Safeguarding policy – version 12

Date approved for use: 22\textsuperscript{nd} March 2023

Scope

1.1 This policy is a Dimensions Group policy. This means it applies to all its subsidiaries as listed \textit{here}.

1.2 The Safeguarding Panel has approved this policy on behalf of the Dimensions Group Board.

1.3 We have this policy to help make sure we are all aware of our responsibility to promote the human rights and wellbeing of people we support. Its main focus is to help stop people coming to harm through abuse. Also to make sure we all know what to do when we’re concerned somebody may come to harm or has been harmed.

1.4 The policy is addressed to all colleagues, including Board members/trustees and volunteers. However, the procedures it describes are especially relevant to direct support colleagues.

1.5 To go straight to the policy content click on the hyperlink section title below or go to the page:

Section

\textbf{What the law says} \hspace{5cm} Page 3

\textbf{Types of abuse, including:} \hspace{5cm} Page 4

\hspace{1cm} \textit{Grooming and mate crime} \hspace{5cm} Page 10

\hspace{1cm} \textit{Cyber or online bullying} \hspace{5cm} Page 11

\hspace{1cm} \textit{County lines} \hspace{5cm} Page 12

\hspace{1cm} \textit{Cuckooing} \hspace{5cm} Page 12

\textbf{The Prevent strategy and Channel programme} \hspace{5cm} Page 12

\textbf{Raising and responding to a safeguarding concern} \hspace{5cm} Page 13

\textbf{Recording and monitoring safeguarding concerns} \hspace{5cm} Page 18

\textbf{Enquiries and investigations} \hspace{5cm} Page 23

\textbf{Supporting people involved in a safeguarding concern} \hspace{5cm} Page 24
Policy statement

2.1 We will do all we can to help colleagues promote the human rights of people we support and stop them being harmed, abused and coerced. This means we will give them all the training and information they need to understand human rights and to identify abuse and respond to it when they suspect it’s happening.

2.2 We will deal with all allegations and concerns appropriately. This means, we will:
   - report allegations and concerns to the right people and agencies
   - investigate them when we need to, and,
   - learn from them and share what we learn with the wider organisation. We will also share what we learn with external colleagues where appropriate.

2.3 When a colleague harms a person we support we will take disciplinary action as appropriate.

2.4 We will support anyone we are concerned about as well as we can. This includes involving them as fully as possible in all safeguarding procedures. We will also involve their family or other representatives as appropriate.

The impact of not implementing this policy

3.1 If you don’t follow this policy, people we support may suffer a breach of their human rights or be abused. Or they may come to some other kind of harm.

3.2 They and their representatives may lose confidence in us as their support provider and you personally. They might not want us to support them anymore.

3.3 You could also get us in trouble with our regulators. That’s:
   - the person’s local authority (LA)
   - in England, the Care Quality Commission (CQC)
   - in Wales, the Care Inspectorate Wales (CIW)
   - the Charities Commission (CC).
3.4 If you don’t report a crime that’s been committed, you might even get in trouble with the police.

3.5 So to help keep the people we support and the organisation safe, we might take action against any colleague who goes against this policy. That might be performance management action or disciplinary action.

**Policy content**

**What the law says**

4.1 In England, The Care Act 2014 sets out the legal framework that we and the local authorities work to when it comes to safeguarding. In Wales, it’s the Social Services and Well-being (Wales) Act 2014. The Department of Health’s and National Assembly of Wales’ guidance differs in detail. But their aims and language are similar. So in this section, we have borrowed from these to give an overview of safeguarding.

4.2 Safeguarding duties apply to any adult who:

- has care and support needs
- is experiencing, or at risk of, abuse or neglect, and
- as a result of their needs, can’t protect themselves.

4.3 It’s the LAs responsibility to investigate, or to get someone else to investigate, safeguarding concerns and to decide whether to take action. In England, this is called a section 42 enquiry. In Wales, it’s a section 126 enquiry. (See Enquiries and investigations).

4.3 Six key principles underpin adult safeguarding work:

- **Empowerment** – People being supported and encouraged to make their own decisions and to give informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Providing support and representation to those in need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detection and reporting neglect and abuse.
• **Accountability** – Accountability and transparency in delivering safeguarding.

4.4 The safeguarding process should be personal. This means everybody involved must do all they can to make sure it’s person-led and outcome-focused.

4.5 All public bodies must work together to make sure that care and support is joined up. ‘Public bodies’ include – but this isn’t a list of all of them:

- All Multi-agency Public Protection Arrangements (MAPPA) representatives
- The police
- The Probation service
- Health-related agencies
- Housing services
- Support providers – that is, organisations like us.

**Types of abuse**

5.1 The Care Act’s statutory guidance defines ten types of abuse. We have listed these below along with possible indicators for each.

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**Possible indicators**

- No explanation for injuries or inconsistency with the account of what happened.
- Injuries are inconsistent with the person’s lifestyle.
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.
- Frequent injuries.
- Unexplained falls.
- Subdued or changed behaviour in the presence of a particular person.
- Signs of malnutrition.
- Failure to seek medical treatment or frequent changes of GP.
**Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence, female genital mutilation and forced marriage (age range in England extended to 16 and includes relationships between all family members, not just intimate partners).

**Possible indicators**

- Low self-esteem.
- Feeling that the abuse is their fault when it is not.
- Physical evidence of violence such as bruising, cuts, broken bones.
- Verbal abuse and humiliation in front of others.
- Fear of outside intervention.
- Damage to home or property.
- Isolation – not seeing friends and family.
- Limited access to money.

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

**Possible indicators**

- 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.

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling intimidation, coercion harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Possible indicators**
• 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.

**Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Possible indicators**
• 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.
• The person allocated to manage financial affairs is evasive or uncooperative.
• The family or others show unusual interest in the assets of the person.
• Signs of financial hardship in cases where the person’s financial affairs are being managed by a court appointed deputy, attorney or LPA.
• Recent changes in deeds or title to property.
• Rent arrears and eviction notices.
• A lack of clear financial accounts held by a care home or support setting.
• Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
• Disparity between the person’s living conditions and their financial resources – for example insufficient food in the house.
• Unnecessary property repairs.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Possible indicators
• Signs of physical or emotional abuse.
• Appearing to be malnourished, unkempt or withdrawn.
• Isolation from the community, seeming under the control or influence of others.
• Living in dirty, cramped or overcrowded accommodation and or living and working at the same address.
• Lack of personal effects or identification documents.
• Always wearing the same clothes.
• Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
• Fear of law enforcers.
**Discriminatory abuse** – including forms of harassment, slurs or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Possible indicators**
- 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 abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to 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.

**Possible indicators**
- 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.
- Absence of visitors.
- Few social, recreational and educational activities.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual care plans.
- Lack of management overview and support.
Neglect and acts of omission – including ignoring medical, emotional or physical needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Possible indicators

- Poor environment – dirty or unhygienic.
- Poor physical condition and/or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or unexplained weight loss.
- Untreated injuries and medical problems.
- Inconsistent or reluctant contact with medical and social care organisations.
- Accumulation of untaken medication.
- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing.

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

Possible indicators

- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Neglecting household maintenance.
- Hoarding.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.
5.2 Anyone can carry out abuse. This includes:

- spouses or partners
- other family members
- neighbours
- co-tenants
- friends
- acquaintances
- local residents
- people who deliberately exploit adults they perceive as vulnerable to abuse
- paid staff or professionals
- volunteers
- strangers
- online contacts.

And abuse can happen anywhere – for example, in:

- someone’s own home
- the workplace
- a public place
- a hospital
- a care home
- a college
- online.

**Grooming and mate crime**

5.3 Grooming is when someone pretends to be friendly but in order to use or harm their victim. For example, financially or sexually. It might happen over a long period of time. So the person at risk often isn’t even aware that it’s happening.

5.4 Mate crime is a ‘catch-all’ term often used for the various crimes a ‘pretend friend’ might commit. A mate crime could be financial, sexual, physical or psychological.
5.5 A person with a learning disability is especially vulnerable because groomers may think they will be more easily deceived than other people.

**Cyber or online bullying**

5.6 Cyber or online bullying might fall into any one of the categories listed above. But specifically, it happens through:

- text messages
- emails, or
- on social media platforms.

5.7 There are seven typical types of cyber bullying:

- **Harassment** – this is when someone sends offensive, rude or insulting messages again and again.
- **Denigration** – this is when someone spreads information about a person that’s fake and damaging.
- **Flaming** – this is when someone uses extreme and offensive language in order to distress a person. Typically, ‘trolls’ engage in this activity. Their intention is to upset people, usually in an online community – a forum or chat room – or on a blog.
- **Impersonation** – this is when someone hacks into a person’s email or social networking account to use their online identity to post nasty or embarrassing material.
- **Outing and trickery** – this is when someone shares personal information about a person or tricks them into telling secrets and forwards it to others.
- **Cyber stalking** – this is when someone sends messages to a person again and again that include threats or harassment or intimidating messages.
- **Exclusion** – this is when someone deliberately leaves a person out of group messages, online apps, gaming sites and so on.

5.8 Online grooming is very common because it’s easier to deceive someone online than in real life. Groomers often operate in gaming communities, pretending to share interests with genuine gamers as a way of getting to know them.
**County lines**

5.9 County lines is a term used to describe gangs and organised criminal networks who deal drugs out of cities into suburban and rural areas. They are likely to recruit children and adults they can manipulate to act as 'runners' to avoid getting caught themselves.

5.10 However, as well as drugs, county lines criminals are associated with:
- Sexual exploitation
- Money laundering
- Human trafficking.

5.11 For more detailed guidance and a case study, see *Criminal exploitation of vulnerable adults*.

**Cuckooing**

5.12 Cuckooing is when a drug dealer grooms the person at risk in order to use their home as a base for dealing drugs. The person at risk may be a drug user themselves, but not necessarily. Whether they are or not, once they’ve been cuckooed they will be even more vulnerable to more types of abuse.

**The Prevent strategy and Channel programme**

6.1 ‘Prevent’ is a key part of the government’s overall counter-terrorism strategy CONTEST. The ‘Channel’ programme is a key part of Prevent. It uses a multi-agency approach to protect young and vulnerable people from radicalisation. Radicalisation means being drawn into a group with extreme beliefs that could be dangerous. For example, because they encourage terrorism.

The programme aims to protect by:
- identifying people at risk
- assessing that risk, and
- developing a support plan for the person.

6.2 Its purpose is to protect people from all forms of ideological radicalisation. The most significant of these threats is currently from organisations associated with Al Qaeda, Daesh, terrorists associated with extreme right-wing ideologies and lone actors inspired by them.
6.3 The Counter-Terrorism and Security Act says that certain kinds of organisation should help keep people from getting involved in terrorism. And Home Office guidance identifies people with learning disabilities as a vulnerable group. This means, we need to watch out for people we support being groomed for terrorism.

If you have any suspicions, report them. Your local authority and/or police force will have a Prevent lead and a reporting process. You can include their details on Safeguarding contacts and protocols grab-sheet. Or you can contact our Safeguarding & Quality Governance Manager for advice.

6.4 We give an overview of Prevent in our online Safeguarding adults course (see Training and prevention). But if you work with people who have been identified as at risk, do the Radicalisation module, too.

**Relevant legislation, guidance and related policies and templates**

**Legislation**

12.1 Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
12.2 The Care Act 2014
12.3 Social Services and Well-being (Wales) Act 2014
12.4 Regulation and Inspection of Social Care (Wales) 2016
12.5 Mental Capacity Act 2005
12.6 Human Rights Act 1998
12.7 Counter-Terrorism and Security Act 2015
12.8 Data Protection Act 2018
12.9 General Data Protection Regulations (UK-GDPR)
12.10 The Equality Act 2010

**Guidance**

13.1 Guidance for providers on meeting the regulations (Care Quality Commission, 2015)
13.2 Care and Support Statutory Guidance Care issued under Care Act 2014, Department of Health, 2014
13.3 **Statutory guidance in relation to part 7 (Safeguarding) of Social Services and Well-being (Wales) Act, 2014**

13.4 **Domiciliary Care Standards**

13.5 **Channel Duty Guidance: Protecting Vulnerable People from being drawn into terrorism** (HM Government 2015)

13.6 **Adult safeguarding: sharing information**, Social Care Institute of Excellence

13.7 **How to report a serious incident in your charity**

13.8 **Employee Assistance Programme (EAP)**

### Group policies

| 14.1 | Accident and incident reporting |
| 14.2 | Concerns, complaints and compliments |
| 14.3 | Confidentiality |
| 14.4 | Data handling and protection |
| 14.5 | Duty of candour (being open and honest) |
| 14.6 | Managing people’s money |
| 14.7 | Mental capacity and DOLS |
| 14.8 | Safeguarding children and young people |
| 14.9 | Whistleblowing (speaking up) |
| 14.10 | Equality, diversity and inclusion |
| 14.11 | **What Dimensions does about... Abuse - easy read policy** |

### Related procedures, decision flowcharts, forms and so on

| 15.1 | **Criminal exploitation of vulnerable adults** |
| 15.2 | **Safeguarding contacts and protocols grab-sheet** |
| 15.3 | **Somebody is worried about you** |
| 15.4 | **Telling a relative or friend that a safeguarding concern has been raised** |
| 15.5 | **Supported decision making: a guide for supporters** |
| 15.6 | **CQC’s ‘Abuse or allegation of abuse concerning a person who uses the service’ notification form** |
| 15.7 | **CQC’s ‘Serious injury to a person who uses the service’ notification form** |
Equality statement

16.1 This policy promotes equality, diversity and human rights by recognising that vulnerable people are more likely to be victims of abuse than most other people, and directing colleagues to:

- look out for abuse and respond to it appropriately whatever the person at risk’s race, age, gender, ethnicity, religion, disability or sexual orientation, and
- consider discrimination and harassment on grounds of age, gender, ethnicity, faith, disability, sexual orientation, marital status as abuse.

16.2 We promote equality, diversity and human rights by treating all people we support and employ equally and fairly whatever their:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

16.3 The equality impact analysis (EIA) is available on request by emailing the Equality, Diversity and Inclusion Manager.

Data protection statement

17.1 This policy involves handling personal data. So when you carry out any procedures this policy describes, you should also think about what our Data handling and protection policy says.
17.2 Our Data handling and protection policy is our promise to handle personal data correctly under the Data Protection Act 2018 and the General Data Protection Regulation (UK-GDPR). It tells you how to keep that promise. It balances everyone’s rights to data privacy with the work we do.

17.3 For information on how we handle personal and sensitive data, please our privacy notices.

## Review

18.1 We will review this policy annually. But if changes in legislation, regulation or best practice mean we need to, we will review sooner.

18.2 If the changes are big, we will equality impact analyse (EIA) the policy again and send out to consultation in line with our Policy development and consultation policy.

18.3 For smaller changes, we will update this same version. We will record this in the Version control section below.

## Glossary

19.1 Not all these words and terms appear in this policy. However, you may come across them in a safeguarding context.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Abuse</td>
<td>Includes physical; sexual; emotional; psychological; financial or material; neglect or acts of omission; discriminatory and organisational; domestic; modern slavery; self-neglect. It may consist of a single act or repeated acts. It can occur in any relationship and may result in harm to or exploitation of, the person subjected to it.</td>
</tr>
<tr>
<td>Association of Directors of Adult Social Care (ADASS)</td>
<td>The national leadership association for directors of local authority adult social care services.</td>
</tr>
<tr>
<td>Adults with care and support needs</td>
<td>This is a person who is over 18 years old and has needs for care and support. Where safeguarding enquiries are concerned it doesn’t matter when it isn’t clear whether the person is entitled to these services.</td>
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<tr>
<td>Advocacy</td>
<td>Taking actions to help people</td>
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<tr>
<td>Term</td>
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<td>anything done or decision made on behalf of a person who lacks mental capacity must be done in their best interest and in the least restrictive way.</td>
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<td>represent their interests, and</td>
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**Care management**

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<tr>
<td>This is the process of assessment of need, planning and co-ordinating of care to meet their long-term care needs, improve their quality of life and maintain their independence for as long as possible.</td>
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**Case conference**

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<tr>
<td>This is a multi-agency meeting held to discuss the outcome of a safeguarding (section 42) enquiry or assessment and to put in place a protection of safety plan.</td>
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**Coercion**

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<tr>
<td>To coerce is to persuade a person by force or threats.</td>
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**Consent**

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<td>This is the person at risk’s voluntary and continuing permission for all other concerned parties to intervene on their behalf. They must understand the reasons and likely consequences of the intervention.</td>
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**Disclosure and Barring Service (DBS)**

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<tr>
<td>This the organisation responsible for barring unsuitable people from the children’s and adult’s workforce.</td>
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**Emergency duty team**

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<th>Term</th>
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<tr>
<td>This is what local authorities usually call the team that responds to out-of-hours safeguarding concerns.</td>
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**Enquiry review meeting**

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<tr>
<td>This is the meeting that brings together people involved in the enquiry process to:</td>
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<tr>
<td>- review the safeguarding plan</td>
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<td>- review progress of the investigation</td>
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<td>- share information, and</td>
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<td>- agree further action.</td>
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**Enhanced provider monitoring (EPM)**

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<tr>
<td>This is another term for 'large scale enquiry’.</td>
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<tr>
<td>Evidence</td>
<td>Any information in the form of:</td>
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<td></td>
<td>• statements from anybody involved</td>
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<td></td>
<td>• documents</td>
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<td></td>
<td>• pictures, or</td>
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<td></td>
<td>• records.</td>
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<tr>
<td>Female genital mutilation (FGM)</td>
<td>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.</td>
</tr>
<tr>
<td>Large scale enquiry (LSE)</td>
<td>The process that a LA follows when it’s concerned about institutional abuse or provider failure. It offers a framework for multi-agency engagement with the provider to help improve the service or manage risks.</td>
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<tr>
<td>Multi-agency public protection arrangements (MAPPA)</td>
<td>These are the statutory arrangements for managing sexual and violent offenders.</td>
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<tr>
<td>Multi-agency risk assessment conference (MARAC)</td>
<td>This is a multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and ‘honour’-based violence.</td>
</tr>
<tr>
<td>Multi-agency safeguarding hub (MASH)</td>
<td>This is a multi-agency forum of organisations created to share information about and make decisions on specific safeguarding concerns.</td>
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<tr>
<td>National Police Chief’s Council (NPCC)</td>
<td>The NPCC brings police forces in the UK together to help policing coordinate operations, reform, improve and provide value for money.</td>
</tr>
<tr>
<td>Person at risk</td>
<td>This the person we are concerned about.</td>
</tr>
<tr>
<td>Person in position of trust (PIPOT)</td>
<td>This is someone who works with or cares for adults with care and support needs in a paid or voluntary capacity.</td>
</tr>
<tr>
<td>Planning discussion</td>
<td>This is the initial discussion between the investigating agency and relevant others to:</td>
</tr>
<tr>
<td></td>
<td>• clarify concerns</td>
</tr>
<tr>
<td></td>
<td>• identify the harm and the current risk</td>
</tr>
<tr>
<td></td>
<td>• agree an interim protection plan, and</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Potential source of risk</td>
<td>This is anyone who we believe to be responsible for or implicated in the abuse of an adult.</td>
</tr>
<tr>
<td>Review</td>
<td>The process of re-examining a safeguarding plan for its effectiveness.</td>
</tr>
<tr>
<td>Runner</td>
<td>Someone who takes illegal drugs from one place to another.</td>
</tr>
<tr>
<td>Safeguarding Adults Board (SAB)</td>
<td>This is the board made up of the various organisations in a local authority involved in safeguarding adults.</td>
</tr>
<tr>
<td>Safeguarding enquiry (section 42 enquiry)</td>
<td>This is the process a local authority undertakes to:</td>
</tr>
<tr>
<td></td>
<td>• establish the facts of the case</td>
</tr>
<tr>
<td></td>
<td>• ascertain the person at risk’s views and wishes</td>
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<tr>
<td></td>
<td>• assess the their need for protection and support</td>
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<tr>
<td></td>
<td>• protect them if needed</td>
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<tr>
<td></td>
<td>• decide what follow-up action is needed, and</td>
</tr>
<tr>
<td></td>
<td>• enable them to achieve resolution and recovery.</td>
</tr>
<tr>
<td></td>
<td>The duty to make an enquiry lies with the LA, but they can ask another agency to make the enquiry on their behalf.</td>
</tr>
<tr>
<td>Safeguarding plan</td>
<td>This the written plan that outlines the measures in place to protect and support the person at risk.</td>
</tr>
<tr>
<td>Safeguarding adults review</td>
<td>This is a review of the practices of agencies involved in a safeguarding matter. The SAB will commission it. Its aim is to learn lessons and improve the way we work.</td>
</tr>
<tr>
<td>Sanction</td>
<td>A punishment. So examples of a physical sanction are a slap or stopping a person from accessing a particular room for behaving in a certain way.</td>
</tr>
<tr>
<td>Troll</td>
<td>Someone who leaves an intentionally annoying or offensive message on the internet in order to upset someone or to cause trouble.</td>
</tr>
<tr>
<td>Wilful neglect</td>
<td>This is a deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.</td>
</tr>
</tbody>
</table>
People and groups involved in writing and approving this policy

<table>
<thead>
<tr>
<th><strong>Policy owner:</strong></th>
<th>Rhoda Iranloye, Group Director of Regulatory Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy author/reviewer:</strong></td>
<td>Clay Lister, Safeguarding and Quality Governance Manager</td>
</tr>
<tr>
<td><strong>People and groups consulted:</strong></td>
<td>Diversity Matters; National Colleague Forum Policy Subgroup; Dimensions Safeguarding Panel</td>
</tr>
</tbody>
</table>

Version control

<table>
<thead>
<tr>
<th>Version number</th>
<th>Approved date:</th>
<th>Communication date:</th>
<th>Summary of minor changes</th>
</tr>
</thead>
</table>
| 12             | 31st January 2023 (Safeguarding Panel) 1st March 2023 (Board) | 22nd March 2023 | 6.2 Wording amended to reflect updated Channel Duty Guidance  
7.10 amended to reflect change in reporting procedure.  
7.12 clarified our default position on telling relatives about a safeguarding concern raised with the LA.  
8.3 Our right to call an MDT added.  
8.4 and 8.5 removed.  
9.2 references new guidance.  
9.5 Amended to clarify where we record a crime number.  
10.4 reworded for clarity.  
11.6 new paragraph re. manager’s training.  
15.4 *Telling a relative or friend that a safeguarding concern...* |
has been raised, replaces Somebody is worried about your relative or friend.

15.10 Safeguarding enquiries protocol added.

The Outcome form has been replaced by Telling a relative or friend that a safeguarding concern has been raised guidance.

Next review due: March 2024