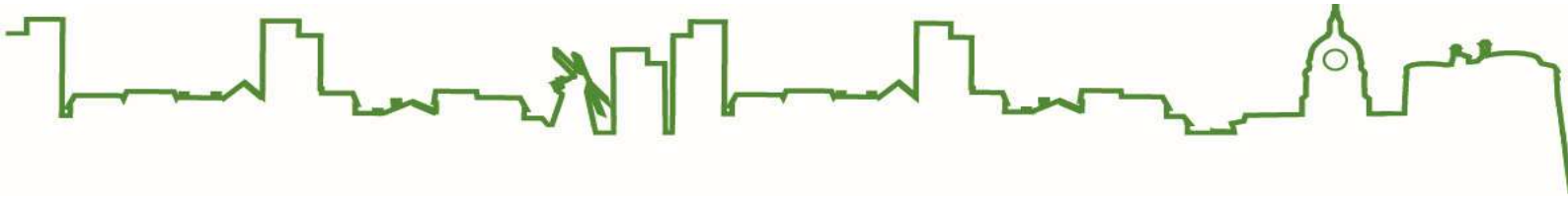
Children, Young People and Adults at Risk Safeguarding Policy and Procedure

Nottingham City Homes Registered Provider Limited
Loxley House, Station Street, Nottingham NG2 3NJ
Registered in England and Wales, Company registration no. 09810057
Registered Not for Profit Provider of Social Housing, Registration Number 4862



Nottingham City Homes Registered Provider

Nottingham City Homes Registered Provider Limited (Registration number 4862) is a provider of affordable social housing and temporary accommodation in the City of Nottingham. NCH RP is a member of the Nottingham City Homes Group with Nottingham City Homes Limited and Nottingham City Homes Enterprise Limited.

NCH RP is focused on delivering a quality housing service to its existing tenants and supported housing for citizens with care, support and supervision needs in housing crisis and from Women's Aid refuges.

Whilst NCH RP was originally constituted to build new social housing in Nottingham, that has not been possible in recent years. Responding to this changed environment, NCH RP has directed resources to the expanding need to assist homeless families and citizens presenting to the Council in housing crisis. NCH RP has significantly extended its provision of supported temporary accommodation provision and services, supporting residents at the point of crisis, sheltering and helping them to find a permanent home and break the cycle of homelessness.

Most Nottingham City Homes Registered Provider services are delivered by Nottingham City Council Housing Services through a Service Contract. As such, our Children, Young People and Adults At Risk Safeguarding Policy and Procedure follows that of the Council's Housing Services team.

Mark Lawson, Head of NCH Registered Provider

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Policy

Nottingham City Council | Housing Services

NCCHS Children, Young People and Adults at Risk Safeguarding Procedure

July 2024

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Content

1.0 Introduction

Safeguarding is everyone's responsibility.

Every child, young person or adult has the right not to be abused or neglected. Everyone acting contractually on behalf of Nottingham City Housing Services (NCCHS) has the responsibility to act.

Please see Appendix 1 for examples of abuse and neglect

This procedure, appendices and associated guidance document defines what abuse is, identifies the signs of abuse, advises you on how cases should be reported and recorded, acting promptly, proportionally and effectively.

2.0 Scope

This procedure applies to every employee, volunteer, contractor and organisation delivering contracted services on behalf of NCCHS. More information on roles and responsibilities can be found within Section 5.0 of this Procedure.

- The procedure relates to all tenants, leaseholders, and household members occupying our managed properties
- Also covered are occupiers of other properties where we provide a community alarm service through Nottingham on Call (NOC). Although in the case of the latter, the role will be to make a referral and not to make further enquiries, assessments or provide support. Where the tenant is a tenant of a social landlord, their details will be passed on.

Whilst the majority of referrals will be with Nottingham City Council, there may be properties outside of the City Council boundary, where the referral will be made to Nottinghamshire County Council.

This procedure provides guidance to employees, volunteers and contractors to:

- understand NCCHS's safeguarding responsibilities
- identify a safeguarding concern
- raise an alert and make a safeguarding referral
- record, monitor, update and report on safeguarding alerts and referrals at different levels of the organisation

This procedure sets out NCCHS responsibilities linked to 'Nottingham and Nottinghamshire multi agency adult safeguarding procedure for raising a concern and referring'.

3.0 The Legal Context

3.1 Children and Young People at Risk

The Children Act 2004 allocates duties to local authorities, courts, parents and other agencies in the United Kingdom to ensure children are safeguarded and their welfare is promoted. The Act embodies five principles that are key to wellbeing in children and young people:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic wellbeing

Working Together 2018 is a guide to inter-agency working to safeguard and promote the welfare of children. This is a statutory guidance that sets out how agencies work together to ensure a child-centred approach to safeguarding and can be found here Working together to safeguard children - GOV.UK (www.gov.uk)

3.2 Adults at Risk

The Care Act 2014 modernises the law so that adult wellbeing is at the heart of the care and support system. The Care Act states that housing and housing support providers must ensure that:

- they have clear, operational policies and procedures in adult safeguarding
- all staff are trained in recognising the symptoms of abuse
- all staff are able to respond to safeguarding concerns
- there are clear monitoring and reporting arrangements in place for adult safeguarding concerns

Definition of Adults and Children at Risk

3.2.1 Definition of Adults at Risk

An adult at risk is someone who is 18 years or over and:

- is in need for care and support (whether or not anyone is meeting of those needs) AND
- is experiencing, or at risk of abuse or neglect AND
- as a result of their needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect

If you feel the person is suffering from or at risk of harm, a safeguarding alert should be raised. See section 6.0 below.

3.2.2 Definition of Children at Risk

The legal definition of a child is someone under the age of 18. Some legislation in the UK allows young people from age 16 to make certain decisions for themselves however safeguarding legislation applies to anyone under 18 as this is the legal definition of a child. According to Working Together 2018 (Working together to safeguard children - GOV.UK (www.gov.uk)) the fact that a child who has reached 16 years of age is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate does not change his / her status or entitlements to services or protection.

HM Government Working Together to Safeguard Children 2018 guidance identifies safeguarding and promoting the welfare of children as:

- protecting children from maltreatment.
- preventing impairment of children's health or development.
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

Abuse is a violation of an individual's human and civil rights by another person or persons and may result in significant harm to or the exploitation of the person subjected to it. Abuse may:

- consist of a single act or repeated acts,
- be physical, verbal, psychological or emotional
- occur when a person is persuaded to enter into a financial or sexual transaction to which they had not consented or cannot consent
- be deliberate or unintentional or result from a lack of knowledge.

Abuse can take place anywhere and in any relationship.

Colleagues should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves

- has returned home to their family from care
- is a privately fostered child

4.0 Indicators of Abuse

In order that you can make an appropriate referral, indicators as to the types of abuse adults at risk, children and young people experience are listed in Appendix 1

For further information, please refer to the following resource

https://www.nottinghamshire.gov.uk/nscp/resources/for-professionals-and-volunteers

4.1 Dos and Don'ts if a child, young person or adult discloses to you

Below is a list of dos and don'ts when a child, young person or adults at risk discloses information to you or you become concerned that there may be a safeguarding issue.

You should:

- remain calm
- take what the person says seriously
- clarify your understanding of what the person has said but avoid asking detailed or leading questions
- reassure the person that they were right to tell, but **do not make promises of confidentiality**
- be open and honest, explain to them that you will have to share your concerns and tell them what happens next
- immediately record all details in writing, as far as possible using the child, young person or adults own words

You should not:

- dismiss the concern
- panic
- allow shock or distaste to show
- probe for more information than is comfortably offered – do not overpressure for a response
- speculate or make assumptions
- make negative comments about the alleged abuser
- make promises or agree to keep secrets
- suggest any action/s or consequences that may be undertaken in response to the disclosure

Remember: Listen – write it down – report it

5.0 Roles and Responsibilities

All employees, volunteers, contractor, and organisation delivering contracted services on behalf of NCCHS have a safeguarding responsibility.

Set out below are the key roles and responsibilities.

Safeguarding Alerter. **Everyone is a Safeguarding Alerter** - All staff, volunteers, contractors, and organisations delivering contracted services on behalf of NCCHS are Safeguarding Alerters. Safeguarding Alerters have a responsibility to raise alerts to the appropriate Safeguarding Referrer if they are concerned that abuse, harm or neglect is taking place. Alerts made to Safeguarding Referrers are usually from staff they line manage, but this is not a requirement.

Safeguarding Referrers. Safeguarding Referrers are responsible for receiving alerts from colleagues, volunteers or our contractors (referred to as Safeguarding Alerter)- recording, updating and referring these where appropriate and where not appropriate agreeing actions, if required. The Safeguarding Referrers act as the gatekeeper, supporting the Alerter, deciding on whether the referral is appropriate and ensuring the referral process is adhered to. See section 7 How to Assess an alert and make a Referral

Safeguarding Referrers are all NCCHS line managers as well as Housing Patch Managers and Independent Living Coordinators who due to the nature of their role are able to make Safeguarding referrals directly. However, HPMs and ILCs must within one working day retrospectively discuss the case with their line manager who will then record and monitor the case on the safeguarding database.

Departmental Safeguarding Champions. Departmental Safeguarding Champions are NCCHS service leads and sit on the Safeguarding Steering Group. Appendix 2 lists who these champions are. This group reviews referrals on a quarterly basis to assess any under-reporting, ensures that referrals have been appropriately responded to, provide safeguarding support to staff in their service area, promote learning and supports the implementation of good practice. The Terms of Reference for this group can be found at Appendix 3

Operational Safeguarding Lead. The Head of Tenancy & Estate Management is the designated Operational Safeguarding Lead. The Operational Safeguarding Lead will liaise with the Strategic Safeguarding Lead and take responsibility to oversee the operational delivery of safeguarding, ensuring alerts and referrals are being raised and reported correctly and that feedback is being given. The Operational Safeguarding Lead is also responsible for overseeing the work of the Safeguarding Steering Group.

The Operational Safeguarding Lead will periodically meet with both Adult and Children Social Care and other services where necessary to ensure NCCHS are contributing to an effective and integrated safeguarding service across the city.

Strategic Safeguarding Lead. The Director of Housing is the Strategic Safeguarding Lead for NCCHS and is the senior point of liaison with partners. This post is ultimately responsible for all our safeguarding issues, reporting, when requested, to Nottingham City Safeguarding Children Board and Nottingham City Safeguarding Adults Board and any serious case reviews.

6.0 Raising a Safeguarding Alert

When raising a Safeguarding alert, an "Alerter" must immediately:

- Make a note of what you have seen or heard as soon as possible, recording in detail the event you have witnessed. Where possible using the words of the child, young person, or adults at risk.
- You are not required to judge or investigate, but to report the concern by raising an alert to a Safeguarding Referrer (all line managers are Safeguarding Referrers).
- You must make a Safeguarding Alert to a Safeguarding Referrer immediately and without delay. If you are in any doubt about what you have seen or heard you must discuss your concerns with a Safeguarding Referrer.
- To ensure a prompt response and to provide undiluted information to Children or Adult Social Care, as an Alerter you may want to complete and send the Referral Form to the Safeguarding Referrer prior to discussion with the Safeguarding Referrer. This might be applicable to Housing Patch Managers and Independent Living Coordinators in cases where you already have responsibility for raising and recording concerns or in cases where you deem the referral urgent. If, as the Alerter in this case, you complete and send a Social Care Referral Form, you must within one working day retrospectively discuss the case with the Safeguarding Referrer. The Safeguarding Referrer will then record and monitor the case on the safeguarding database.
- In the majority of cases, staff will need to discuss their concerns with a Safeguarding Referrer. In the absence of a Safeguarding Referrer being available in your service, you must report the concern to a Safeguarding Referrer in another service. Where a person that may be implicated in the abuse, is from within your service area, a Safeguarding Referrers from outside that service must be alerted.
- Contractors should raise alerts with Project Manager or Project Liaison Officer, who will act as Safeguarding Referrers. Where volunteers raise safeguarding alerts, they should do so using this process with the support of the relevant NCCHS officers (Tenant Leaseholder Involvement Manager, Mediation Officer, etc.) they are working with.

Cases of Urgent/Immediate Risk:

As any member of the public would be expected to do, where immediate physical danger to the person at risk is suspected you must take immediate steps to inform the

appropriate emergency services by dialling 999 and immediately contacting Adult and Children Social Care.

Remember: Listen – write it down – report it

7.0 Safeguarding Referrer – assessing the Alert and making a Safeguarding Referral

7.1 Assessment

In cases where significant harm or immediate physical danger to the person at risk is suspected you must take immediate steps to inform the appropriate emergency services by dialling 999 and immediately contacting Adult and Children Social Care.

All line managers, as well as HPMs and ILCs are Safeguarding Referrers and capable of receiving a referral from an Alerter. The Safeguarding Referrer must:

- discuss the case with the Safeguarding Alerter on the same day as the concern is witnessed to assess the alert and;
- make a Safeguarding Referral the same day if there is reason to make the referral. The purpose of the meeting is to ensure all the relevant information is recorded in line with this procedure and that the referral is appropriate. See section 3.1 and 3.2 for the definition of Adult and Children at Risk and Appendix 1 – Types of Abuse.
- If there is insufficient reason to make a referral or the Safeguarding Referrer is satisfied there is no safeguarding issue, the appropriate HPM or ILC should be advised of the concerns raised by reporting through Eyes Wide Open (EWO) by email to eyeswideopen@nottinghamcityhomes.org.uk clearly stating why a Safeguarding Referral has **not** been made. Please note that this is not a route to making a Safeguarding Referral and to do so would risk delay in Social Care assessment and action.
- If you are unsure whether there is something to be concerned about, guidance on whether a referral should be made to Adult and Children and Young people safeguarding can be found here:

Adults:

https://www.nottinghamcity.gov.uk/information-for-residents/children-and-families/safeguarding-adults/adult-safeguarding-procedures-and-guidance/

https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding/are-you-worried-about-an-adult/

Children:

https://www.nottinghamcity.gov.uk/information-for-residents/children-and-families/safeguarding/multi-agency-safeguarding-children-hub-mash/

https://www.nottinghamcity.gov.uk/information-for-residents/children-and-families/are-you-worried-about-a-childs-well-being/

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

To decide whether a referral should be made for residents living in Nottinghamshire, but outside of Nottingham City Council boundary please refer to the following guidance:

Adults:

http://www.nottinghamshire.gov.uk/care/adult-social-care/safeguarding-adults

Children:

https://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-children-and-families-alliance/pathway-to-provision/multi-agency-safeguarding-hub-mash

7.2 Making a Safeguarding Referral

Making and recording a Safeguarding referral is the responsibility of the Safeguarding Referrers, even in cases where an Alerter raises it directly with Social Care (see above point 5)

Use the Safeguarding Referral Form (Appendix 4) to record the information that is to be sent to Social Care. This information should form the basis of the discussion between the Safeguarding Alerter and the Safeguarding Referrer Guidance how to complete referral can be found below in Appendix 5.

Referrals should include any case previously referred and be emailed to Adult or Children Social Care using the following contact details:

Adult:

If you have any queries or need to make an urgent referral, the Nottingham Health and Care Point can be contacted Monday to Friday 9am -5pm on, 0300 131 0300 option 2.

Adult Safeguarding Referral

https://myaccount.nottinghamcity.gov.uk/service/Adult_Social_Care_Safeguarding_Form

- If your query or concern is urgent and is outside of these hours, please call the Emergency Duty Team on 0115 876 1000.

Children:

- CandFDirect@nottinghamcity.gov.uk
- 0115 876 4800

If the concern is occurring outside of Nottingham City Council boundaries, this can be identified using NOMAD, the contact details are:

Adult:

- enquiries@nottscc.gov.uk
- 0300 500 80 80

Children:

- mash.safeguarding@nottscc.gov.uk
- 0300 500 80 90

Where a referral has been made, this should be recorded on xxi – see section 11 - Recording and Monitoring cases.

7.3 Making a referral out of hours

Safeguarding referrals outside the hours stated above should only be made when immediate action is required by the local authority to make an adult at risk safe. All other referrals must be made in accordance with 7.2. In emergency out of hours instances, the relevant Emergency Duty Team for either Nottinghamshire County Council or Nottingham City Council should be contacted (again this should be based on where the alleged abuse has taken place). You can contact the relevant local authority in the following ways:

- **Nottingham City Council** on 0115 8761000
  Nottinghamshire County Council on 0300 500 80 80

If having discussed the case the Safeguarding Referrer feel that there is insufficient evidence to make a referral, the Alerter can still insist that a referral is made if they feel this is necessary.

7.4 Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only.

7.5 Adult at Risk Disclosure

There may be occasions where an adult at risk expresses a wish for a concern not to be pursued. Decisions about whether to respect the person's wishes must have regard to the level of risk to the individual and/or others and their capacity to understand the decision in question and to make decisions relating to it. If in doubt, make a referral: Remember, the first principle of the Mental Capacity Act is to assume capacity.

For further information about assessing capacity, Safeguarding Referrers should have regard to the following resource:

https://www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/overview/

Where you have made a decision that a safeguarding adults' referral is required, this should be discussed with the adult at risk in accordance with the principles of 'Making Safeguarding Personal'. This should include a conversation about

- What may happen as a result of making a safeguarding referral to the relevant local authority
- The relevant local authority requesting and using information from partner agencies (for example health services), where appropriate, to aid the safeguarding process
- The legal responsibilities to make a safeguarding referral to the relevant local authority where the criteria below apply
- How the adult can change their mind at any stage during the safeguarding process as to what they want to happen to keep them safe or minimise the risk of further abuse.

Efforts to have a discussion with the adult at risk must always be made, wherever possible, prior to a referral being made to the relevant local authority. **However, this should not unnecessarily delay a safeguarding referral being made.**

7.6 Consent

Article 8 of the Human Rights Act relates to an individual's rights to autonomy. However, the requirement to respect the rights of individuals to make decisions for themselves is not an excuse for inaction where an adult at risk is at risk of abuse or neglect.

The Data Protection Act allows the sharing of information when the Care Act 2014 requires you to do so without obtaining the consent from the adult or their representative.

For the purposes of the duty of confidentiality owed by professionals to their patients and service users, the Care Act (2014) provides a legal basis for sharing information in relation to safeguarding duties. This means that there is no requirement to obtain consent from the adult or their representative, when any of the following apply:

- Other people, including other adults at risk and or children, could be at risk from the person causing harm
- It is necessary to prevent crime, or a serious crime has been committed
- You believe that the adult at risk is being coerced or fearful of repercussions
- If there is an overriding public interest
- There is reason to believe that their health and/or well-being will be adversely affected by on-going harm or abuse
- The person posing a risk also has care and support needs and may also be at risk

It is recommended that Safeguarding Referrers seek advice from a Safeguarding Champion in cases where an adult with capacity challenges your decision to a safeguarding referral being made. The adult at risk should be informed of the decision for the referral and the reasons, unless telling them would jeopardise their safety or the safety of others.

Where none of the above apply, you should seek consent from the adult (or their representative) to make a referral and provide them with information about how they can withdraw their consent by contacting the relevant local authority. It should be noted however, that the legal basis for making a safeguarding referral as described above should be followed wherever it is appropriate to do so.

8.0 Children who Allegedly Abuse

If a child is allegedly abusing an adult at risk, adult safeguarding procedures should be followed; however, the Local Authority Children's Services will also need to be informed as part of the local authority's response.

9.0 Non-Recent Abuse

Non-Recent Abuse (previously referred to as historical abuse) relates to abuse which happened in childhood, and could include sexual abuse, physical abuse, emotional/psychological abuse or neglect. Where an allegation relates to non-recent abuse that happened when an adult was under 18, it should be dealt with under the Children's' Safeguarding Procedures. If the allegation relates to abuse that happened when the adult at risk was aged over 18, then Adult safeguarding procedures should be followed.

10.0 Self-harm

Self- harm is not included within adult safeguarding procedures. However, this does not mitigate NCCHS's duty of care in such cases and you should discuss any concerns you may have with a Safeguarding Champion.

11.0 Child Protection Referral

All concerns relating to a child protection concern should be reported to a Safeguarding Referrer. Best practice is for the referrer to inform the family that the referral is being made if safe to do so, concerns whether to disclose or not should be disclosed to Social Care.

Recorded information will be stored securely on Serengeti, with access limited to the Referrer – on cases they have referred and the Operational Safeguarding Lead. The procedure accords with General Data Protection Regulation (GDPR) legislation.

Whilst Social Care will lead on cases, if enquiries directed to NCCHS arise from the public (including parents) or any branch of the media, the Strategic Safeguarding Lead will be the designated spokesperson in the event of any public/media enquiries. In the absence of the Strategic Safeguarding Lead, the query should be escalated to the Chief Executive.
The referrer will need to advise their team's safeguarding champion who will update the Safeguarding database.

12.0 Recording and monitoring cases

When recording cases, the Safeguarding Referrer must first search for any previous referral. Where a case is already recorded as 'open' on the Safeguarding Reporting Sheet and further incidents occur, Social Care must be made aware of the previous cases when making the referral. All Referrals and updates must be recorded on the Safeguarding Reporting Sheet by the Safeguarding Referrer within two working days of making the referral.

Where an Alerter and/or the Safeguarding Referrer is contacted by Social Care to get a better understanding of a case the Alerter must pass this information over to a Safeguarding Referrer within a working day of it being received. The Safeguarding Referrer must then update the Safeguarding Reporting Sheet within two working days of receiving the information either directly or via the Alerter.

Within 5 working days of the recorded referral date, the Referrer will get an automatic email reminder in cases where there has been no record of contact from social services. The Referrer is required to contact Social Care with a Referral reminder again; this should be done on the day of the email reminder.

A case is closed by the Safeguarding Referrer when Social Care have deemed the case does not meet their threshold and they are taking no further action, or they have taken action and are not pursuing the matter further. See section 13.1 Actions to be Taken Where a Case is Closed. Although a case may not meet ASC safeguarding criteria there could still be outstanding actions for NCCHS and other agencies to complete (either suggested by ASC or otherwise) to make the situation safer.

The quarterly Safeguarding Steering Group meetings will use the safeguarding database to analyse case concerns, by service areas and by individuals within the

service areas. The Group will also address any outstanding actions or gaps in the database. Departmental Safeguarding Champions for each service area will take any issues back to their services to be resolved. Where there are concerns that this procedure is not being followed, the Operational Safeguarding Lead will raise this with the appropriate Service Director.

13.0 Actions

All cases will require one of the following responses

13.1 Actions to be Taken Where a Case is Closed

When a case does not meet Social Care's statutory thresholds, there is still a reasonable expectation on NCCHS to identify support needs and make appropriate referrals. The 'Ask Lion' website provides details of what is available. https://www.asklion.co.uk/kb5/nottingham/directory/home.page.Within 5 working days of notification from Social Care, the Safeguarding Referrer should pass the information to the appropriate Area Housing Manager of Tenancy & Estate Management, for general needs tenancies, or where the accommodation is Independent Living, Independent Living Team Leaders (ILTL).

These services should arrange for the resident's support needs to be assessed/re-assessed, with either a referral to Complex Persons Panel (CPP) or a Regular Tenancy Visit in the case of TEM or a new need and risk assessment where it is an independent living tenancy. Once visit is completed the HPM should refer case to Area Housing Manager if case escalation required. These visits should be carried out within 10 working days of receiving notice that the case is not being progressed by Social Care. It will be the Referrers responsibility to ensure that this has happened and to update xx with this information.

13.2 Actions to be taken where a case remains open

Once the relevant local authority receives the safeguarding referral, they are under a duty to make or cause to be made, whatever enquiries it thinks necessary (s.42 Enquiries).

The local authorities will follow their local procedures to determine the most proportionate response. Nottinghamshire Safeguarding Adults Board procedures for Nottinghamshire are available at **www.safeguardingadultsnotts.org.** Nottingham City's policies are at **www.nottinghamcity.gov.uk/safeguardingadults**.

The local authority will consider the views of the adult at risk or their representative, and how they can work towards their desired outcomes. The local authority may convene and chair a multi-agency meeting/discussion to assess the risk and identify actions as part of the section 42 enquiries. The strategy meeting/discussion will consider the desired outcomes that the adult at risk wants to see at this point in the process. Actions

agreed at the strategy meeting/discussion will focus on these outcomes, considering if and how they can be achieved.

As a referrer, NCCHS staff may be asked to contribute to the strategy meeting/discussion and agree to undertake further actions as part of the local authority's response

Where actions are identified by the local authority, there may be further meetings to discuss the findings and agree any further actions. As a referrer, NCCHS staff may also be asked to contribute to such meetings/discussions.

13.3 Case escalation & review meetings

Nottingham City Safeguarding Children Board and Nottingham City Adult Safeguarding Partnership Board expects collaborative inter-agency working to share information and develop effective plans to safeguard. Constructive challenge amongst colleagues within and across agencies is encouraged. It is imperative NCCHS Referrers record details of escalations. Appendix 6 provides details of the escalation steps. The Escalation Form appendix 7 can be used to support this if required at steps 1-2, however this must be used at stage 3) This procedure does not negate the need for practitioners to act immediately to safeguard an individual where necessary

NCCHS participates in regular multi-agency and panel meetings as appropriate (see Appendices 8 & 9).

13.4 Feedback to staff

Where a Referral has been made the Alerter must be given feedback. This might take the form of direct contact with Social Care, or feedback via the Safeguarding Referrer or Operational Service Lead. This should occur within 10 working days of the case review.

13.5 Allegations of abuse against staff/others working for NCCHS

When a member of staff is the alleged perpetrator, a referral must always be made.

There may be cases where an allegation is made by a member of staff against other members of staff or others working for NCCHS. If this is the case, staff must follow the process set out in the Whistleblowing Policy. The Whistleblowing Policy is also to be followed where the allegation is about your manager. Before any action is taken the case should be discussed with the HR Manager. If an allegation has been made about you, notify your manager immediately. Any citizen has the right to feel safe if they make an allegation about a member of staff, especially one working with them. Action will be taken to protect them such as suspending the person or withdrawing them from contact with that citizen.

13.6 Review and Learning

All alerts and referrals will be reviewed quarterly by the Safeguarding Steering Group. As stated in Section 12 Recording and Monitoring Cases, this Group will consider under-

reporting, that referrals are appropriate and are being responded to consider if staff are being sufficiently supported, promote learning and the implementation of best practice.

Champions will discuss service-related issues back to their teams as well as discussing and implementing safeguarding best practice. As set out in the Children, Young Persons and Adults at Risk Safeguarding Policy the Steering Group will specifically monitor:

- Number of referrals where no further action is required
- Number of referrals passed to Social Care
- Outcome of referrals

EMT will be provided an annual Safeguarding report that will include recommendation for further actions.

14.0 Training

All staff, and volunteers will be provided relevant and mandatory training, based on whether they are delivering frontline services, are an Alerter or a Safeguarding Referrer. Safeguarding training will be included in every employee induction and be included in any programme volunteers are required to undertake.

Training will be in line with the practices and protocols contained within the joint Nottingham and Nottinghamshire Adult Safeguarding Procedures.

A section on Safeguarding will be included as part of the tender process, setting out NCCHS's expectations of those who we engage with to deliver services on behalf of the organisation.

Annual Alerter and Referrer refresher training will be provided for all staff.

15.0 Support for staff

Witnessing something that is upsetting will happen on very rare occasions. In such cases confidential counselling can be provided via the Employee Assistance Programme or other service. The Safeguarding Referrer must contact HR to discuss the most appropriate support

NCCHS recognises that when safeguarding concerns relate to a colleagues' conduct that this can involve additional stress to the Alerter. NCCHS will fully support and protect all staff who, in good faith (without malicious intent), report concerns about a colleague's practice or the possibility that a child, young person or adults at risk may be being abused.

16.1 Appendix 1 Types of Abuse

Adults at Risk - Types of Abuse -

Physical Abuse:

Including hitting; slapping; pushing; kicking; misuse of medication; restraint; or inappropriate sanctions may be indicated by:

- Any injury not fully explained by the history given
- Injuries inconsistent with the lifestyle of the adult at risk
- Bruises and / or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- Clusters of injuries forming regular patterns
- Burns
- Friction burns, rope or electric appliance burns
- Multiple fractures
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks
- Injuries at different stages of healing
- Medication misuse

Sexual Abuse

Including rape and sexual assault or sexual acts to which the adult at risk has not consented; is incapable of giving informed consent or was pressured into consenting. This may involve contact or non- contact abuse (e.g. touch, masturbation, being photographed, teasing and inappropriate touching) and may be indicated by:

- Significant change in sexual behaviour or attitude
- Pregnancy
- Wetting or soiling
- Poor concentration
- Adult at risk appearing withdrawn, depressed, stressed
- Unusual difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Bruises, bleeding, pain or itching in genital area

- Sexually transmitted diseases, urinary tract or vaginal infection, love bites
- Bruising to thighs or upper arms

Psychological abuse

Including 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 may be indicated by:

- Change in appetite
- Low self-esteem, deference, passivity and resignation
- Unexplained fear, defensiveness, ambivalence
- Emotional withdrawal
- Sleep disturbance

Discriminatory abuse

Including racism; sexism; that based on a person's disability, culture and other forms of harassment, slurs or similar treatment **may** be indicated by:

- Lack of respect shown to an individual
- Signs of a sub-standard service offered to an individual
- Repeated exclusion from rights afforded to adults such as health, education, employment, criminal justice and civic status
- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic

Organisational abuse (previously known as institutional abuse)

Neglect and poor professional practice in care settings also need to be taken into account. It may take the form of isolated incidents of poor practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. It can occur when the routines, systems, communications, and norms of an institution compel individuals to sacrifice their preferred lifestyle and cultural diversity to the needs of that institution. Repeated instances of poor care may be an indication of more serious problems. Organisational abuse **may** be indicated by:

- Inappropriate or poor care
- Misuse of medication
- Restraint
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc.
- Lack of respect shown to personal dignity
- Lack of flexibility and choice: e.g. mealtimes and bedtimes, choice of food
- Lack of personal clothing or possessions
- Lack of privacy
- Lack of adequate procedures e.g. for medication, financial management
- Controlling relationships between staff and service users
- Poor professional practice

Neglect and acts of omission

Including ignoring medical 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 may be indicated by:

- Physical condition of person is poor e.g. bed sores, unwashed, pressure ulcers (see below for more information on pressure ulcers)
- Clothing in poor condition e.g. unclean, wet, ragged
- Inadequate physical environment
- Inadequate diet
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies

- Failure to engage in social interaction
- Malnutrition when not living alone
- Inadequate heating
- Failure to give prescribed medication
- Poor personal hygiene
- Failure to provide access to key services such as health care, dentistry, prostheses

Self-Neglect

Self-neglect covers a wide range of behaviours - neglecting to care for one's personal hygiene, health or surroundings including hoarding. It should be noted that whilst self-neglect may not prompt a section 42 enquiry, it should still be referred and assessed 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 their own behaviour and the level of risk including the impact on others. Separate self-neglect guidance can be accessed using this link: www.safeguardingadultsnotts.org or www.nottinghamcity.gov.uk/safeguardingadults.

You should also consider the Nottinghamshire Multi-Agency Hoarders Framework which can be accessed using the following link: Nottingham and Nottinghamshire Multi-Agency Hoarders Framework

Self-harm

Self-harm is not a category of abuse under the Care Act and so does not fall under the scope of these procedures. However, it may be an indicator of or caused by other types of abuse. Even if this is not the case, you still have a duty of care. For more information on self-harm visit www.nice.org.uk.

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. People who have been trafficked may:

- Show signs of consistent abuse or have untreated health issues
- Have no identification documents in their personal possession, and little or no finances of their own
- Be unwilling to talk without a more 'senior', controlling person around who may act as their translator
- Sleep in a cramped, unhygienic room in a building that they are unable to freely leave
- Be unable to leave their place of work to find different employment, and fear that bad things may happen if they do
- Be charged for accommodation or transport by their employers as a condition of their employment, at an unrealistic and inflated cost which is deducted from wages
- Be forced to work to pay off debts that realistically they will never be able to

They may be forced to work in certain types of industries or activities, such as:

- Factories, farms or fast-food restaurants
- Domestic service, such as a cleaner or nanny
- Street crime, such as pickpocketing or robbery
- Services of a sexual nature, such as escort work, prostitution or pornography

Financial or material abuse

Includes theft; fraud; exploitation; pressure in connection with wills; property; inheritance; financial transactions or the misuse or misappropriation of property, possessions or benefits.

If the abuse is by someone who has legal authority to manage an adult's money, the Office of the Public Guardian for deputies, and Department for Work and Pensions (DWP) for appointees should be contacted with the adult's name, address and National Insurance number.

Radicalisation and Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

Children at Risk – Types of Abuse

A person may abuse or neglect a child or young person by inflicting harm or by failing to act to prevent harm. Children and young people may be abused in a family, or in an institutional or community setting. Children and young people may be abused by someone known to them or, more rarely, by a stranger. Further information may be found here:

https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Physical abuse

A form of abuse that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Physical Indicators

- frequent or unexplained bruising marks or injury
- bruises that reflect hand marks or shapes of articles e.g.
    - belts
    - cigarette burns
    - bite marks
    - unexplained broken or fractured bones
    - scalds

Behavioural Indicators of physical abuse

- Fear of parent being contacted
- Behavioural extremes – aggressive/angry outbursts or withdrawn
- Fear of going home
- Flinching when approached or touched
- Depression
- Keeping arms/legs covered
- Reluctance to change clothes
- Panics in response to pain
- Reports injury caused by parents

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone**.**

Physical Indicators

- Delays in physical development or progress
- Sudden speech disorders
- Failure to thrive
- Bedwetting and/or diarrhoea
- Frequent psychosomatic complaints, headaches, nausea, abdominal pains

Behavioural Indicators

- Mental or emotional development lags
- Behaviours inappropriate for age
- Fear of failure, overly high standards, reluctance to play
- Fears consequences of actions, often leading to lying
- Extreme withdrawal or aggressiveness, mood swings
- Overly compliant, too well-mannered
- Excessive neatness and cleanliness
- Extreme attention-seeking behaviours
- Poor peer relationships
- Severe depression, may be suicidal
- Runaway attempts
- Violence is a subject for art or writing
- Complains of social isolation
- Forbidden contact with other children

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Physical Indicators

- Pain/itching in the genital area
- Bruising/bleeding near genital area
- Sexually transmitted disease

- Vaginal discharge/infection
- Frequent unexplained abdominal pains
- Discomfort when walking/sitting
- Bed wetting
- Excessive crying

Behavioural Indicators

- Inappropriate sexual behaviour or knowledge for the child's age
- Sudden changes in behaviour
- Running away from home
- Emotional withdrawal through lack of trust in adults
- Unexplained sources of money or 'gifts'
- Inappropriate sexually explicit drawings or stories
- Bedwetting or soiling
- Overeating or anorexia
- Sleep disturbances
- Secrets which cannot be told
- Substance/drug misuse
- Reports of assault

Child Sexual Exploitation –

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Physical Indicators

- Pain/itching in the genital area
- Bruising/bleeding near genital area

- Sexually transmitted disease
- Vaginal discharge/infection
- Frequent unexplained abdominal pains
- Discomfort when walking/sitting
- Bed wetting
- Excessive crying

Behavioural Indicators

- Inappropriate sexual behaviour or knowledge for the child's age
- Sudden changes in behaviour
- Running away from home
- Emotional withdrawal through lack of trust in adults
- Unexplained sources of money or 'gifts'
- Inappropriate sexually explicit drawings or stories
- Bedwetting or soiling
- Overeating or anorexia
- Sleep disturbances
- Secrets which cannot be told
- Substance/drug misuse
- Reports of assault

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)

b. protect a child from physical and emotional harm or danger

c. ensure adequate supervision (including the use of inadequate care-givers)

d. ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Physical Indicators

- Constant hunger
- Poor hygiene
- Weight loss/underweight
- Inappropriate dress
- Consistent lack of supervision/abandonment
- Unattended physical problems or medical needs

Behavioural Indicators

- Begging/stealing food
- Truancy/late for school
- Constantly tired/listless
- Regularly alone/unsupervised
- Poor relationship with care giver

Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

County Lines

As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and adults at risk to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Child criminal exploitation –

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur using technology.

16.2 Appendix 2 Safeguarding Referrers and Safeguarding Champions

Safeguarding Referrers and Departmental Safeguarding Champion by Service Area

Referrer by Job Title
Property Directorate
Quality Systems and Improvement Officer Business Process Officer Head of Responsive Repairs Head of Programmed Maintenance Head of Heating, Mechanical and Electrical
RESPONSIVE REPAIRS
Repairs Service Managers
PLANNED
Interim Maintenance Manager Maintenance Manager
GAS & ELECTRICAL
Gas Service & Compliance Program Delivery Manager Repairs Service Manager
NOTTINGHAM ON CALL
NOC Team Leaders Assistive Technology Officer
SUPPORTED HOUSING
Independent Living Team Leaders Independent Living Manager
COMPANY SECRETARIAT
Head of Risk Management
ESTATE & CARETAKING
Caretaker Team Manager
TEMPORARY ACCOMODATION
Temporary Accommodation Manager
MEDIATION SERVICE
Community Mediation Officer
RENTS
Rents Manager Rent Operations Manager Tenancy Sustainment Manager
ASSETS
Operation Manager Senior Development Officer
TENANCY & ESTATE MANAGEMENT
Area Housing Managers Housing Patch Managers
LETTINGS

Head of Lettings and Housing Options Lettings Manager
HOMELINK
Housing Options Manager
VOIDS
Head of Voids Void Property Manager
CUSTOMER Experience
Customer Services Team Leader Customer Service Development Officer Customer Relations Manager
TENANT AND LEASEHOLDER INVOLVEMENT
Head of Involvement Tenant & Community Involvement Manager
New Build
Senior Development Manager (New Build) Head of Commercial Property & Contract Management
Marketing & Communications
Marketing & Communications Manager

Departmental Safeguarding Champion by Job Title
Business Process Officer Independent Living Manager Head of Risk Management Operational Manager Asset Management Temporary Accommodation Manager Head of Rents Head of Lettings & Housing Options City Housing Manager Head of Estates and Caretaking Nottingham on Call Business Manager Head of Voids Head of Involvement Head of Supported Housing Customer Service Centre Manager Head of Responsive Repairs Head of Fleet & Facilities Head of Major & Minor Works Head of Construction Head of Commercial Property & Contract Management Head of Mechanical & Electrical Repairs Head of Asset Planning & Strategy Head of Construction Services Senior Development Manager (New Build) Marketing & Communications Manager Sourcing Manager

16.3 Appendix 3 Safeguarding Champions Terms of Reference

Safeguarding Referrers and Departmental Safeguarding Champion by Service Area and Terms of Reference

Terms of Reference

Departmental Safeguarding Champions

Departmental Safeguarding Champions are NCCHS service leads and sit on the Safeguarding Steering Group. This group reviews referrals on a quarterly basis to assess any under-reporting, ensures that referrals have been appropriately responded to, recorded correctly, provide safeguarding support to staff in their service area, promote learning and supports the implementation of good practice.

Attendees include

Departmental Safeguarding Champion by Job Title
Business Process Officer
Independent Living Manager
Head of Risk Management
Operational Manager Asset Management
Temporary Accommodation Manager
Head of Rents
Head of Lettings & Housing Options
City Housing Manager
Head of Estates and Caretaking
Nottingham on Call Business Manager
Head of Voids
Head of Involvement
Head of Supported Housing
Customer Service Centre Manager
Head of Responsive Repairs
Head of Fleet & Facilities
Head of Major & Minor Works
Head of Construction
Head of Commercial Property & Contract Management
Head of Mechanical & Electrical Repairs
Head of Asset Planning & Strategy
Head of Construction Services
Senior Development Manager (New Build)
Marketing & Communications Manager
Sourcing Manager

16.4 Appendix 4 Safeguarding Referral

Please use the following link to make Adult Social Care and Occupational Therapy referrals.

https://myaccount.nottinghamcity.gov.uk/service/Adult_Social_Care_Referral_Form

Please use the following link to make a safeguarding referral.

https://myaccount.nottinghamcity.gov.uk/service/Adult_Social_Care_Safeguarding_Form

If you have any queries or need to make an urgent referral, the Nottingham Health and Care Point can be contacted Monday to Friday 9am -5pm on, 0300 131 0300 option 2.

Safeguarding Referral – Additional Guidance

Eligibility for making an Adult Safeguarding Referral

It is important to note that a person at risk must have care and support needs for a safeguarding referral. Please refer to the following criteria:

(a) Has needs for care and support (whether or not the local authority is meeting any of those needs),
(b) Is experiencing, or is at risk of, abuse or neglect, and
(c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The adult's care and support needs should arise from, or be related to a physical or mental impairment or illness.

An adult over the age of 18 can be referred to safeguarding where there are concerns of abuse and who meets the above criteria.

Children's Safeguarding Referral

A child under the age of 18, regardless if they have left home after their 16 birthday, can be referred to safeguarding if there are concerns of abuse and or neglect.

Consent

Consent must be gained from the person at risk however, the following reasons can be applied to the sharing of information in relation to a safeguarding referral:

a) The person has a cognitive impairment and lacks mental capacity for example, dementia.
b) Other people, including other adults and or children could also be at risk of harm from the perpetrator.
c) You believe the person at risk is being coerced or is fearful of repercussions.
d) There is reason to believe the person's health and or/ well-being will be adversely affected by on-going harm or abuse.
e) If the referral is about a child; parents/care provider must be informed of the referral if it is safe to do so.

You must give details why you have not gained consent on the referral form.
Is the person aware you are contacting social care?

You will need to, if safe to do so, inform the person at risk that you are contacting social services and explain to them the reason why. If you are unable to inform the person at risk of your intention to make a safeguarding referral you will need to state and explain on the referral form, why you were unable to do this.

Previous safeguarding referrals

It is vital to inform if there has been any previous 'known' safeguarding referrals: this information gives vital and immediate knowledge, level of risk, and/or on-going risks.

Alerter/referrer/GP and NOK details

The person receiving the referral will need to contact all involved professionals following the referral. In addition, the safeguarding worker may also need to obtain all relevant medical information from the GP so it vital this information is included on the referral form along with next of kin details (NOK) if known.

Please note the Alerter and referrer may be the same person, if this is the case please make this explicit on the referral form.

Medical/health conditions

Information about medical conditions may be essential for informing how vulnerable the person is. If you do not have access to this information you could record 'In my opinion the person does not appear to have mental capacity or I think the person may have dementia, and or the person seems to be in chronic pain'. Explain your reasoning for this on the referral form.

Is the person at risk of harm?

It is important and vital to make the safeguarding referral the day it occurred and as soon as is reasonably possible after the event: this ensures you record accurate information, and the person gets the support and help they need in a timely manner.

If the person is at 'immediate' risk of harm you must contact the emergency services in the first instance thereafter you must complete the safeguarding referral explaining on the referral form what actions, you have taken and why.

Abuse categories for Adults and Children

Please refer to the Children, Young People and Adults at Risk Safeguarding Procedure for details of the types of abuse may help you to identify which category of abuse you are referring about.

Reason for referral

All details of the event need to be described explicitly in this section: you must be factual in your explanation and record in the exact words of the person at risk. If it is an observed opinion, then you must record this is as your 'own' opinion or observation.

Explain who was present in the property at the time of the visit (if applicable). Also record if they live at the same property as the person at risk or elsewhere and get their address if possible. Document what their relationship is to the person at risk. If there are people who are professionals/carers present, document that they were present in this section but record their contact details in the professional/carer section of the referral form.

It is important to also document on the referral form if there is a specific day/time which is best to contact the person at risk for example, the person may be being abused by a person that lives in the same property, but they may work or leave the property on a certain day/time.

Include descriptions of the physical appearance of the person and the environment: Describe in detail the living conditions if known.

Examples to include where relevant:

a) Inappropriately dressed for the weather
b) Are they able to wash and dress
c) Property very cold/hot
d) Poor mobility and no mobility aids. Has had falls and is at risk of further falls but no support in place or assistive technology
e) Unsanitary conditions
f) No food or cooking appliances
g) Unable, due to physical disability or cognitive impairment, prepare food and drink
h) Unkempt appearance
i) Fire risk due to hoarding, poor electric wiring, open bar heaters within the property, unsafe use of deep fat fryer, unsafe smoking practices. Does the person have an air pressure mattress and is smoking in bed or use paraffin-based creams and is a smoker?
j) Gas risk – poor gas maintenance or at risk of leaving the gas fire/cooker on or is left unlit due to cognitive impairment/dementia/learning difficulties.
k) Unable to maintain continence
l) Is the person sitting for long periods of time with no pressure relieving equipment i.e pressure cushion – does the person have pressure sores?
m) Are the person legs swollen, red or blistered?
n) Are there any unexplained bruises? or is the person unable, due to a cognitive impairment/learning difficulty explain how the bruises occurred
o) Do they live with and or supporting someone with dementia? Are they managing to support this person, is this person aggressive towards the person at risk?
p) Are there formal or informal carers involved supporting with care and support needs, but the property remains in an unsanitary state, or the person is unkempt?

q) Is there evidence of substance misuse/alcohol dependency which prevents the person from carrying out daily activities or puts the person at significant harm and or prevents adequate care from being carried out for dependents.

Carers, professionals and/or voluntary organisations visiting the property

Where possible it is advantageous to record all formal/informal carers, professionals and/or voluntary organisations who visit the property. Formal carers will have a care log in the property with the care agency contact details. Ask the person who else visits the property to offer help and support and obtain their contact details if feasible to do so.

Other Information

If there is any other information that you think is relevant and is not covered in the guidance notes or referral form, then please record it under this section.

16.6 Appendix 6 Safeguarding escalation process

Are there differences of opinion regarding judgement leading to inter-agency / inter professional disagreement?

STAGE 1 On the day of disagreement	**STAGE 1** - Initial attempts should be made between the NCCHS referrer and Duty Team to achieve a shared understanding and agree a resolution If the issue remains unresolved the referrer should raise the unresolved issues with the manager or safeguarding lead
STAGE 2 Within 5 working days (unless immediate response required)	STAGE **2**- If the issue remains unresolved the respective Referrer must raise the case with their line manager/ a safeguarding Champion, who will discuss the concerns/response with each other. (Internally) Each respective Referrer to provide the completed risk assessment to clearly illustrate the risk and differing views to the Safeguarding Champion/line manager. The Champion/manager will email NCCHS safeguarding lead the respective assessments and request a mutually agreed time to have a verbal conversation, preferably face to face, depending on the urgency of the case. The purpose of this discussion is to provide details of the issue and reach an agreement regarding the action to be taken; the basis of this discussion should be around the risk assessments completed. It is envisaged that most cases will be resolved by this point, if however, this is not possible move to stage 3.
STAGE 3 Within 1 month (if appropriate)	**STAGE 3** – Safeguarding champions should consider discussion between NCCHS Safeguarding lead and other designated NCC teams. All cases reaching Stage 3 should be presented by NCCHS Safeguarding Lead to the appropriate Service Manager for the area. There are four service managers, one for Duty and one for North / South and Central social work areas. The format of this conversation should ensure each view and opinion is thoroughly explored and clearly recorded in the respective recording systems using Escalation Proforma (see appendix 4). The purpose is to reflect together away from any case management meetings where they will be able to explore the credibility of each side of the argument with a child focus.
STAGE 4	**STAGE 4** - If no resolution has been identified the case should be raised through the respective management hierarchy and explored manager to manager, including Strategic Safeguarding Lead and NCSCB/NCSAB chair to resolve the matter.

16.7 Appendix 7 Safeguarding Escalation Proforma

(To be completed by Safeguarding Lead or Manager when the Safeguarding Children and Adult's Escalation Procedure has been implemented at Stage 3)

Name of Adult/s Child(ren) at risk of harm	Date of Birth	Address	

Name of escalating practitioner, role, agency and contact details	
Name of NCCHS Safeguarding Lead implementing the escalation process	
Name of other professionals involved, role, agency and contact details	

Nature of concerns: (Use Signs of Safety and Risk Assessment tools to demonstrate the nature and severity of the concern.)	

Brief details re interagency disagreement, include names and contact details of who has been involved.		
What was the outcome of the inter-agency discussion at Step 1 and 2 of the escalation procedure?		
Who are the individuals involved at Step 3?		
What was the outcome of the inter-agency discussion at Step 3 of the escalation procedure?		
Has this escalation progressed to stage 4 and/or stage 5 of the Safeguarding Children and Adult's Escalation Procedure? If yes what is the outcome?		
Does this case give rise to any lessons learned?	Yes	No