should be to:

* Assess the needs of the individual, in terms of protection, support and redress;
* Listen to the individual and take in to account the outcomes they wish to happen (MSP)
* Make decisions with regard to what follow up action should be taken with regard to the perpetrator and the service or its management if they have been responsible; and
* Establish the urgency of the situation and whether immediate action needs to be taken in order to keep the individual (and others) safe;
* Establish the facts.

**Note:** Sense has guidelines for investigating officers when interviewing the individuals, we support.

If a member of staff is removed by being either dismissed or redeployed to a non-regulated activity, from their role where they provide regulated activity following a safeguarding incident, following a safeguarding incident and Sense feels they would have dismissed the person based on the information they hold, Sense has a legal duty to refer to the Disclosure and Barring Service.

**Note:** Sense will not accept a staff member’s resignation or retirement to avoid a disciplinary hearing in the event they have been accused of abuse – Sense will take all reasonable steps to ensure the process is fast-tracked in order to meet the staff members notice period.

Forensic Evidence

**Preserving Evidence**

If you think that abuse has occurred, then evidence must be preserved. The nature of the evidence depends on the type of abuse and when it occurred.

To preserve evidence, remember:

* try to disturb the ‘scene’ as little as possible, sealing off areas if possible
* do not move weapons unless necessary for safety (in which case take care to protect potential fingerprints)
* do not clean things or wash away blood
* do not remove an individual's clothing
* discourage washing/bathing
* do not handle items which may hold DNA evidence
* put any bedding or clothing which has been removed, or any significant items given to you (weapons etc.) in a safe dry place
* do not put items of bedding, clothing into plastic bags - use envelopes or brown paper bags
* try to avoid physical contact with the individual so as to avoid cross contamination
* preserve any items that come into contact with the individual after the event (such as a blanket used to cover the individual)

Other evidence can be obtained, or preserved by:

* not interviewing the victim (avoids any danger of you influencing their responses)
* not interviewing any potential witnesses (avoids any danger of you influencing their responses)
* not alerting the alleged perpetrator (avoids any danger of concealing of evidence or arranging of alibis)
* making a note of your observations in relation to the condition and attitude of the people involved and any actions you have taken
* keeping accurate records.

Evidence of physical injury – i.e. bruises – is normally recorded on a **body map** chart. You must complete the [HS02 Appendix 2 – Accident Report Form](https://engage.sense.org.uk/sorce/beacon/dmd/600/view/HS02%2Bappendix%2B2%2B-Accident%2BReport%2BForm%2BV06.doc) on ENGAGE

This is true for all physical injuries even if they are not linked to abuse, which helps identify the difference between everyday accidents and patterns of abuse.

**Part Two:** Further Supporting Information

Types of Abuse

The following is a guide to the types of abuse. The list is not a complete list of the types of abuse. There are other things that constitute abuse. If you are unsure, you can ask your line manager.

Under the Care Act 2014 (England) and the Social Services and Well-Being Act 2014 (Wales): the following are identified as what constitutes as abuse and neglect.

**Physical abuse** includes assault, hitting, slapping, pushing, kicking, and misuse of medication, restraint, or inappropriate physical sanctions.

**Domestic/Interfamilial Abuse** includes psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence. This can impact on adults at risk through seeing, hearing or experiencing the effects of domestic abuse and/or experiencing it through their own intimate relationships.

As the wording suggests interfamilial abuse only occurs within the family. This can include parent to child, brother to sister and other close relation to the child e.g., grandmother/father or uncle/aunt etc. Additionally, may include stepparents/siblings. (The independent enquiry into Sexual Abuse, Oct 2019 – identified 45% of sexual abuse reported was perpetrated by the victim’s family).

Often due to family dynamics this may go unreported due to a range of factors:

* The abuser is in a position of power and can control who the abused child has contact with.
* The abused person may view any abuse as them being at fault.
* The abused person may view the abuse as normal, never having known anything else.
* The abuse person may fear that they will be removed from the family or be rejected by the family member/s.

Adults at risk may be the victims of maltreatment, caused by fabricated or fictitious illness and neglect which may not be detected because parents have built up relationships with external visitors and other professionals who anticipate the child will be ill.

For an adult at risk this can be compound further by sensory impairments, communication challenges, leaning disability, poor mobility, and cognitive understanding.

In families where an adult at risk lives (who may be subjected to abuse), other is the household may also be being abused, but as the focus is on the adult this may go undetected.

**Sexual abuse** includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Sex and consent is a difficult issue, for many people, because something that seems so simple is continually ‘misunderstood’ and when it goes wrong can result in prosecution for rape. This [video](http://www.thamesvalley.police.uk/crime-prevention/keeping-safe/consent-is-everything.htm) has been produced by Thames Valley Police who have decided to tackle the issue by comparing sex to a well-known British pastime – drinking a cup of tea. The result is this simple and effective video, which gives clear instructions as to what constitutes sexual consent.

Tea and Consent Video: <https://www.youtube.com/watch?v=pZwvrxVavnQ#t=13>

**Psychological abuse** includes emotional abuse (e.g. saying something to deliberately make an individual feel upset), threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks. Also, acts deemed to be punitive (punishing) and not in line with agreed behaviour guidelines. Withholding aids and equipment.

**Financial or material abuse** includes theft, fraud, internet scamming, coercion in relation to an adults’ financial affairs or arrangements, including exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This includes identify theft.

**Neglect and acts of omission** includes ignoring medical advice, emotional or physical care needs and failure to provide access to appropriate health, social care support or educational services. The withholding of the necessities of life, such as medication, adequate nutrition and heating and withholding aids and equipment, including food, shelter, clothing and emotional neglect.

**Discriminatory abuse** includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse** including neglect and poor care practice within an institution or specific care setting such as hospital or care home for example, or in relation to care provided in one’s own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Self – Neglect** covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

Additional Indicators of Abuse

**Fabricated or induced illness (FII):** This is when a carer fabricates signs or symptoms of illness and can include falsification of past medical history. It also refers to when a carer induces an illness (by a variety of means). These cases can be extremely complex.

**Online/Cyber-Bullying:** Cyber bullying takes place online, on social networking websites or through mobile phones. Adults are threatened, teased, upset or humiliated. It can happen on its own or with other forms of bullying. The signs of cyber bullying are not always obvious. It can happen 24 hours a day, seven days a week and can continue even when an adult is alone, causing them to feel trapped and unable to escape.

Cyber bullying is a growing problem and includes:

* Sending threatening or disturbing text messages
* Homophobia, racism or sexism
* Making silent, hoax or abusive calls
* Creating and sharing embarrassing images or videos
* Trolling: the sending of menacing or upsetting messages on social networks, chat rooms or online games
* Excluding adults from online games, activities or friendship groups
* Setting up hate sites or groups about a particular adult
* Encouraging adults to self-harm
* Voting for someone in an abusive poll
* Hijacking or stealing online identities to embarrass an adult or cause trouble using their name
* Sending texts to pressure an adult into sending images or other activity

**Note:** Adults may be bullied by someone they know or someone using a fake account to remain anonymous.

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3. Safeguarding concerns raised through social networks must be treated as any other safeguarding concerns: the procedure is exactly the same.
4. Photos and videos should not be posted on social networking sites unless consent has been received from each person in the photo or video.
5. Photos, videos or location trackers (such as pins, check–ins, photo and video locators) must not identify the address of a Sense service.
6. Safeguards may be required for people who wish to meet online friends face to face.
7. Communication via online activity and text messages can be easily misread in relation to emotional intent.

**Note:** Sense has a separate OS26 Social Media Procedure and OS30 Digital Safeguarding proceedure.

Please also see a range of ‘[Keeping Safe Resources’](https://engage.sense.org.uk/sorce/beacon/dmd/22/view/Keeping%2Bsafe%2Bresources%2B2022%2BOct.docx) on ENGAGE.

**Hate Crime:** Involves any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a personal characteristic. Hate crime can be motivated by disability, gender identity, race, religion or faith and sexual orientation. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. Such incidents may constitute a criminal offence.

**Controlling and Coercive Behaviour:** This offence is constituted by behaviour on the part of the perpetrator which takes place ‘’repeatedly or continuously’’. The victim and alleged perpetrator must be ‘’personally connected’’ at the time the behaviour takes place. The behaviour must have had a ‘’serious effect’’ on the victim, meaning that it has caused the victim to fear violence will be used against them on ‘’at least two occasions’’, or it has had a ‘’substantial adverse effect on the victims’ day to activities’’. The alleged perpetrator must have known that their behaviour would have a serious effect on the victim, or the behaviour must have been such that he or she ‘’ought to have known’’ it would have that effect.

Controlling or coercive behaviour should be dealt with as part of adult and/or child safeguarding and public protection procedures.

For Further details: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf>

**County Lines**

This is a police term for groups that are supplying drugs to suburban areas and market costal town using dedicated mobile phone lines or ‘deal lines’. It can evolve child criminal exploitation and using adults who are at risk to move drugs and money. Groups establish a bases in the market location, typically by taking over the home of local adults by force or coercion as practice referred to as cuckooing.

**Cuckooing**

Is a form of crime where drug dealers take over the home of a vulnerable person in order to use it as a base for criminal activity. Organised criminal groups are increasingly targeting adults with care and support needs in this way, and the level of coercion and control involved with cuckooing often leads the victims with little choice but to cooperate with the perpetrators.

**Forced Marriage:** A forced marriage is a marriage without the full consent of both parties and where pressure or threats are a factor. This is very different to an arranged marriage, which both people will have agreed to. Emotional pressure from their family might stop them from saying anything to anyone else. The lack of control over their own decisions can lead them to depression and self–harm.

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they’re bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

If there are concerns that a child, male or female, is in danger of a forced marriage, you should discuss this with your manager in the first instance. Local agencies and professional workers should contact the Forced Marriage Unit or call 020 7008 0230 where experienced case workers will be able to offer support and guidance. If they are closed, contact the Foreign Office Response Centre or call 020 7008 1500. If someone is in immediate danger than call police on 999. For further details: <https://www.gov.uk/guidance/forced-marriage>

**Honour Based Violence (HBV):** is a term used to describe violence committed within the context of the extended family which is motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim. Most victims of HBV are women or girls, although men may also be at risk.

Women and girls may lose honour through expressions of autonomy, particularly if this autonomy occurs within the area of sexuality. Men may be targeted either by the family of a woman who they are believed to have ‘dishonoured’, in which case both parties may be at risk, or by their own family if they are believed to be homosexual.

Common triggers for HBV include:

* Refusing an arranged marriage
* Having a relationship outside the approved group
* Loss of virginity
* Pregnancy
* Spending time without the supervision of a family member
* Reporting domestic violence
* Attempting to divorce
* Pushing for custody of children after divorce
* Refusing to divorce when ordered to do so by family members

Further Information:<http://hbv-awareness.com/honour-based-violence/>

**Female Genital Mutilation (FGM):** FGM is recognised internationally as a violation of the human rights of girls and women.

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalised. The Word Health Organisation (WHO) strongly urges health professionals not to perform such procedures.

It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Once concerns have been raised about FGM, there should also be a consideration of potential risk to other girls in the family and practicing community. Professionals should be alert to the fact that any one of the girl children amongst these groups could be identified as being at risk of FGM and may need to be safeguarded from harm.

For further details <http://www.who.int/mediacentre/factsheets/fs241/en/>

Department of Health: Female Genital Mutilation Risk and Safeguarding Guidance for Professionals: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf>

HM Government: Multi-Agency Statutory Guidance on Female Genital Mutilation: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM__-_FINAL.pdf>

**Modern Slavery**

People with learning disabilities are also at risk of getting coerced into modern slavery. They could be isolated in their communities. They may be ineligible for support services. Or they may simply get overlooked if they are not viewed a high-profile concern. Modern slavery includes:

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

**Internet Scams**

Internet scams, postal scams and doorstep crime are more often than not targeted at adults at risk, and all are forms of financial abuse. These scams are becoming ever more sophisticated and elaborate. For example:

* Internet scammers can build very convincing websites
* People can be referred to a website to check the caller’s legitimacy, but this may be a copy of a legitimate website
* Postal scams are mass-produced letters which are made to look like personal letters or important documents
* Doorstop criminals call unannounced at the adult’s home under the guise of legitimate business an offering to fix an often-non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority.

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service and local authority Trading Standards Service for investigation. The SAB will need to consider how to involve local Trading Standards in its work.

These scams and crimes can seriously affect the health, including mental health, of an adult at risk. Agencies working together can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses their income and independence.

**Extremism by Radicalisation:** Prevent is a key part of the governments counter-terrorism strategy. Its aim is to stop people to become terrorist, or supporting terrorism, including preventing the exploitation of susceptible people who are at risk of being drawn into violent extremism radicalisation.

**Sexual Exploitation:** Sexual exploitation of adults is not new; it is defined as a form of sexual abuse. Sexual exploitation has occurred if sexual activity takes place and:

* it is in exchange for basic necessities, such as food, shelter or protection;
* it is in exchange for something that is needed or wanted;
* an individual has felt frightened of the consequences if they refuse (coercion);
* the person who is exploiting stands to gain financially or socially.

It is important to remember that there are a number of scenarios that fall under this definition and sometimes sexual exploitation can be hard to identify. Both men and women can be sexually exploited. Crucially, the individual that is, or has been, subject to sexual exploitation may not realise it. <https://www.ripfa.org.uk/blog/improving-awareness-of-sexual-exploitation-among-adults/>

Potential Areas of symptoms/indicators abuse

The following is a guide to possible symptoms/indicators of abuse. The list is not a complete list of the potential indicators of abuse. There are other things that constitute abuse. If you are unsure, you can ask your line manager. Individuals may have limited communication and can give messages about their experiences in a variety of ways. Changes in usual behaviour may be especially significant and should be observed with care.

*These may additionally indicate non-recent abuse (including historical & retrospective incidents).*

#### Physical

* A history of unexplained falls or minor injuries especially at different stages of healing
* Unexplained bruising in well-protected areas of body, e.g. on the inside of thighs or upper arms etc.
* Unexplained bruising or injuries of any sort
* Burn marks of unusual type, e.g. burns caused by cigarettes and rope burns etc.
* A history of frequent changes of general practitioners or reluctance in the family, carer or friend towards a general practitioner consultation
* Accumulation of medicine which has been prescribed for an individual but not administered
* Malnutrition, ulcers, bed sores and being left in wet clothing

#### Sexual

* Unexplained changes in the demeanour and behaviour of the vulnerable adult (this may be a symptom of any kind of abuse)
* Tendency to withdraw and spend time in isolation (this may be a symptom of any kind of abuse)
* Expression of explicit sexual behaviour and/or language by the vulnerable adult which is out of character
* Irregular and disturbed sleep pattern (this may be a symptom of any kind of abuse)
* Bruising or bleeding in the rectal or genital areas
* Torn or stained underclothing especially with blood or semen
* Sexually transmitted disease or pregnancy where the individual cannot give consent to sexual acts

#### Psychological

* Inability of the vulnerable person to sleep or tendency to spend long periods in bed (this may be a symptom of any kind of abuse)
* Loss of appetite or overeating at inappropriate times (this may be a symptom of any kind of abuse)
* Anxiety, confusion or general resignation (this may be a symptom of any kind of abuse)
* Tendency towards social withdrawal and isolation (this may be a symptom of any kind of abuse)
* Fearfulness and signs of loss of self-esteem (this may be a symptom of any kind of abuse)
* Uncharacteristic manipulative, uncooperative and aggressive behaviour (this may be a symptom of any kind of abuse)

**Note:** The symptoms of psychological abuse could also be signs of abuse that fall into any of the other categories.

#### Financial

* Unexpected change to their will;
* sudden sale of transfer of the home;
* unusual activity in a bank account;
* sudden inclusion of additional names on a bank account;
* signature does not resemble the person’s normal signature;
* reluctance or anxiety by the person when discussing their financial affairs;
* giving a substantial gift to a carer or a third party;
* a sudden interest by a relative or other third party in the welfare of the person;
* bills remaining unpaid;
* complaints that personal property is missing;
* a decline in personal appearance that may indicate that diet and personal requirements are being ignored;
* deliberate isolation from friends and family giving another person total control of their decision making.
* Unexplained inability to pay for household shopping or bills etc.
* Withdrawal of large sums of money which cannot be explained
* Missing personal possessions
* Differences between the person's living conditions and their financial resources
* Unusual and extraordinary interest and involvement in the vulnerable adult's assets
* Inappropriate use of personal store cards.

#### Neglect

* Inadequate heating, lighting, food or fluids
* Failure by carer to give prescribed medication or obtain appropriate medical care (see OS20 Management of Medicines Procedure)
* Carer's reluctance to accept contact from health or social care professionals
* Refusal to arrange access for visitors
* Poor physical condition in the vulnerable person e.g. ulcers, bed sores
* Apparently unexplained weight loss
* Messy clothing and appearance
* Inappropriate or inadequate clothing, or nightclothes worn during the day
* Sensory deprivation - lack of access to glasses, hearing aids etc.
* Absence of appropriate privacy and dignity
* Absence of method of calling for assistance, or requests for assistance being ignored.

#### Self-Neglect

* Hoarding
* Failure to maintain personal hygiene
* Failure to maintain nutrition

#### Discriminatory Abuse

* Tendency to withdrawal and isolation (this may be a symptom of any kind of abuse)
* Fearfulness and anxiety (this may be a symptom of any kind of abuse)
* Being refused access to services or being excluded inappropriately
* Loss of self-esteem (this may be a symptom of any kind of abuse)
* Resistance or refusal to access services that are required to meet need
* Expressions of anger or frustration (this may be a symptom of any kind of abuse)

#### Organisational Abuse

* Patterns of challenging behaviour, medication errors, accidents
* Inability to make decisions or take appropriate action
* Inadequate staffing
* Bullying, harassment or restricting access to services that the individual is assessed as requiring

Incidents Between Individuals Using Sense Services

**When should incidents between individuals be reported under safeguarding procedures?**

#### Things that happen accidentally:

Sometimes one individual may hit or grab another accidentally. This shouldn’t usually be reported under safeguarding procedures.

The exception would be if an injury occurred, and if it was something that really, we should have prevented from happening. For example, if it was a known risk that was allowed to happen because guidelines weren’t followed or because staffing levels weren’t at the correct level. In that case, the incident would be reported as a case of neglect.

#### Attempts to communicate in a positive way

Sometimes one individual may be trying to communicate with another, in a positive way, but it may be done clumsily, or with too much force, or in some way that the second person does not like. If this happens it should be treated as if it had happened accidentally, and paragraph (i) above should be followed.

#### Other incidents between individuals (Peer to Peer)

In any other incident between individuals, you need to consider how serious it is, particularly:

* Its impact on the person affected; and
* The level of risk that the incident indicates to the person affected or to other individuals.

If an incident led to an injury and/or to clear distress, it should be reported under safeguarding procedures.

* **By injury we mean a cut or a bruise or something more serious, but not something less serious such as a small scratch or a small, transitory red patch.**
* **By clear distress we mean distress that is clear and lasts longer than the incident itself.**

However, if there has been a series of similar incidents affecting the same person, that situation should be reported under safeguarding procedures even if the individual incidents didn’t lead to injury or distress.

In addition, there are a number of other factors that may indicate an increased level of risk, either to the person directly affected or to other individuals. These include:

* If the incident could have been a lot worse but luckily wasn’t, i.e. a near miss.
* If it appears there may have been a sexual element to the behaviour.
* If there is evidence of prior threats to the person affected, or that the person affected was deliberately targeted, or if there is other evidence of pre-planning.
* If a weapon was used.

These factors, particularly in combination, could indicate a higher level of risk and therefore that an incident should be reported under safeguarding procedures even if it did not lead to injury or distress. You will need to make a judgement in each case.

If you are in doubt, please speak to your line manager, or Sense’s Head of Safeguarding; or alternatively you could call your local safeguarding adults team for an informal discussion about the situation.

You should also make sure that you have a copy and have read the individual safeguarding policies, procedures and guidance issued by the local authority in which your service is based. Some of these provide useful guidance on this question.

#### The possibility of neglect

If an incident that needs to be reported should have been prevented from happening, it should be reported as a case of neglect. For example, if it was a known risk that was allowed to happen because guidelines weren’t followed or because staffing levels weren’t at the correct level.

#### Other reporting requirements

Please remember that:

* Injuries to individuals that require hospital treatment must also be reported under RIDDOR; and

In registered services in England to the CQC and in Wales (Cymru) to CIW.

Guidance for Managers

* If a referral has been made to the local authority or the Police, it is important for the matter to be resolved as quickly as possible. The manager should do weekly checks with the appropriate agency to progress the matter. HR Business Partners should be copied into such communications.
* Where a local authority fails to take action on a safeguarding matter, the Head of Safeguarding or Director of Operations can be contacted for advice on how to prompt action.
* Managers will arrange access to training for their staff and should monitor and review training completion on a regular basis, such as induction, eLearning, competency checks and refresher training.
* Managers should promote good working relationships with the local authority, local adult safeguarding boards and the Police.
* Support should be provided for staff who have been the subject of abuse allegations.
* In the event that an allegation of abuse has been made and not upheld, managers should fully debrief with the staff member. Managers should offer support, recognise that confidence will be affected and offer additional support to the individual concerned and their colleagues.
* Wherever possible, forensic evidence should be preserved in safeguarding cases.
* Early involvement of the police will help to ensure that forensic evidence is not lost or contaminated. It will also possibly avoid the need for unnecessary subsequent interviewing.

People in Position of Trust – PiPoT

Where a service becomes aware that a person in their employ has been charged, arrested or cautioned by the police for an activity that may have an impact on their employment with vulnerable people, an alert must be made the local authority designated safeguarding officer (LADO).

It is a requirement of the Care Act 2014 Statutory Guidance that all partner agencies and organisations commissioned to provide services to Local Authorities respond appropriately to allegations against people who, whether an employee, volunteer or student, paid or unpaid, works with or cares for adults with care and support needs. These individuals are known as People in a Position of Trust (PiPoT). Partner agencies and the service providers they commission are individually responsible for ensuring that information relating to PiPoT concerns are shared and escalated outside of their organisation in circumstances where this is required, proportionate and appropriate.

1. Local Authority Designated Officer (LADO)

Every local authority has a statutory responsibility to have a Local Authority Designated Officer (LADO) who is responsible for co-ordinating the response to concerns that an adult who works with children may have caused them or could cause them harm. The Local Authority Designated Officer (LADO) works within Children’s Services and gives advice and guidance to employers, organisations and other individuals who have concerns about the behaviour of an adult who works with children and young people. Included in this group are volunteers, agency staff and foster carers as well as people who are in a position of authority and have regular contact with children, such as religious leaders, political figures or school governors.

Registered Intermediaries

Registered Intermediaries play an important role in allowing vulnerable witnesses with communication needs equal access to justice. Some vulnerable witnesses and victims need assistance with communication and understanding in order to achieve their best evidence – Registered Intermediaries assist them in communicating during an investigation and at trial. Registered Intermediaries will help to make the justice process accessible to some of the most vulnerable people who use Sense services. In some cases, a Registered Intermediary will be the difference between a witness being able to testify or not.

**Who are the registered Intermediaries?**

A wide range of professionals, including speech and language therapy, occupational therapy, psychology, social work, teaching and nursing all of whom have specialist communication expertise.

**What does an Intermediary do?**

Intermediaries facilitate communication, by ensuring that witnesses can understand questions put to them by police or in court and can make themselves understood to the police or in court.

An intermediary is not a second interviewer, an appropriate adult, a witness supporter, an expert witness, or an interpreter.

**Who is entitled to a Registered Intermediary?**

A vulnerable witness both prosecution and defence – under Section 16 of the 1999 Act. This includes:

* Under 18 years of age; or where
* Quality of evidence may be affected by: mental disorder or impairment of intelligence and social functioning or physical disability / disorder.

**Registered Intermediaries assess:**

* Has the witness got the communication skills to give evidence?
* What assists the witness’s understanding and expression?
* Do they need a Registered Intermediary so that they can give their best evidence?
* Am I the right Registered Intermediary? (skills and witness views)

**Registered Intermediaries assist at police interview:**

* They will discuss and provide written guidelines for the officer on how to question the witness
* Recommend appropriate visual aids or props to help communication
* Planning meeting with interviewing officer
* Assist at interview

**Registered intermediaries assist at court:**

* Court report: detailing communication issues, advice on Special Measures and questioning
* Court familiarisation visits
* Memory refreshing
* Ground rules hearing: Advising lawyers and judge or magistrate on questioning etc
* Intervene if witness is being questioned inappropriately

**Note:** The Registered Intermediary is an impartial agent of the court

**Obtaining a registered Intermediary:**

1. Officer identifies need for Registered Intermediary

**Note:** Sense staff should prompt an officer if this has not been identified

1. Referral form sent to National Crime Agency (NCA)
2. Registered Intermediary contacts officer to gather information
3. An Assessment is undertaken which will include advice and planning for a meeting
4. Video Interview
5. Report put together
6. CPS will make a decision regarding case
* No Further action, or;
* Special Measures applied for: e.g. Court visits, memory refresh, ground rules etc
1. Trial
* If an individual chooses not to pursue an allegation/disclosure of abuse, a capacity and best decisions assessment may need to be undertaken.

**Note:** It is law and a legal obligation that any safeguarding concerns need to be reported promptly by Sense staff, internally and externally.

Confidentiality and Data Protection

Sense staff must handle other people’s information in a way that is fair and lawful. Sense recognises that everyone is entitled to privacy and will respect that right in its handling of people’s personal information. Sense is committed to good practice in the handling of Personal Data and careful compliance with the requirements of the Data Protection Act 1998 and GDPR 2018.

### Sense aims to be open and transparent in the war in which we use personal data and will seek to give individuals as much choice as is possible and reasonable over what personal information is held and how it is used and shared.

Staff acting on behalf of Sense have a moral and also a legal duty under the Data Protection Act 1998 and GDPR 2018 to protect and respect people’s privacy and safeguard any personal information we may hold about them. Any personal data must:

* Only used for the purpose for which it was given to us
* Be kept up to date
* Not to be given to people outside of Sense without the consent of the person involved (except in some very specific circumstances).

**Note:** Please see CEO02 Confidentiality and Data Protection Policy and Guidance.

### Sharing Information between Agencies

### Effective safeguarding cannot be achieved without Sense working collaboratively to ensure the safety of the individuals at risk is prioritised. Working together is dependent on there being a clear framework for doing so, and adult safeguarding should be based on good communication across the multi-agency working.

### The effective and timely sharing of information between Sense and external organisations supporting the individual is essential to deliver high quality adult safeguarding.

### We are required to share information on a regular basis to safeguard adults at risk and must have Information Sharing Agreements (ISA) in place. An ISA should outline how Sense will agree to share information and ensure compliance with legal requirements. The purpose of the ISA is:

* To facilitate the secure exchange of information in an appropriate format, where necessary, to ensure the health, well-being and safeguarding of adults at risk;
* To provide a framework for the secure and confidential sharing of personal data between partner organisations;
* To promote consistency of information sharing across partner organisations and;
* To support professional decision making in individual cases.

Reference to Linking Policies, Procedures, Guidance and Tools

### Keeping Safe Resources

The Sense Safeguarding Board commissioned the Keeping Safe project to provide web-based resources for individuals who are deafblind, families and carers and professionals with information that will support people to understand how they can keep themselves safe.

Keeping Safe means having a right to be safe at all times, whether that is being safe in your home, when working and when out and about in the community. Everyone should be enabled to say NO when someone does something to them that they do not like – this may include inappropriate touching, being hurt or being treated differently.

People with the most significant disabilities may be more vulnerable to abuse as this can affect a person’s ability to learn about how to keep SAFE. ‘KEEPING SAFE’ will mean different things to different people. For some it is about learning how to report concerns and for others it may be learning ways to reduce their vulnerability. For all individuals it is the responsibility of the people who support them to become more aware of abuse and how it should be reported.

* Please see the Keeping Safe Resources <https://engage.sense.org.uk/sorce/beacon/dmd/22/view/Keeping%2Bsafe%2Bresources%2B2022%2BOct.docx>

Sense Polices, Procedures, Guidance

### CEO02 Confidentiality and Data Protection Policy

Staff should not give individuals promises of confidentiality, as concerns may have to be shared if they or others are at risk.

It is appropriate to tell a line manager about any concern, or for a manager to tell a director, report a matter to an agency and so on. However, as part of investigations a member of staff may become aware of personal information about an individual, their family or your colleagues. Such information must be kept strictly confidential, and breaches of such confidentiality will be treated as either misconduct or gross misconduct.

Some people making safeguarding reports prefer to remain anonymous. While anonymity will be honoured as far as possible, it cannot be unconditionally guaranteed, as they may be required to give evidence, or their name may have to be disclosed in Court or during a disciplinary hearing.

### HR05 Whistleblowing Policy and Procedure

Where a whistle blower raises a safeguarding concern, the whistle blowing procedure and the safeguarding procedure will be followed at the same time, as there may be a need to report the safeguarding concern to the police, the local authority, CQC, CIW, DBS and so on.

Whistle blowers who make reports in these circumstances will be protected.

### HR15 Rehabilitation of Offenders Policy

The Policy on Rehabilitation of Offenders will be followed when employing staff and volunteers or when transferring people to work with vulnerable adults. To ensure that good safe recruitment decisions are made all potential employees/volunteers must complete a Sense application form and references will be verified.

### HR06 Recruitment and Selection Policy (Recruitment Checks – England and Wales)

Subject to the paragraphs below, Sense will ensure that an Enhanced DBS is obtained for all staff/volunteers before commencing direct work with deafblind adults or their information.

In residential services, checks against the children’s barred list will be completed for those working in adult services where there is an identified need to complete this check. This check will be completed through the enhanced DBS form.

In community services, checks against the children’s barred list will be completed for all those working in adult services. This check will be completed through the enhanced DBS form.

In exceptional circumstances, staff and volunteers may be allowed to commence work before a full and satisfactory DBS check has been received. In such circumstances, the person will not be permitted to work unsupervised with a vulnerable adult (or child). Staff and volunteers are only allowed to start at work before a full and satisfactory DBS check has been received if:

* an ISA Adult First check confirms that the staff member is not barred;
* an appropriately qualified and experienced member of staff is appointed to supervise them;
* wherever it is possible, this supervisor is on duty at the same time as the new worker, or is available to be consulted;
* new workers do not escort people away from the premises unless accompanied by a staff member for whom a full and satisfactory DBS check has been received.

DBS checks will be considered valid for three years for permanent staff and twelve months for bank/casual staff.

All staff must inform their line manager if they receive any convictions, cautions or are bound over, which may change their status.

Human Resources will advise staff in the Operations Group to enable the Operations Group to make decisions following safeguarding checks.

**OS03 Friendships, Relationships and Sexuality Procedure and Guidance**

Sense is committed to person centred approaches and practices that encourage individuals to lead a normal and healthy life and lifestyles which are meaningful to them. We recognise that everybody we support has the right to friendships and personal relationships which extends to family relationships.

Sense aims to support individuals in the development of all types of relationships including their personal and sexual development in all of its complexities as these are experienced and expressed by the individuals we support.

# This procedure explains the rights of the individuals Sense supports and what this looks like in practice, furthermore the responsibilities of Sense staff with regard to delivering personalised support around friendships, relationships and sexuality.

### Guidance on Interviewing Individuals

The guidance on interviewing individuals should be referred to where appropriate.

**Part Three:** Further information

**The Care Quality Commission - CQC**

The Care Quality Commission regulates health and social care.

Website: <http://www.cqc.org.uk/>

CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

To report a concern about safety or welfare:

Tel: 03000 616161
Email: enquiries@cqc.org.uk

A guide on whistle blowing: [*http://www.cqc.org.uk/sites/default/files/media/documents/20120117\_whistleblowing\_quick\_guide\_final.pdf*](http://www.cqc.org.uk/sites/default/files/media/documents/20120117_whistleblowing_quick_guide_final.pdf)

**Care Inspectorate Wales - CIW**

Welsh Government office
Sarn Mynach
Llandudno Junction
LL31 9RZ

**Tel:** 0300 7900 126

**Email:** ciw@gov.wales

**Website:** <https://careinspectorate.wales/>

**Disclosure and Baring Service**

This organisations role is to prevent unsuitable people from working with adults and children. The DBS receives referrals about people who may be unsuitable to work with adults and children.

[*https://www.gov.uk/government/organisations/disclosure-and-barring-service/about*](https://www.gov.uk/government/organisations/disclosure-and-barring-service/about)

[*https://www.gov.uk/government/organisations/disclosure-and-barring-service*](https://www.gov.uk/government/organisations/disclosure-and-barring-service)

**Ofsted**

Ofsted regulates Sense College

Website: [*http://www.ofsted.gov.uk/*](http://www.ofsted.gov.uk/)

Ofsted
Piccadilly Gate
Store Street
Manchester
M1 2WD

General helpline 0300 123 1231

Prefix for Typetalk 18001

For textphone/minicom users 0161 618 8524

Whistle blowing: [*http://www.ofsted.gov.uk/contact-us/whistleblower-hotline*](http://www.ofsted.gov.uk/contact-us/whistleblower-hotline)

**Education Funding Agency**

The Education Funding Agency

Sanctuary Building

20 Great Smith Street

London

SW1P 3BT

Website: [*https://www.gov.uk/government/organisations/education-funding-agency*](https://www.gov.uk/government/organisations/education-funding-agency)

Tel: 0370 000 2288

**Keeping Safe Resources** [Keeping safe resources](https://engage.sense.org.uk/sorce/beacon/dmd/22/view/Keeping%2Bsafe%2Bresources%2B2022%2BOct.docx)

**Ann Craft Trust** [*http://www.anncrafttrust.org/*](http://www.anncrafttrust.org/)

**Respond** [*www.respond.org/.uk*](http://www.respond.org/.uk)

**The Advocates Gateway** [*http://www.theadvocatesgateway.org/*](http://www.theadvocatesgateway.org/)

**For more information about safeguarding, see:**

* Care Act 2014: Care and Support Statutory Guidance (Section 7 Keeping It Personal and Section 14 Safeguarding) – England

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf>

* Social Services and Well- Being Act 2014 – Wales

[*http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\_20140004\_en.pdf*](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)

* *Social Care Institute for Excellence:* <http://www.scie.org.uk/adults/safeguarding/resources/index.asp>

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| **Next version review date:** | January 2025 |
| **Owner:** | Steve Kiekopf – Head of Safeguarding  |
| **Flesch Kincaid** | Reading ease 40.6 Reading grade 12.1 |

* National Institute of Health and Care Excellence – Safeguarding Adults in Care Homes Guidance 2021: [*https://www.nice.org.uk/guidance/NG189*](https://www.nice.org.uk/guidance/NG189)