NEW BRIDGE
MULTI ACADEMY TRUST

Safeguarding Adults Policy

POLICY IMPACT ASSESSMENT

If this is a new policy complete Sections 1, 2 and 3 and then submit.
If this is not a new policy please complete all sections.

Section 1 – Policy Detail	
Name of Policy Reviewer	Rebeckah Hollingsworth
Date of this impact review	September 26

Is this a new policy?	Yes		No	√

Section 2 - Policy requirement	**Tick as appropriate**			
Statutory (required by law)	Yes		No	
Mandatory (required by the Trust)	Yes	√	No	
Mandatory (required by the School)	Yes		No	
Voluntary	Yes		No	

Section 3 - Policy development / review cycle	**Tick as appropriate**			
Has this policy been subject to the policy development cycle? (Appendix B)	Yes	√	No	
Has this policy been referenced with the policy decision tree? (Appendix A)	Yes	√	No	
Does this policy follow the agreed template headings (Appendix C)?	Yes	√	No	
Has the equality impact assessment form been completed?	Yes	√	No	

Section 4 - Current Version Policy Impact	**Tick as appropriate**			
Are the aims / objectives of the policy still fit for purpose?	Yes	√	No	

How have you measured the effect of the policy on target groups?

Safeguarding Management Oversight Meetings

What are the results of their views re impact of the policy. (Attach data)

See SG ADDOs

Section 5 – Recommendations	**Tick as appropriate**			
Is this policy still required?	Yes	√	No	
Do we need to make any changes?	Yes	√	No	
If appropriate, has legislation or national guidance been checked for latest terminology /updates?	Yes	√	No	

What are the recommendations for policy change?

Updated to align with updated OASB Policies https://www.osab.org.uk/professionals/policies/ Jan 2026This policy has been adapted from the policy developed by Oldham Adults Safeuarding Board to meet the requirements of the Care Act 2014 and Statutory Guidance

Document Control Information	
Review Period :	Every 3 years
Document Owner and Reviewer:	Safeguarding Lead
Approval Committee	Trustees

Revision and Approval History
See policy impact statement on first page for summary of changes

Author	Issue	Date Approved	Approved by	Review Date
R Righini	1	31/08/2017	Trustees	
R Righini	2	01/09/2020	Trustees	
R Hollingsworth	3	01/03/2023	Trustees	01/03/2026
Rhollingsworth	4	10/10/2026	Trustees	01/03/2029

Equality Impact Assessment Form

Does the process affect one group less/more favourably than another on the basis of:		**Yes / No**
Age	Refers to a person belonging to a particular age	No
Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	No
Gender reassignment	The process of transitioning from one gender to another.	No
Marriage and civil partnership	Marriage and civil partnership means someone who is legally married or in a civil partnership. Marriage can either be between a man and a woman, or between partners of the same sex. Civil partnership is between partners of the same sex	No
Pregnancy and maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding	No
Race	Race can mean your colour, or your nationality (including your citizenship). It can also mean your ethnic or national origins, which may not be the same as your current nationality. For example, you may have Chinese national origins and be living in Britain with a British passport. Race also covers ethnic and racial groups. This means a group of people who all share the same protected characteristic of ethnicity or race.	No
Religion and belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	No
Sex	A man or a woman.	No
Sexual orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No

If you have identified potential discrimination, please explain how the exception is valid, legal and/or justified?
Enter

If potential discrimination has been identified, are exceptions valid / legal / justified?	NA
Does this policy / service / procedure need adjusting to remove any disadvantage identified or to better promote equality?	No

Impact Assessment Result (See tool below)	Low impact
Date assessed.	30/09/26
Person completing this form	Rebeckah Hollingsworth

High Impact	**Medium Impact**	**Low Impact**
The policy or process has a major impact on equality	The policy or process has an impact on equality	The policy or process might have an impact on equality
There is significant potential for, or evidence of adverse impact. The policy has consequences for or affects significant numbers of people	There is some evidence to suggest potential for, or evidence of adverse impact. The policy has consequences for or affects some people	There is little evidence to suggest that the policy could result in adverse impact The policy has consequences for or affects few people

1. Purpose

1.1. Safeguarding adults is everybody's business. We all have a role to play in ensuring that everyone in our communities is treated with dignity and respect, can make informed decisions about their lives without being subject to undue pressure and will be protected from harm and abuse wherever possible. New Bridge Multi Academy Trust (the Trust) believes that the health, safety, welfare and care of all our adults at risk is paramount. We are therefore committed to the highest standards in protecting all adults at risk involved in courses or activities which come under the responsibility of The Trust.

1.2. The Trust will follow the procedures as laid down by the Oldham Adult Safeguarding Board (OASB) and will respect issues of confidentiality and will give priority to working together with other agencies to protect adults at risk in our care.

1.3. The adult at risk's policy detailed within this document deals with the protection of adults at risk, aged 18 years and over.

1.4. A separate policy covers Child Protection (under 18 years).

1.5. An adult at risk is someone who is aged 18 and over who may be unable to care for themselves, or protect themselves from harm or from being exploited. This may be because of their age, or because they have a mental health condition or a physical or learning disability.

1.6. An adult may be at risk of abuse from people they know such as a relative, friend, neighbour or paid carer. Sometimes people can be abused by a stranger.

2. Scope of Policy

2.1. We will ensure that arrangements are in place for:

2.1.1. All reasonable measures to be taken to minimise the risks of harm to an adult at risk's welfare

2.1.2. All appropriate actions to be taken to address concerns about the welfare of an adult at risk, working to agreed local policies and procedures in full partnership with other local agencies

2.1.3. All new members of staff to be given a copy of our Safeguarding Adults Policy as part of their induction into The Trust and all staff are asked to familiarise themselves with this policy.

2.1.4. An interpreter to be made available to any adult at risk/family that requires this.

2.1.5. We recognise that any adult at risk can be subject to abuse and all allegations of abuse will be taken seriously and treated in accordance with the Trust procedures. The Trust recognises that it is the responsibility of all staff to act upon any concern, no matter how small or trivial it may seem.

3. Reason for Review

3.1. Review cycle of policy document. Updated to align with updated OASB Policies https://www.osab.org.uk/professionals/policies/ Jan 2026This policy has been

adapted from the policy developed by Oldham Adults Safeuarding Board to meet the requirements of the Care Act 2014 and Statutory Guidance

4. Aim(s)

4.1. In order to protect our adults at risk, we aim to:

4.1.1. Establish and maintain an environment where all our adults at risk can feel secure, valued and listened to

4.1.2. Ensure that all our adults at risk know that there are adults within The Trust whom they can approach if they are worried about any problems

4.1.3. Recognise signs and symptoms of abuse

4.1.4. Respond quickly and effectively to cases of suspected abuse

4.1.5. Monitor and support adults at risk.

4.1.6. Provide opportunities for adults at risk to develop an awareness of what puts them at risk and how to keep themselves safe

4.1.7. Work closely with parent/carers and support external agencies

4.1.8. Ensure that all adults within The Trust who have access to our young adults have been checked as to their suitability and checked against the Disclosure and Barring Service (DBS)

4.1.9. Ensure a copy of this policy is available on the website and in hardcopy format for all our parents and carers.

4.2. We will support all adults at risk by:

4.2.1. Encouraging self-esteem and appropriate self-assertiveness whilst not condoning aggression or bullying

4.2.2. Promoting a caring, safe and positive environment within The Trust

4.2.3. Liaising and working together with all other support services and those agencies involved in the protection of adults at risk

5. Procedures and practice

5.1.1. **Principles** The practices and procedures within this policy are based on the relevant legislation and government guidance: The Care Act 2014 Care and Support Statutory Guidance (especially chapter 14) 2014 https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

5.1.2. The Six Principles of Safeguarding that underpin all adult safeguarding work:

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	Iam consulted about the outcomes I want from the safeguarding process, and these directly inform what happens

Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionate	A proportionate and least intrusive response is made, balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnership	Local solutions through services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountability	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the problem

5.1.3. The Care Act and associated statutory guidance state that safeguarding:

- is person led
- engages the person from the start, throughout and at the end to address their needs
- is outcome focused
- is based upon a community approach from all partners and providers.

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5.2. **Key Contacts within New Bridge Multi Academy Trust**

5.2.1. Contacting the Safeguarding Team.

5.2.2. If you need any help or advice you can refer directly to a member of the Safeguarding team, who have undergone Designated Safeguarding Training, which is currently:

Executive Advisor for Safeguarding & Behaviour	Katie Cash
Contact email	katie.cash@newbridgegroup.org

Telephone	07384460099
Executive Advisor	Rebeckah Hollingsworth
Contact email	rhollingsworth@newbridgegroup.org
Telephone	07508 150 454

For New Bridge MAT School Contacts (Designated Safeguarding Leads) please see Child Protection and Safeguarding PolicyOldham Schools (available on all school websites https://www.newbridgegroup.org/Our-School/)

New Bridge Learning Centre

Designated Safeguarding Lead (DSL) Designated Looked After Children Lead	Luke Hagan
Contact email	lhagan@newbridgegroup.org
School telephone number	0161 883 2402
Deputy Designated Safeguarding Leads	John Barker Dawn Allison Anila Aftakhar
Contact emails	jkbarker@newbridgegroup.org dallison@newbridgegroup.org Anila.Aftakhar@newbridgegroup.org
Nominated Governor for Safeguarding	Andrea Greenwood
Contact email	andrea.greenwood@newbridgegroup.org

Future Finders

Designated Safeguarding Lead (DSL) Designated Looked After Children Lead	Nic Nelson
Contact email	nnelson@newbridgegroup.org
School telephone number	0161 518 7155
Deputy Designated Safeguarding Leads	Scott McKeown Anne-Marie Thompson Sarah Henson
Contact email	scott.mckeown@newbridgegroup.org amariethompson@newbridgegroup.org sarah.henson@newbridgegroup.org
Nominated Governor for Safeguarding	Andrea Greenwood
Contact email	andrea.greenwood@newbridgegroup.org

Springboard Project

Designated Safeguarding Lead (DSL) Designated Looked After Children Lead	Katherine Chlolewa
Contact email	katherine.cholewa@newbridgegroup.org
School telephone number	0161 883 3250

Deputy Designated Safeguarding Leads	Adam Ward Charlotte Roberts Lucinda Mannion
Contact emails	award@newbridgegroup.org croberts@newbridgegroup.org lucinda.mannion@newbridgegroup.org
Nominated Governor for Safeguarding	
Contact email	

New Bridge Horizons

Designated Safeguarding Lead (DSL) Designated Looked After Children Lead	Katie Kay
Contact email	Katie.Kay@newbridgegroup.org
School telephone number	0161 883 2403
Deputy Designated Safeguarding Leads	Shelley Flether Janet Oakley Catherine Evans Hayley Boyle
Contact emails	shelleyfletcher@newbridgegroup.org joakley@newbridgegroup.org cevans@newbridgegroup.org hboyle@newbridgegroup.org

Oldham Local Authority Contacts

Local Authority Designated Officer (LADO)	Colette Morris Wendy Nichols
Telephone	0161 770 8870 Mobile: 07583 101 863 (Email: colette.morris@oldham.gov.uk) 0161 770 0008 Mobile: 07974 619094 (Email: wendy.nicholls@oldham.gov.uk)

Oldham LA

If you suspect a person is at immediate risk of harm call 999 and speak to the Police.
If you are concerned about an Adult suffering abuse, neglect or harm, or at risk of being PLEASE SPEAK TO SOMEONE. Contact the Multi-Agency Safeguarding Hub (MASH) team:
Call: 0161 770 7777 (8:40-17:00, Monday-Friday) or 0161 770 6936
(Emergency Duty Team outside of these hours)
Email: adult.mash@oldham.gov.uk
Fax: 0161 770 1576
Online: complete the Online Professional Referral Form

Prevent in Oldham
GMP Channel lead for Oldham – PC David Bull 0161 856 6345 david.bull1@gmp.police.uk
National contacts
If you are concerned about extremism in school, or if you think a child might be at risk of extremism, contact the helpline on 020 7340 7264 or https://report-extremism.education.gov.uk/

Tameside Local Authority Contacts

Local Authority Designated Officer (LADO)	ladoreferrals@tameside.gov.uk
Telephone	0161 342 4343

Tameside LA

If you think a child/young person is in significant and imminent harm and require an immediate If you know of a worrying situation, please do not ignore it, find out below how to report any concerns you may have.

We will always respect the wishes and feelings of the adult at risk. **You do not have to give your name and any information you give to us will be treated confidentially.**

Please contact Tameside's Early Support and Advice Hub (ESAH) via 0161 342 5656 to raise a concern.

Under the Care Act 2014, Safeguarding concerns **must** be raised (as safeguarding duties apply) where there is **reasonable cause to suspect** that an adult in the Tameside area (whether or not an ordinary resident):

1. has needs for care and support (whether or not the authority is meeting any of those needs)
2. is experiencing, or is at risk of, abuse or neglect, and
3. as a result of those needs is unable to protect themselves against the abuse or neglect

Please see TASPB link for more information on what constitutes a Safeguarding Adults Inter Agency Policy and Procedure Guidelines - Tameside MBC

If you are unsure whether to raise a concern, contact Tameside's Early Support and Advice Hub (ESAH) via 0161 342 5656.

Prevent in Tameside

Tameside local authority has a page dedicated to prevent extremism. The website includes, what to do if you are worried if a child is being radicalised or if want to make a referral to prevent. *https://www.tameside.gov.uk/communitysafety/preventing-radicalisation-and-involvement-in-extre*

Rochdale Schools

Rochdale LA

If you suspect a person is at immediate risk of harm call 999 and speak to the Police. All calls concerning worries about vulnerable adults are treated seriously.

To report a non-urgent case of abuse, contact

TEL: **0300 303 8886**

Adult Care Services

Number One Riverside

Smith Street

Rochdale, OL16 1XU

Out of hours emergencies

4:45pm - 8:30am

Monday - Friday and anytime weekends and Bank Holidays

0300 303 8875

Rochdale Local Authority Contacts

Local Authority Designated Officer (LADO)	lado@rochdale.gov.uk
Telephone	0300 3030350

Prevent in Rochdale
For any concerns around violent extremism, for both adults and children, contact Greater Manchester Police on 0161 856 1030.
For information on training on Prevent, please contact Greater Manchester Police on 0161 856 6345
https://www.rochdale.gov.uk/downloads/download/213/radicalisation-referral-form

National link
If you are concerned about extremism in school, or if you think a child might be at risk of extremism, contact the helpline on 020 7340 7264 or https://report-extremism.education.gov.uk/

5.3. In order to fulfil our safeguarding responsibilities, we have a duty to ensure that the following are in place:

5.3.1. Clear lines of accountability for safeguarding adults at risk including clear procedures for staff to follow

5.3.2. Recruitment and HR procedures that take into account the need to safeguard and promote the welfare of adults at risk

5.3.3. Procedures for dealing with allegations of abuse against members of staff and volunteers in school

5.3.4. Appropriate whistleblowing procedures and a culture that enables issues about safeguarding and promoting the welfare of young people to be addressed

5.3.5. Arrangements to ensure that all staff undertake appropriate training

5.3.6. Policies for safeguarding and promoting welfare that are in accordance with guidance and locally agreed inter-agency procedures

5.3.7. Arrangements to work effectively with other organisations including arrangements for information sharing

5.4. **Roles and Responsibilities**

5.4.1. **Safeguarding is everyone's responsibility -** As adults and/or professionals or volunteers, everyone has a responsibility to safeguard adults at risk and promote their welfare.

5.4.2. All staff at The Trust have a crucial role in helping to identify welfare concerns and indicators of possible abuse or neglect at an early stage.

5.5. **The Governors will ensure that**:

5.5.1. The Trust has a Safeguarding Adults Policy and procedures in place in accordance with locally agreed inter-agency procedures and that the policy is reviewed annually and made available to parents on request

5.5.2. The Trust operates safe recruitment procedures and makes sure that all appropriate checks are carried out on staff and volunteers who work with adults at risk and that a single central record is maintained

5.5.3. The Trust has procedures for dealing with allegations of abuse against staff and volunteers

5.5.4. Staff undertake appropriate training and are aware of The Trust's policy and procedures in relation to safeguarding adults at risk

5.5.5. A trustee is nominated to be responsible for safeguarding

5.5.6. Where services or activities are provided on The Trust premises by another body, the body concerned has appropriate policies and procedures in place in regard to safeguarding adults at risk and liaises with the school where appropriate

5.6. **The CEO will ensure that:**

5.6.1. The policies and procedures adopted by the trustees are fully implemented and followed by all staff

5.6.2. Sufficient resources and time are allocated to enable the safeguarding team and other staff to discharge their responsibilities

5.6.3. All staff and volunteers feel able to raise concerns about poor or unsafe practice and such concerns are addressed sensitively and effectively in accordance with agreed whistle blowing policies

5.7. **The Safeguarding Team will:**

5.7.1. Pass on any information about suspected abuse or neglect to the designated person as soon as it is known and where possible before passing any information to Adult Social Care.

5.7.2. Pass on to the designated person any information given to them by the police or Social Care regarding or affecting any of our adults at risk

5.7.3. Pass on information from any conversations with the police or Social Care regarding a young person being investigated by these agencies

5.7.4. Attend meetings/conferences as appropriate and pass on records and minutes to the designated person at the earliest opportunity

5.7.5. Attend refresher training every two years

5.7.6. Keep accurate and secure records

5.7.7. Ensure that all staff have training (including induction training for new staff, agency staff and student teachers)

5.7.8. Ensure that all staff have access to and understand The Trust adults at risk protection policy

5.7.9. Recognise how to identify signs of abuse and when it is appropriate to make a referral

5.7.10. Refer cases of suspected abuse or allegations to the relevant investigating agencies

5.7.11. Act as a source of support, advice and expertise within The Trust

5.7.12. Adhere to the Oldham Adult Safeguarding Board and The Trust procedures with regard to referring a adult at risk if there are concerns about possible abuse

5.7.13. Keep written records of all concerns about a adult at risk even if there appears to be no need to make an immediate referral, ensuring that all such records are kept confidentially and securely and are separate from the adult at risk's educational records

5.7.14. Liaise and work in partnership with Adult Social Care, and other relevant agencies

5.7.15. Ensure that relevant safeguarding policies (e.g. child protection, safeguarding adults at risk policy, whistleblowing, allegations of abuse against staff policy) are updated and reviewed annually and work with governors regarding this

5.7.16. Ensure that parents are aware of the adults at risk protection policy which alerts them to the fact that referrals may be made

5.7.17. Attend refresher training every two years

5.8. **All staff and volunteers will:**

5.8.1. Comply fully with The Trust policies and procedures

5.8.2. Attend appropriate training and be aware of potential indicators of abuse

5.8.3. Inform the safeguarding team of any concerns and follow agreed procedures for reporting

5.8.4. Be open to hearing concerns from adults at risk and others, without seeking to investigate these concerns

5.8.5. Be informed on how to report any concerns relating to the Principal

5.8.6. Be discrete regarding any concern they may have or in a disclosure being made

5.9. **Forms of Abuse – See Appendix 1**

5.9.1. Abuse is 'any act or failure to act, which results in a significant breach of the person's human rights or civil liberties, bodily integrity, dignity or well-being; including sexual relationships and financial transactions to which the person has not or cannot validly consent'.

5.9.2. Abuse can take many forms and can be complex in nature but the following definitions of abuse are generally accepted, however not prescriptive and each suspected case will be considered on its own merit.

5.9.3. **Physical abuse** is deliberately physically hurting.

5.9.3.1. Physical abuse may take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating.

5.9.3.2. Physical abuse can happen in any family, but adults at risk may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.

5.9.3.3. Physical abuse can also occur outside of the family environment.

5.9.4. **Emotional abuse** is the persistent emotional maltreatment of a adult at risk.

5.9.4.1. Emotional abuse is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a adult at risk.

5.9.4.2. Emotional abuse may also involve serious bullying (including cyberbullying), causing the adult at risk to frequently feel frightened or in danger.

5.9.5. **Sexual abuse** is any sexual activity with a adult at risk that was not consented.

5.9.5.1. This can include rape and sexual assault or sexual acts to which the adult at risk at risk has not consented, could not consent or was pressured into consenting.

5.9.6. **Psychological abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

5.9.7. **Financial or material abuse**, including theft, fraud, exploitation or pressure in connection to wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

5.9.8. **Self neglect** This covers a wide range of behaviour to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

5.9.9. **Discriminatory abuse**, including racist, sexist, abuse based on a person's disability and other forms of harassment, slurs or similar treatment.

5.9.10. **Modern Slavery,** Slavery, servitude and forced or compulsory labour.

5.9.11. **Organisational abuse** is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use.

5.9.12. **Neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

5.9.13. **Neglect and poor practice** also need to be taken into account, this may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of thespectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as Institutional abuse.

5.9.14. **Stranger abuse** will warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location, nevertheless, in some instances it may be appropriate to use the locally agreed inter-agency adult protection procedures to ensure that the vulnerable person receives the services and support that they need. Such procedures may also be used when there is the potential for harm to other vulnerable people.

5.9.15. **Domestic abuse** – Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 or over, who are or have been intimate partners or family members regardless of gender and sexuality. Family members include mother, father, son, daughter, brother, sister, grandparents, whether directly related, in-laws and step family. The definition includes 'same sex' partners and ex partners (irrespective of how long they have been apart).

5.9.15.1. **Honour Based Abuse** encompasses crimes which have been committed to protect or defend the honour of the family and/or community, including Female Genital Mutilation (FGM), and practices such as breast ironing. All forms of HBV are abuse (regardless of the motivation) and will be handled and escalated as such.

5.10. ***Honour-based Abuse: Forced Marriage (FM)***

5.10.1.1. This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence.

5.10.1.2. Young men and women can be at risk in affected ethnic groups. Evidence shows that the issue of forced marriage affects certain sectors of communities, typically girls originating from Pakistan, India, and Bangladesh together with a percentage of cases of children originating from the Middle-East and African countries.

5.10.1.3. A signal of FM is the removal of the students from school and lengthy absence which is often unexplained. Other indicators may be detected by changes in adolescent behaviours. Whistleblowing may come from younger siblings.

5.10.1.4. Any member of staff at the Trust with any concerns should report this immediately to the DSL, who should raise the concern with the Local Police Safeguarding Unit by email or phone. Never attempt to intervene directly as a school or

through a third party. Whilst the onus of the investigation for criminal offences will remain with the Police, the DSL should co-operate and liaise with the relevant agencies in line with current safeguarding responsibilities.

5.10.2. **Radicalisation & Extremism**

5.11. **Prevent Duty – Safeguarding students who are vulnerable to extremism.**

5.11.1. The Trust follows the statutory guidance to fulfil our Prevent Duty. We are aware that there have been occasions, both locally and nationally, in which extremist groups have attempted to radicalise vulnerable children to hold extreme views including those justifying political, religious, sexist, or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

5.11.2. The Prevent strategy aims to stop people from becoming terrorists or supporting terrorism.

5.11.3. It is rare for children to become involved in terrorist activity. However, some students from an early age can be exposed to terrorist and extremist influences or prejudiced views. Consequently, the Trust takes the view that early intervention is always preferable and includes this in its procedures as it does for all safeguarding concerns.

5.11.4. In line with both the fundamental British Values and the School Values, the following key principles underpin the community in which each school is based:

5.11.4.1. Inclusion.
5.11.4.2. Tolerance.
5.11.4.3. Freedom of speech.
5.11.4.4. The expression of beliefs and ideology.

5.11.5. Both students and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility. Free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued.

5.11.6. Free speech is subject to treating others with respect, understanding differences, equality, an awareness of human rights, community safety, and community cohesion. The Prevent statutory guidance requires schools to have clear protocols for ensuring that any visiting speakers are appropriately supervised and suitable.

5.11.7. The Trust is committed to working with the local authority and other local partners, families, and communities to play a key role in ensuring young people and our communities are safe from the threat of terrorism. The DSL will keep up to date with all local policies and procedures relating to Prevent.

5.11.8. Staff must consider the level of risk to identify the most appropriate referral, which could include reference to Channel or Children's Social Care.

5.12. ***Visiting speakers***

5.12.1. Visiting speakers will be expected to understand that, where appropriate, their session should actively promote the British values of democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs and at no point undermine these. In some cases, a school may request a copy of the visiting speaker's presentation and/or footage in advance of the session being provided.

5.12.2. Visiting speakers, whilst on a school site, will be supervised by a Trust employee. On attending one of our schools visiting speakers will be required to show an original current identification document that includes a photograph, such as a passport or photo card driving licence. The school shall also keep a formal register of visiting speakers retained in line with its Data Protection Policy.

5.13. Reducing risks of extremism

5.13.1. The Head of Site and the Designated Safeguarding Lead will assess the level of risk within the school and put actions in place to reduce that risk.

5.13.2. Actions will include consideration of:

- *5.13.2.1.* The school's RE curriculum.
- *5.13.2.2.* Relationship Education (for all primary pupils) and Relationship and Sex Education (for all secondary pupils) and Health Education (for all pupils in state-funded schools.
- *5.13.2.3.* SEND policy.
- *5.13.2.4.* Assembly content

5.13.3. Risk assessments will include:

- *5.13.3.1.* The use of Trust premises by external agencies.
- *5.13.3.2.* Integration of students by gender and SEND.
- *5.13.3.3.* Anti-bullying policy.
- *5.13.3.4.* Other issues specific to each school's profile and community.

5.13.4. There is no single way of identifying an individual who is likely to be susceptible to a terrorist/radical ideology. As with managing other safeguarding risks, all Trust staff will be vigilant to changes in students' behaviour which could indicate that they may be in need of help or protection.

5.13.5. It is commonly recognised that children at risk of radicalisation may display changes in behaviour, show different signs or seek to hide their views. Staff are advised to use their professional judgement in identifying students who might be at risk of radicalisation and always act proportionately and seek support if they are concerned.

5.13.6. The Trust recognises that the Prevent duty does not ask teachers to carry out unnecessary intrusions into family life, but as with any other safeguarding risk, they must take action when they observe behaviour of concern.

5.14. ***Potential signs of radicalization and extremism***

5.14.1. There is no limit to the signs that you might notice – every student is different. However, some of the indicators staff should look out for include:

5.14.1.1. **Vulnerability:** identity crisis, personal crisis, migration, unmet aspirations, and history of criminality.

5.14.1.2. **Access to extremist influences:** friendship groups, internet activity, activities abroad i.e. military camps, and vocalised support of illegal or extremist/militant groups.

5.14.1.3. **Experiences and influences:** social rejection, personal impact from civil unrest and wide spread media coverage of international events, change in appearance and behaviour, family conflict over religious reviews, and verbal or written evidence of support for terrorist activities.

5.14.1.4. **Travel:** pattern of regular extended travel, evidence of falsifying identity documents, and unexplained absences.

5.14.1.5. **Social factors:** disadvantaged background, lack of empathy and/or affinity with others, severe learning difficulties or mental health, being a child of a foreign national or refugee, experience of trauma or sectarian conflict, and extremist views of a significant other.

5.14.2. It is always worth remembering that numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most children or young people do not become involved in extremist action. For this reason, the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation. For example, they may address mental health, relationship, or drug/alcohol issues.

5.15. **Response**

5.15.1. The Trust will appoint a Prevent Single Point of Contact (SPOC) (Executive Advisor Safeguarding) to be the lead within the Trust for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism.

5.16. ***SPOC Responsibilities***

5.16.1. Raising Awareness

5.16.2. The Prevent Single Point of Contact (SPOC) role is to raise awareness in relation to all aspects of Prevent and the counterterror agenda generally. They also promote the necessity to safeguard vulnerable children and adults from being exploited and recruited into violent extremism. It is expected that the SPOC will ensure that staff are aware of the role and its responsibilities.

5.16.3. SPOCs are also expected to provide advice and guidance to staff within their school. The Channel coordinators have a range of training packages available to help raise awareness. The aim of training the trainers is to streamline the safeguarding agenda and give everyone the necessary knowledge.

5.16.4. Receiving Referrals

5.16.4.1. It is expected that if a staff member within the Trust identifies an individual vulnerable to radicalisation, they will contact the SPOC and/or DSL first to discuss the case internally. They should be asked to record their concerns and raise it, as they would with any other safeguarding concern, with the Local Authority. If deemed suitable, the staff member will be asked to complete the Referral and Assessment Form (RAF). This should then be emailed to the Channel coordinator at: channel.project@gmp.police.uk

5.16.4.2. The Channel Officer will then carry out an extensive risk assessment that aims to identify known risks and additional vulnerabilities. At no point will the person be recorded on a criminal records system as a result of being involved in this process. The coordinator will then complete a case summary and return it to both the SPOC and the staff member.

5.16.4.3. The SPOC should then arrange a multi-agency safeguarding meeting with the necessary professionals to support the vulnerable individual. Channel can assist this process by using our list of SPOCs from other agencies to help ensure the right people are brought to the multi-agency meeting.

5.16.4.4. Please refer to LA contacts at the beginning of this policy.

5.16.4.5. In addition to the above, links with the local Channel lead can be made by the DSL and where necessary, individual cases will be referred to the local Channel panel for screening and assessment.

5.16.4.6. More information on Channel Programme: https://www.gov.uk/government/publications/channel-guidance

5.17. ***Training***

5.17.1. The Trust will ensure that all DSLs and the SPOC complete Gov.uk Prevent Duty Training (https://www.gov.uk/guidance/prevent-duty-training) and that this training will be cascaded to staff as part of the annual CPD training programme. This will be the responsibility of the DSL/SPOC

5.18. **Where can abuse occur**

5.18.1. Abuse can occur in any setting, it may be a public place or a private place, it can happen to a person who may be:

5.18.1.1. Living in a residential or nursing home

5.18.1.2. A patient in hospital

5.18.1.3. Living in their own home

5.18.1.4. In prison

5.18.1.5. Attending a day centre

5.18.1.6. Attending a social club

5.18.1.7. Without a permanent home

5.18.1.8. In reality abuse can occur anywhere

5.19. **The seriousness or extent of abuse**

5.19.1. The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In making any assessment of seriousness, the following factors need to be considered

5.19.1.1. The vulnerability of the adult.

5.19.1.2. The nature and extent of the abuse

5.19.1.3. The length of time it has been occurring.

5.19.1.4. The impact on the individual and

5.19.1.5. The risk of repeated or increasingly serious acts involving this or other adult at risks.

5.20. **Signs of Abuse**

5.20.1. Because adults at risk may not be able to report abuse themselves it is important that those working with them know what to look out for. (Appendix 1)

5.20.2. Look out for these signs of possible abuse but keep an open mind and try not to jump to conclusions.

5.20.3. If you are not sure if it is abuse or not, speak to a member of the Safeguarding team. You do not have to be certain that abuse is taking place before reporting it. Be particularly concerned if the vulnerable person appears distressed or frightened in the presence of the suspected abuser or if the suspected abuser has a history of violence or other personal problems. Record carefully what you see, what you hear and what you do.

5.21. **Who are the Abusers?**

5.21.1. Abuse can be perpetrated by a wide range of people including partners, relatives, carers, neighbours, friends, other vulnerable people, paid or volunteer workers and can take place anywhere including in a person's own home or in a hospital or care home

5.22. **Finding out about abuse**

5.22.1. Vulnerable people may report abuse themselves (a disclosure of abuse) but often they do not report because they are frightened, they are

ashamed or because they are unable to do so because of their disabilities or because they do not know how to ask for help.

5.23. **Training**

5.23.1. All staff will undertake the compulsory safeguarding training which is offered throughout the year as part of the The Trust CPD programme. Any changes to legislation will be reported to staff through whole school meetings.

5.23.2. The Trust will allow designated personnel to attend relevant safeguarding training.

5.24. **Supporting staff**

5.24.1. We recognise that staff working at The Trust, who have become involved with a adult at risk who has suffered harm, or appears to suffer harm may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with a member of the Safeguarding team and to seek further support as appropriate.

5.25. **Safer Recruitment**

5.25.1. The Trust will ensure we practice Safe Recruitment by undertaking enhanced DBS checks of all staff and volunteers who work with our adults at risk. Recruitment adverts will highlight the priority that The Trust places on this and our commitments to safeguarding.

5.25.2. The Trust will follow the legal requirement that recruitment panels appointing paid staff and volunteers should include at least one person who has been trained in safer recruitment.

5.26. **Reporting Procedure**

5.26.1. The purpose of these guidelines is to ensure that the rights of adults at risk are protected through staff awareness.

5.26.2. All concerns must be passed to a member of the safeguarding team who will seek advice/make a judgement as to whether a referral to Adult Social Care or the need for any other action be taken. (Appendix 2 – Procedures Flowchart)

5.26.3. All concerns and/or disclosures must be recorded on CPOMs Any notes to accompany the concern/disclosure should be uploaded to CPOMs. All staff must be aware of the high level of confidentiality of notes and individual staff members should pass all notes and records onto a member of the Safeguarding team.

5.26.4. It is the responsibility of all staff working within New Bridge Group to record and report adult at risk protection concerns, i.e. where they believe a adult at risk has been or is at risk of abuse, or significant harm. This responsibility extends to all staff and not just those specifically working with adults at risk**.**

5.27. **Stage 1 – Alert**

5.27.1. An alert is an adult safeguarding referral that is made when an adult at risk has been identified as possibly having been harmed, abused or neglected.

5.27.2. An allegation of abuse can arise from the following sources

5.27.2.1. A direct disclosure by the adult at risk at risk

5.27.2.2. Raised by staff or volunteers, others using the services of The Trust, a carer or a member of the public

5.27.2.3. An observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk or of one service user towards another

5.28. **Criteria for an alert/referral**

5.28.1. A referral to the Oldham Adult Safeguarding Board (OASB) (or the SAB in the LA where the adult at risk lives) should be made if one or more of these factors apply:

5.28.2. The person is an adult at risk and there is a concern that they are being, or at risk of being, abused or neglected.

5.28.3. A crime has been or may have been committed against an adult at risk without mental capacity to report a crime and a 'best interests' decision is made

5.28.4. The abuse or neglect has been caused by a member of staff or a volunteer (please following The Trust 'Procedures for allegations of abuse against staff' and follow Oldham Safeguarding Adults Board Allegations Management advice https://www.osab.org.uk/professionals/policies/)

5.28.5. Other people or children are at risk from the person causing the harm

5.28.6. The concern is about institutional or systemic abuse

5.28.7. The person causing the harm is also an adult at risk

5.29. Adults at risk can potentially be abused within the family, community and organisations by employees (including those employed to promote their welfare and protection from abuse), visitors, volunteers, and fellow adults at risk.

5.30. Once you suspect or know of any abuse of any adult at risk, you should immediately inform a member of the Safeguarding team. Even if you have only heard rumours of abuse, or you have a suspicion but do not have firm evidence, you should still contact them to discuss your concerns. You must not try to investigate the matter on your own. Staff are not equipped or qualified to do so.

5.31. **Responding to a disclosure**

5.31.1. If a adult at risk comes to you with a report of apparent abuse, you should listen carefully to him/her, using the following guidelines. When listening to the adult at risk staff must:

5.31.1.1. Allow them to speak without interruption

5.31.1.2. Never trivialise or exaggerate the issue

5.31.1.3. Never make suggestions

5.31.1.4. Never lead the adult at risk in any way

5.31.1.5. Reassure the adult at risk, let them know you are glad they have spoken up and that they are right to do so

5.31.1.6. Always ask enough questions to clarify your understanding, do not probe or interrogate – no matter how well you know the adult at risk – spare them having to repeat themselves over and over

5.31.1.7. Be honest – let the adult at risk know that you cannot keep this a secret, you will need to tell someone else

5.31.1.8. Try to remain calm – remember this is not an easy thing for them to do

5.31.1.9. Do not show your emotions – if you show anger, disgust or disbelief, they may stop talking. This may be because they feel they are upsetting you or they may feel your negative feelings are directed towards them

5.31.1.10. Let the adult at risk know that you are taking the matter seriously

5.31.1.11. Make the adult at risk feel secure and safe without causing them any further anxiety

5.32. **Immediate Preventative Action**

5.32.1. As soon as an allegation of abuse or concern arises, it is important in the first instance to assess what immediate action may be required to safeguard the interests of an adult at risk and to carry this out as soon as possible. The following actions should be considered:

5.32.1.1. Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger

5.32.1.2. Arrange any medical treatment including dialling 999 for an ambulance if it is a medical emergency

5.32.1.3. Do not disturb or move articles that could be used in evidence and secure the scene, for example, by locking the door to a room.

5.32.1.4. Make sure that no others are at risk

5.33. **Secondary Preventative Action**

5.33.1. Whilst immediate risks have to be managed as a matter of urgency, the following processes should be prioritised alongside or shortly after initial risks have been managed.

5.34. **Preserving Evidence**

5.34.1. This practice should be considered in most situations, but particularly where there may have been a crime committed and police are called. It is important that forensic and other evidence is collected and preserved, and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost. The scene should not be disturbed and should be secured until police arrive or other forms of investigation are agreed.

5.35. **Responding to an adult at risk**

5.35.1. Sensitivity and care must be taken when an adult at risk has chosen to make a disclosure or when they have been harmed. It is important to assure them that their allegation will be taken seriously, but that complete confidentiality cannot be promised in the interests of safeguarding the individual and possibly other adults at risk.

5.36. **Responding to an alleged perpetrator**

5.36.1. Do not discuss the concern with the person alleged to have caused harm, unless the immediate welfare of the adult at risk makes this unavoidable.

5.37. **Making a record**

5.37.1. An accurate record at the time of the disclosure or cause for concern should be made on CPOMs. It is important that any recordings made should be stored in a safe place as it may be necessary to make the records available as evidence and to disclose them to a court. The report should be factual and should not include opinions or personal interpretations of the facts presented. The report should contain as much detail as possible, including any apparent physical signs of abuse or other circumstances which led to your suspicions, or the account given to you of abuse by the adult at risk concerned, as accurately as you are able to record it.

5.38. **Supporting an adult at risk**

5.38.1. An adult at risk:

5.38.1.1. should be assured that any safeguarding concerns are taken seriously

5.38.1.2. should be involved in decisions about what will happen, and if this is not possible because they lack mental capacity, their best interests will be fully considered.

5.38.1.3. will be provided with support and information in a way that is most appropriate to their needs.

5.39. Supporting an adult at risk through Referral, Triage and Strategy Discussion Stages

5.39.1. Where possible, the following should be undertaken

5.39.1.1. Speak to the adult at risk in a private and safe place

5.39.1.2. Get their views and feelings on what has happened and what they want done about it

5.39.1.3. Give them information about the Safeguarding Adults process and how that could help to make them safer

5.39.1.4. Support them to ask questions about issues of confidentiality

5.39.1.5. Identify communication needs, personal care arrangements and access requests

5.39.1.6. Explain how they will be kept informed and supported

5.39.1.7. Discuss what could be done to ensure their safety.

5.39.2. If it is felt that the adult at risk may not have the capacity to understand the relevant issues and to make decisions, attempts must still be made to explain to them as far as possible until capacity can be formally assessed.

5.40. **Consent and Capacity Issues**

5.40.1. The right of consent for an adult at risk to make decisions about their own care is fundamental to upholding their human rights and is therefore central to the adult safeguarding process. Consent to make a referral should be obtained from the adult at risk at the earliest opportunity. There will be occasions when a referral will need to be made without consent or by overriding the wishes of the individual, and The Trust will need to be clear in those cases as to why such action has been deemed necessary.

5.40.2. The presumption should always be that a person has capacity, but where there is doubt, a mental capacity assessment should be carried out. It may be necessary to check whether there is already a legal representative in place to act in the best interests of the adult at risk.

5.40.3. The key development affecting this area of work is the implementation of the Mental Capacity Act 2005, which provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions. It makes it clear who can take decisions in which situations how they should go about this.

5.41. The five key principles in the Act are:

5.41.1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.

5.41.2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions.

5.41.3. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.

5.41.4. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.

5.41.5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

5.42. **Examples of when consent is required**

5.42.1. Consent should be informed, not implied or given under duress. It should be sought from an adult at risk for:

5.42.1.1. proceeding with each stage in the safeguarding adults procedure

5.42.1.2. where an adult at risk has capacity and they do not want action to be taken and there are no public interest or vital interest considerations

5.42.1.3. the recommendations of an individual protection plan being put in place

5.42.1.4. a medical examination

5.42.1.5. an interview

5.42.1.6. sharing confidential information

5.43. **Guidance on adults at risk who have capacity**

5.43.1. Where an adult at risk has capacity to make decisions, they should be respected and fulfilled. There are circumstances when this may need to be overridden and practitioners will need to carefully evaluate each situation on its own merits. Examples of when to override the wishes of an adult at risk who does not consent to safeguarding action are:

5.43.1.1. when other adults at risk or members of the public are at risk

5.43.1.2. when children are involved

5.43.1.3. when the allegation involves a staff member or volunteer

5.43.1.4. when a crime has been committed

5.43.1.5. when consent was given under duress or was not informed

5.43.2. **Guidance on adults at risk who lack capacity**

5.43.2.1. If, on the balance of probabilities, an adult at risk appears to lack capacity, those acting on his or her behalf must do so in the person's best interests. This means that they must do what is necessary to promote the health or wellbeing of the person, or prevent deterioration.

5.43.2.2. A capacity assessment will be required if the adult at risk is unable to:

a) Understand the information relevant to the decision

b) retain the information

c) evaluate information as part of the process of making a decision

d) communicate his/her decision as a result of mental impairment

5.43.2.3. Capacity assessments if required will normally be undertaken after a safeguarding referral is received and is assessed in terms of a functional deficit in regards to specific decisions they are required to make. Guidance on undertaking practice around 'best interests' and the Mental Capacity Act will usually be led by the local authority or NHS. Detailed guidance on the Mental Capacity Act is provided in a statutory Code of Practice which can be found at http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act

5.44. **Information Sharing and Confidentiality**

5.44.1. Information sharing between organisations is essential to safeguarding adults at risk of abuse, neglect and exploitation.

5.44.2. information will only be shared on a 'need to know' basis when it is in the interests of the adult

5.44.3. confidentiality must not be confused with secrecy

5.44.4. informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement

5.44.5. it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk

5.44.6. Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (for example, because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved. Confidentiality: NHS Code of Practice sets out guidance on public interest disclosure.

5.44.7. Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework.

5.44.8. Information sharing should also be guided by the Data Protection Act (1998) in that information should be obtained, processed and stored using only lawful means.

5.44.9. Under English common law, an individual has the right to expect that personal information about him or her will be kept confidential. The exception to this is if it is considered to be in the public interest, and in relation to safeguarding this may include:

5.44.9.1. In the interests of national security or public safety

5.44.9.2. For the prevention or detection of crime, apprehension of offenders, the administration of justice

5.44.9.3. In maintaining public safety, the protection of health or moral

5.44.9.4. For the protection of the rights or freedoms of others

5.44.9.5. For the safeguarding of the welfare of vulnerable children and adults.

5.44.10. Other circumstances when information can be shared are if the person to whom the duty of confidentiality is owed has given informed consent, or if disclosure is required by court order or other legal obligation.

5.44.11. Decisions about what information is shared and with whom should be taken on a case by-case basis. In general, one of the following conditions must be satisfied before proceeding

5.44.11.1. a criminal offence has taken place

5.44.11.2. it may prevent a crime

5.44.11.3. the alleged victim is at risk of harm

5.44.11.4. staff, other service users, or the general public may be at risk of harm

5.44.11.5. for early intervention and identification of abuse

5.44.11.6. for investigations under Safeguarding Adults procedures.

5.44.12. The person's wishes should always be considered, however, protecting adults at risk establishes a general principle that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those agencies with responsibility for safeguarding adults at risk.

5.44.13. The process of sharing information should be guided by the legal context outlined above. Broadly, information shared should be

5.44.13.1. necessary for the purpose for which it is being shared

5.44.13.2. shared only with those who have a need for it

5.44.13.3. be accurate and up to date

5.44.13.4. be shared in a timely fashion

5.44.13.5. be shared accurately

5.44.13.6. be shared securely.

5.45. Information Sharing Examples - Here is a selection of examples when it is appropriate to share information:

5.45.1. Records may be disclosed in court as part of the evidence in a criminal action/case or may be required if the regulatory CQC authority decides to take enforcement action against a provider.

5.45.2. Records kept by providers of services should be available to service commissioners and regulatory authorities.

5.45.3. Agencies should identify arrangements, consistent with the principle of fairness, for making records available to those affected by, and subject to, investigation with due regard to confidentiality.

5.45.4. If an assessment is made that the individual still poses a threat to other service users, this must be included in any information passed on to service providers.

5.45.5. Those cases where there is a request from the CHC Restitution Panel.

5.46. **Stage 2 – Reporting of allegations**

5.46.1. A member of the Safeguarding team may need to

5.46.1.1. Seek further advice or make an alert to the Triage Officer within the Adult Safeguarding Team

5.46.1.2. Report the incident to a designated Social Worker

5.46.1.3. Report the matter to the police if a crime is suspected

5.47. **What is Triage**

5.47.1. Triage is the process of screening a safeguarding alert to establish whether it meets the criteria and threshold to be progressed on to the next stage of the adult safeguarding process. The addition of this stage is to:

5.47.1.1. Quickly identify those alerts that may not be an adult safeguarding issue and refer/signpost them on to more appropriate services

5.47.1.2. Log those alerts that are a cause for concern but do not meet the threshold for any form of intervention at the present time

5.47.1.3. Ensure that all referrals are quality assured and have gathered sufficient information to move on to the next stage of the safeguarding procedure

5.47.2. **Triage Role and Responsibility**

5.47.2.1. The triage role is fulfilled by an appointed Triage Officer within the Adult Safeguarding Team.

5.47.2.2. This officer is a qualified social worker fully trained in Oldham's Adult Safeguarding procedures, and is experienced in duty and intake work. They will act as the front door/single point of contact for all adult safeguarding alerts and ensure that the procedure up to the conclusion of the strategy meeting is carried out thoroughly and in accordance with the responsibilities and timescales of the safeguarding procedures.

5.48. **Outcome**

5.48.1. Following an alert to the Triage Officer and the gathering of information, the outcomes may be:

5.48.1.1. No further action

5.48.1.2. Referral to other agencies

5.48.1.3. Service specific actions

5.48.1.4. Adult Safeguarding Pathways

5.49. **Whatever happens, you should always be open and honest with the adult at risk if you intend to take the case further.**

5.49.1. Staff must not discuss the case with anyone other than those involved in the case. If staff have any concerns about the progress of the case or have any other concerns these must be discussed with a member of the safeguarding team.

5.50. **Management of Records**

5.50.1. Throughout the Safeguarding Adults procedure, detailed factual records must be kept, including hand written notes/records; this includes the date and circumstances in which conversations and interviews are held and a record of all decisions taken. The views and wishes of the adult at risk should be fully documented through the key decision making stages.

5.51. **Legal Procedures**

5.51.1. In all recording, proper consideration must be given to the requirements of the Data Protection legislation and therefore should not breach a person's legal rights whether they are an adult at risk, alleged perpetrator, or anyone else. Information should be held, used and stored which complies with these statutory obligations, and which does not impede the Freedom of Information Act 2000.

5.52. **Allegations against staff**

5.52.1. Please refer to the allegations against staff policy.

5.53. **Guidance**

5.53.1. https://www.osab.org.uk/professionals/policies/

5.53.2. FGMThe Forced Marriage Unit provides comprehensive resources and information, including the following guidance: Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage (April 2023) Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines (Dec 2010) Gov.uk provides Forced Marriage Guidance. This provides information and guidance together with a helpline: 020 7008 0151. See also the OSAB & OSCP One Chance Rule: Forced Marriage Procedure and Guidance.

1.1.1. **Care Act Statutory Guidance:** https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

2. Other useful documents

2.1. Allegations of Abuse policy

7. Monitoring

7.1. This policy will be monitored through the Group's accountability framework.

Appendix 1 – Types, Indicators and Signs of Abuse and Neglect

Form of Abuse	Description or supporting guidance
Physical Abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Signs of physical abuse may include: • Unexplained injuries or burns, particularly if they are recurrent

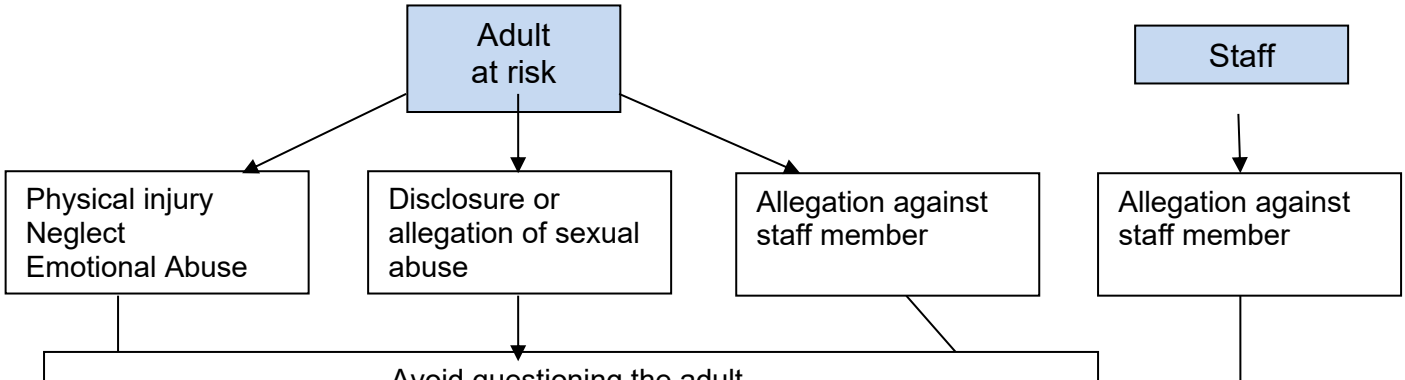
	• Refusal to discuss injuries • Improbable explanations for injuries • Untreated injuries or lingering illness not attended to • Admission of punishment which appears to be excessive • Shrinking from physical contact • Fear of returning home or of parents being contacted • Fear of undressing • Fear of medical help • Aggression/bullying • Over compliant behaviour or a 'watchful attitude' • Running away • Significant changes in behaviour without explanation • Deterioration in work • Unexplained pattern of absences which may serve to hide bruises or other physical injuries • Untreated medical problems • Unexplained weight loss
Sexual Abuse	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. **Sexual Exploitation** - Involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Signs of sexual abuse may include: • Bruises, scratches, burns or bite marks on the body • Scratches, abrasions or persistent infections in the anal or genital regions • Pregnancy • Frequent public masturbation • Attempts to teach other adults at risk about sexual activity • Refusing to stay with certain people or go to certain places • Aggressiveness, anger, anxiety, fearfulness • Withdrawal from friends • Changes in behaviour
Psychological Abuse	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. Signs of psychological abuse may include; • Continual self-deprecation • Fear of new situations • Inappropriate emotional responses to painful situations

	• Self-harm or mutilation • Compulsive stealing/scrounging • Drug/Solvent abuse • Neurotic behaviour – obsessive rocking, thumb sucking and so on • Air of detachment – 'don't care' attitude • Social isolation – does not join in and has few friends • Desperate attention-seeking behaviour • Eating problems, inducing overeating and lack of appetite • Depression, withdrawal • Sleep disturbances • Unexplained gifts of money • Changes in behaviour
Financial or material abuse	Unexplained or sudden withdrawal of money from accounts, inability to pay bills, an unusual interest in vulnerable person's assets, failure to explain financial transactions by person managing the vulnerable person's money 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. Internet scams, postal scams and doorstep crime are more often than not targeted at adults at risk and all 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 • doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often non-existent problem with his/her 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 his/her life savings. These instances should always be reported to the local police service and local authority Trading Standards Services 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 his/her income and independence.
Modern slavery	Slavery, servitude and forced or compulsory labour. A person commits an offence if: • The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or • The person requires another person to perform forced or compulsory labour and the circumstances are such that the

	person knows or ought to know that the other person is being required to perform forced or compulsory labour. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are • Forced to work – through mental or physical threat • Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse; • Dehumanised, treated as a commodity or bought and sold as 'property'; • Physically constrained or has restrictions placed on his/her freedom of movement. • Human Trafficking Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 Modern Slavery Act 2015. For information and advice refer to the Modern Slavery Helpline: 0800 0121 700
Neglect and Acts of Omission	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves. Signs of neglect may include: • Constant hunger • Poor personal hygiene • Inappropriate/dirty clothing • Frequent lateness or non-attendance • Untreated medical problems • Low self-esteem • Poor social relationships • Compulsive stealing or scrounging • Constant tiredness • Living conditions are filthy/cold
Organisational Abuse	Is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for his/her human rights.

	Signs of organisational abuse may include: repeated concerns about poor care or ill-treatment, lack of flexibility about waking/bedtimes, no respect of privacy, poor bedding or heating, lack of individual care planning, inadequate provision and choice re. food and drink
Discriminatory Abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment, there is no attempt to address their communication needs or provide food or care that meets their cultural needs. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse, for example, hate crime
Domestic Abuse	The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but it is not limited to: • psychological • sexual (including Female Genital Mutilation) • financial • emotional • forced marriage • honour based violence A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced to the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment. The offence closes the gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.
Self-Neglect	This covers a wide range of behaviour to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling his/her own behaviour. There may come a point when they are no longer able to do this, without external support.

Appendix 2
Adults at risk Safeguarding Procedure – Flowchart



Immediately report your concern to the HOS. If the allegation is against the HOS then the Executive Head will need to be informed. If the Executive Headis subject to the allegation then the Chair of Trustees needs to be informed. Also follow Oldham Safeguarding Adults Board Allegations Management advice https://www.osab.org.uk/professionals/policies/



Record the date, time, observations, what was said, who was present etc. using the referral form. Use the body map to record visible injuries.