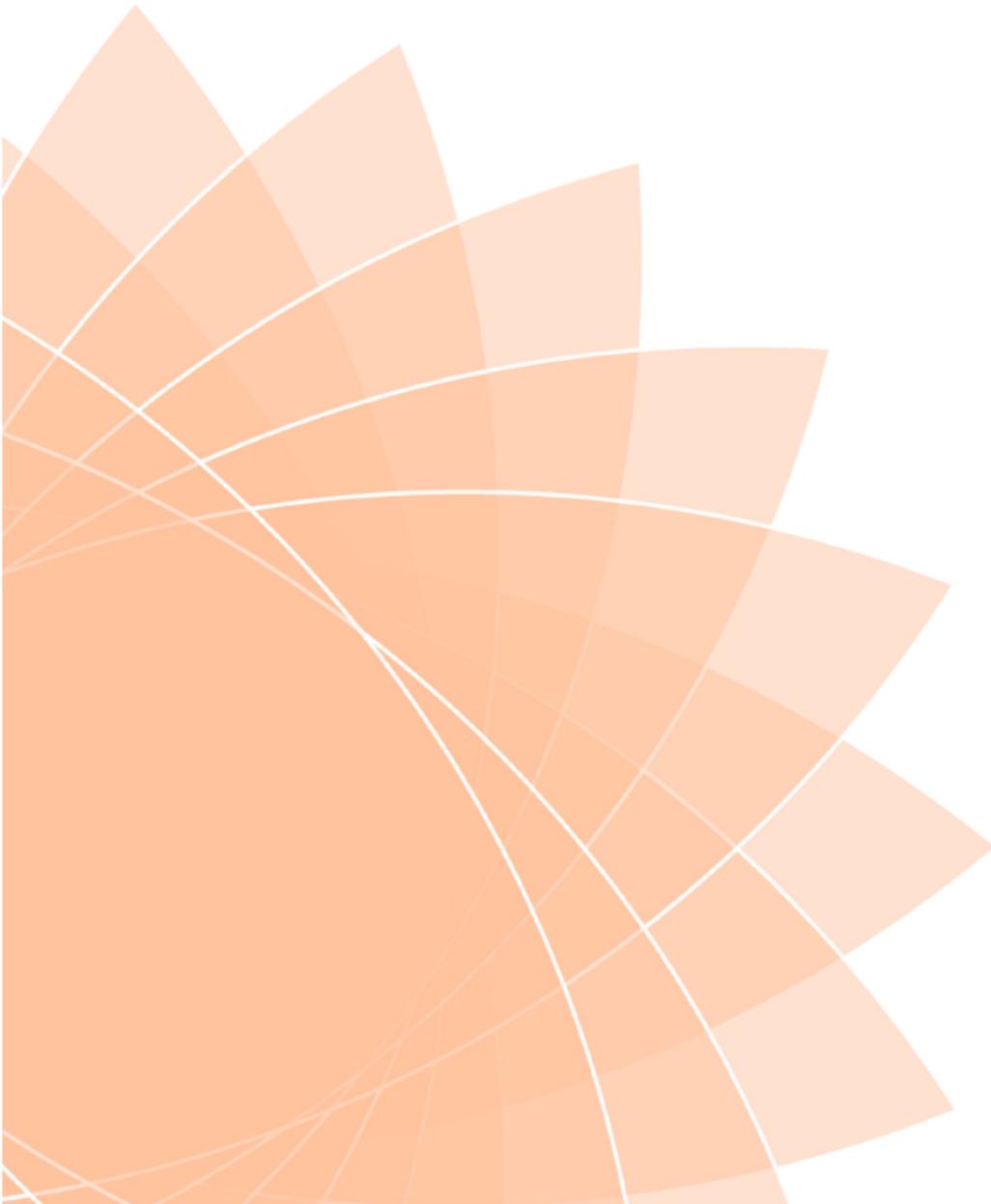


# Safeguarding Children, Young People and Adults at Risk

Policy & Procedures  
**January 2017**



## Safeguarding Children, Young People and Adults at Risk

<b>Section</b>	<b>Content</b>	<b>Page</b>
1	Purpose	
2	Background	
3	Policy Commitment and Aims	
4	Safeguarding Children and Young People	
5	Safeguarding Adults	
6	Domestic Abuse	
7	PREVENT – safeguarding vulnerable people from extremism	
8	Modern Slavery	
9	Consent, Confidentiality & Information Sharing	
10	Inter-agency Disputes and Escalation Policies	
11	Safe Staffing & Training	
12	Monitoring and review	
<b>Appendix</b>	<b>Content</b>	<b>Page</b>
A	Recognising Abuse – Children and Young People	
B	National Principles of Good Practice in Safeguarding	
C	Recognising Abuse - Adults	
D	Mental Capacity Assessment Tool Kit	
E	Guidance to responding to safeguarding concerns	
F	Recognising Domestic Abuse & why people stay	
G	General Guidance for responding to Domestic Abuse	
H	Rules for information sharing	
I	Corporate governance & reporting arrangements	
J	NKDC Safeguarding Conduct Guidance	

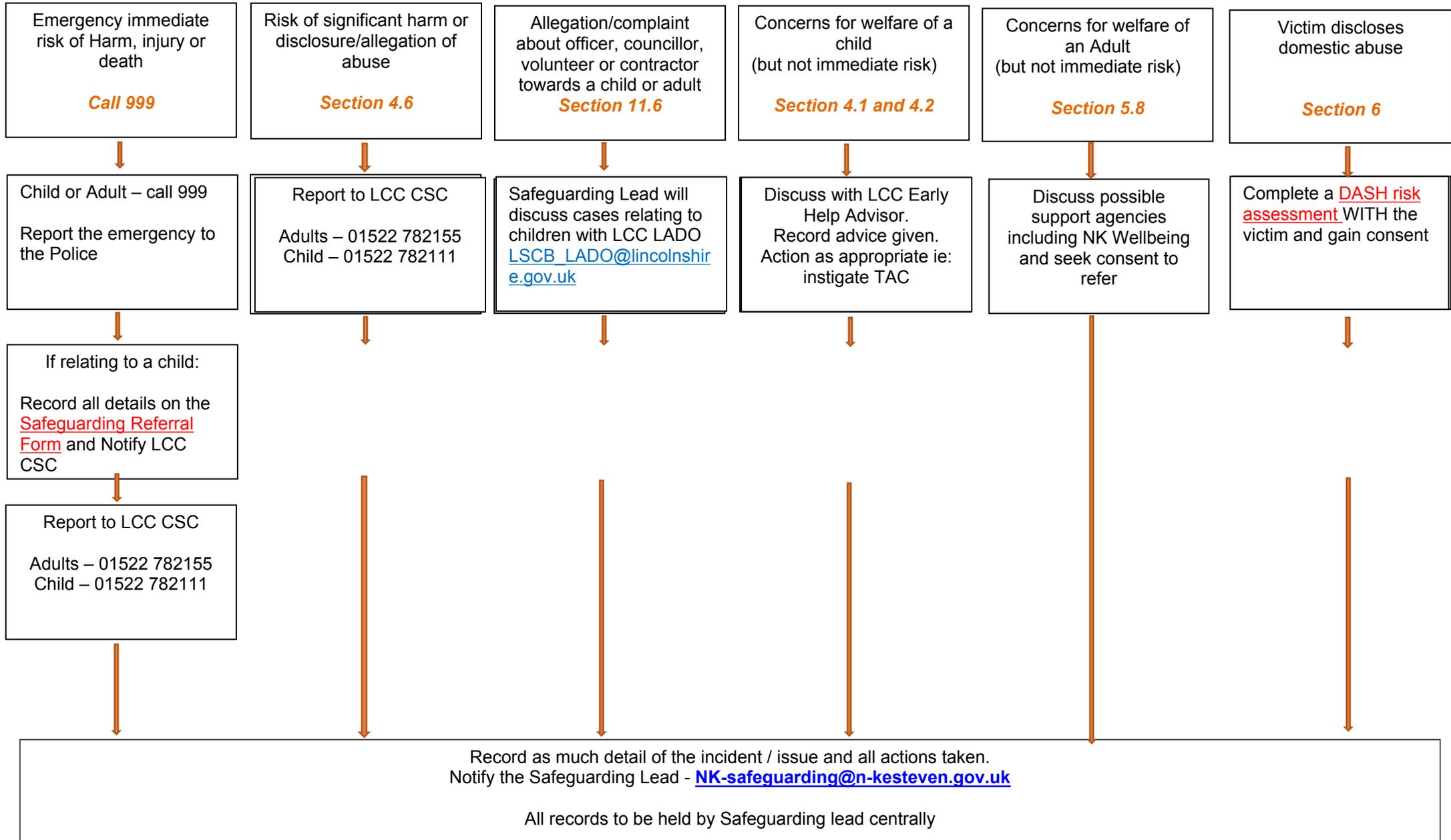
## 1 PURPOSE

- 1.1 This document sets out the Council's commitment to safeguarding and its expectations of all Council employees, elected members, volunteers, contractors and those directly commissioned to act on behalf of the Council in terms of promoting the welfare of children, young people and adults at risk and protecting everyone from harm.
- 1.2 The Council has a range of statutory duties that require it to keep people safe, and must demonstrate that it is meeting those responsibilities in ensuring the health, safety and wellbeing of children, young people and adults at risk.
- 1.3 This policy incorporates four separate but closely related topics:
  - Child Safeguarding,
  - Adult Safeguarding,
  - Domestic Abuse, and
  - the Prevent agenda.
- 1.4 This document will provide everyone with clear guidance on:
  - how to safeguard and promote the welfare of children, young people and adults at risk,
  - recognising those who are potentially more vulnerable,
  - how to respond and report concerns,
  - where and how records of concern must be kept,
  - who to contact if they have questions about safeguarding,
  - the Council approach to recruitment of new workers and volunteers,
  - how the Council will deal with allegations against staff, volunteers, councillors and contractors,
  - how the Council will support and prepare staff to handle issues of safeguarding,
  - what is and isn't appropriate behaviour.

### WHAT TO DO

It is everyone's responsibility to make sure they read, understand and adhere to the contents of this document, please seek further guidance if needed.

## Safeguarding at a glance .....



## **2 BACKGROUND**

### **2.1 Child Safeguarding**

2.1.1 The Children Act 2004 places a statutory duty on all prescribed agencies to safeguarding and promote the welfare of children. Prevailing statutory guidance [Working Together 2015](#) defines this 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.

2.1.1 This includes taking action to identify and prevent Child Sexual Exploitation.

2.1.2 Lincolnshire Safeguarding Children's Board (LSCB) is a statutory multi-agency board made up of representatives from the Local Authority (Lincolnshire County Council), district councils, Police, Health Services, Probation, Youth Offending Services, Voluntary Sector and others. Its vision is that every child and young person in Lincolnshire is safeguarded via the provision of accessible, timely, co-ordinated, high-quality multi-agency services to children, young people and families.

### **2.2 Adult Safeguarding**

2.2.1 The Care Act 2014 provides the legal framework for safeguarding adults, it defines safeguarding as protecting an adults right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and/or neglect, whilst at the same time making sure that the adults wellbeing is being promoted.

2.2.2 Agencies discharge their duty to co-operate via their attendance at the Lincolnshire Safeguarding Adults Board (LSAB), and its working groups, to take co-ordinated action where there is evidence of abuse/neglect and safeguard the victims, review and understand how this has occurred and to make effect effort to prevent this occurring in the future.

2.2.3 The Criminal Justice Act 2003, this Councils role in this capacity involves participation in Lincolnshire's Multi-Agency Public Protection Arrangements (MAPPA), responsible for managing registered sex offenders, violent and other offenders who pose a risk of serious harm to the public.

### **2.3 Domestic Abuse**

2.3.1 Lincolnshire Domestic Abuse Strategic Management Board leads on co-ordinating the county's activities in reducing domestic abuse and creating an environment of zero tolerance to domestic abuse. Lincolnshire's Domestic Abuse Strategy 2016 was

developed by partner agencies, victims and survivors setting the vision for co-ordinated work within the county.

2.3.2 The Council actively participates and co-operates with Multi-Agency Risk Assessment Conferences (MARACs) where information about high risk victims (those at risk of serious harm) is shared to develop a risk-focussed, co-ordinated safety plan to support the victim. Independent Domestic Violence Advisors (IDVAs) offer the victim support and ensures the voice of the victim is heard throughout the process.

## **2.4 Prevent**

2.4.1 The Governments Prevent strategy was explicitly changed in 2011 to deal with all forms of terrorism and with non-violent extremism, which can create an atmosphere conducive to terrorism.

2.4.2 Section 26 of the Counter Terrorism and Security Act 2015 places a duty on certain bodies ("specified authorities" listed in Schedule 6 of this Act includes District Councils), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".

2.4.3 The duty does not confer the new functions on any specified authority but the term "due regard" used in the Act requires the Council to place an appropriate amount of weight on the need to prevent people being drawn into terrorism (and other forms of violent and non-violent extremism) when considering all the other factors relevant to how we carry out our usual functions and how we keep people safe.

## **2.5 Partnerships**

2.5.1 The Council works with many agencies and organisations in partnership arrangements to promote wellbeing, safeguarding and safety of residents in North Kesteven and Lincolnshire as a whole.

2.5.2 Depending on position held, employees and Members may be active members in these partnership as strategic and operational representatives of the Council, these include but not exhaustive:

- Lincolnshire Safeguarding Children Board – [LSCB](#)
- Lincolnshire Safeguarding Adults Board (Care Act 2014) – [LSAB](#)
- Domestic Abuse Strategic Management Board – DA SMB
- Multi-Agency Public Protection Arrangement – MAPPA
- Lincolnshire Public Protection Board
- Community Safety Partnership – CSP
- Team Around the Child, Child in Need, Child Protection Conferences
- Anti-Social Behaviour Risk Assessment Conference - ASBRAC
- Multi-Agency Risk Assessment Conference – MARAC

### 3 POLICY COMMITMENT AND AIMS

- 3.1 This policy aims to protect all children, young people and adults who need safeguarding (including North Kesteven District Council employees); those who use our services or are cared for by others who use our services; and those with whom Council staff, elected members, volunteers, contractors and anyone acting on behalf of the Council have contact.
- 3.2 It aims to:
- Protect those who need safeguarding by providing a reference point for Council staff, elected members, volunteers, contractors and anyone acting on behalf of the Council (thereby protecting the Council and those individuals from failing to take safeguarding actions);
  - Ensure all our contact has a person-centered approach, which puts people's own needs and wishes first, hears their voice, respects their views and upholds their human rights;
  - Achieve the best possible outcomes for all individuals, including enabling all children and young people to Stay Safe, Be Healthy, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Wellbeing (Children Act 2004);
  - Secure stable relationships with professionals built on trust and confidence, with consistent support to meet their individual needs,
  - Ensure that everyone involved gets the support they need before a problem escalates;
  - Provide a proportionate, timely, supportive, informed and professional response to anyone experiencing abuse or neglect;
  - Ensure that the Council plays its full role in safeguarding and promoting the health and welfare of all children, young people and adults, at all times.
- 3.3 We aim to give our employees, elected members, contractors, volunteers or anyone else acting on behalf of the Council, the knowledge, skills and confidence to appropriately respond to safeguarding concerns.
- 3.7 For the purpose of this guidance, a child is under the age of 18 years. If an officer is unsure of the age of a child it must be assumed that the child is under the age of 18.

## 4 SAFEGUARDING CHILDREN AND YOUNG PEOPLE

### 4.1 Early Help

- 4.1.1 Early Help aims to ensure that children get the support they need before a problem escalates. It takes a robust strengths-based approach to consider concerns raised by children, their families or professionals. It builds on what is working well and includes action planning for what needs to change and who will take what action, enabling everyone involved to own the solutions.
- 4.1.2 An Early Help Assessment must be completed whenever there is a concern (but not at risk of immediate harm) about a child by the person who has contact with them and their family, to identify specific actions with those involved and to determine whether the issue needs further referral. In most cases, referrals must be completed with the family.
- 4.1.3 Early Help Assessments are not an alternative to formal safeguarding referrals.
- 4.1.4 Practitioners can be offered the opportunity to have an “in principle” (if no consent) consultation with an Early Help Advisor to ascertain the best way forward for the individual case circumstances.
- 4.1.5 Early Help consultations are currently only available regarding children and young people who are not current open to Children’s Services (ie already have a designated Social Worker) or have a Team Around the Child (TAC) plan in place. If a practitioner require support regarding a child or young person who does already have a TAC Plan in place, then the practitioner needs to direct their concerns directly to the Lead professional within the TAC.

#### WHAT TO DO

To find out if a child is already open to Children’s Services call 01522 782111. To access more information on Early Help please access this link [LCC Early Help and TAC Information](#) go to bottom of page

Officers must discuss with their line manager if they have completed an EHA.

All EHA completed, even if you decide not to pursue other agency involvement, must be shared with the Safeguarding Lead  
[safeguarding@n-kesteven.gov.uk](mailto:safeguarding@n-kesteven.gov.uk)

### 4.2 Team Around the Child (TAC)

- 4.2.1 After completing an Early Help Assessment with the family it may be that the needs of the family can be met from single agency involvement, in which case the practitioner would continue to work with the family in the capacity of their job role.

4.2.2 Where the identified needs need involvement of more than one agency, then a Team Around the Child should be established, this is done by gaining the families consent to involve other agencies, this is usually through holding a meeting.

### **4.3 Child Abuse**

4.3.1 A person may abuse or neglect a child or young person by inflicting harm or by failing to prevent harm. Children may be abused in a family, an institution or a community setting, by those known to them or, more rarely, by a stranger. **Appendix A** - provides more detail on recognising the different types of abuse

4.3.2 Children and young people can be subject to more than one form of abuse at any one time, with emotional abuse being an integral part of physical, sexual and neglect, it can also be a stand alone category

4.3.3 Sometimes a child “fails to thrive” and they do not achieve the expected growth and development for their age. Although there may be a medical cause, the majority of children who fail to thrive have no organic disorders. Failure to thrive often occurs in the overall context of emotional deprivation and neglect; the child not only fails to grow but fails to develop intellectually and emotionally.

4.3.4 Every child and young person is unique so it is difficult to predict how their behaviour may change as a result of abuse. Those who are carers or teenage parents, who have physical or learning disabilities, are care leavers, migrant children, unaccompanied asylum-seeking children and child victims of trafficking, domestic abuse, bullying or anti-social behavior may have additional needs and vulnerabilities.

4.3.5 We all need to be alert to these needs when considering any indicators and the support they may need. **Appendix A** shows the main indicators associated with the four types of abuse. Many children and young people will exhibit some of these signs and indicators at some time during their development: the presence of one or more does NOT prove that abuse is occurring. There may be other reasons for changes in a child’s behavior, such as the death of a close relative, the birth of a new baby or relationship problems between parents or carers.

#### **WHAT TO DO**

If you have a concern that a child or young person is at risk of immediate and significant harm, call the Police on 999, or Children’s Services on 01522 782111, then advise the NKDC Safeguarding Co-ordinator, so appropriate records can be kept.

### **4.4 Child Sexual Exploitation (CSE)**

4.4.1 Child sexual exploitation is a form of child sexual abuse that is based on an ongoing exploitative relationship between perpetrator and child. A child or young person under the age of 18 is sexually exploited when they have received ‘something’ (e.g. food, accommodation, drugs, alcohol, gifts, money) in exchange for sex.

- 4.4.2 Children and young people can be sexually exploited through the use of technology – for example by being persuaded to post sexual images on the internet or via a mobile phone.
- 4.4.3 Sexually exploitative relationships are characterised by an imbalance of power and the use of controlling behaviours to keep the child or young person in a dependent position.

## **4.5 Understanding Grooming**

- 4.5.1 Sexual exploitation usually involves a ‘grooming’ stage. Grooming describes the variety of methods are used to manipulate and control victims including:
- The giving of gifts or presents;
  - The giving of rewards – like mobile phone top-ups or games credits;
  - False promises of love and/or affection;
  - The supply of alcohol and/or drugs.
- 4.5.2 It is very common for the grooming of children and young people to take place online. Children and young people can make themselves vulnerable though their online activities and abusers are quick to exploit this. Victims may have been persuaded or coerced into posting indecent images or performing sexual acts on webcam. Online grooming can also progress to meeting face to face.
- 4.5.3 The early stages of the grooming process can be an exciting time for a child or young person – particularly if they are given high status gifts or are taken to parties, pubs, or clubs that they wouldn’t normally get into.
- 4.5.4 Grooming is a way of developing an exclusive bond with the victim. Adolescents are particularly vulnerable to grooming where the abuser deceptively constructs a connection between sought after love or affection. As a result the child or young person will believe that this person is actually their boyfriend or girlfriend – having no prior experience of sex or love against which to measure the relationship.
- 4.5.5 As a result of the grooming process children and young people will rarely recognise the coercive and abusive nature of the relationship they are involved in and will often prioritise their attachment or loyalty to the offender over their own safety. The perpetrators of sexual exploitation are not only very skilled at driving a wedge between a child and their family but will also isolate them from their usual friends and support networks.
- 4.5.6 In Lincolnshire the LSCB has produced a CSE Risk Assessment Tool to be used by any professional who is working with a child or young person that they have concerns may be at risk from, or experiencing, sexual exploitation. As the child or young person may not recognise the level of risk or harm they are exposed to it is particularly important that practitioners exercise judgement when assessing a child or young persons circumstances. The tool supports practitioners to consider the vulnerability alongside any evidence of exploitative situations and relationships in order to reach a judgement on risk.

4.5.7 The SAFE HUB co-ordinates the multi-agency response to child sexual exploitation across Lincolnshire. The SAFE HUB takes the lead in the identification, prevention, investigation and prosecution of cases across the County. The Hub includes officers and staff from Lincolnshire Police, Children's services, Lincolnshire Community health Services, Youth Offending, Barnardos and Link to change

#### WHAT TO DO

[Click here to access CSE Risk Assessment & Guidance](#). If you have concerns that a child or young person is at risk of, or experiencing, CSE you can request support from the SAFE Hub by contacting Children's Services 01522 782111, please discuss with the NKDC Safeguarding Co-ordinator.

## 4.6 Significant Harm

4.6.1 This term is used regularly throughout this document. The Children Act 1989 states that significant harm justifies compulsory interventions in family life in the best interest of the child. The term significant harm under Section 31(9) of the Children Act, as amended by the Adoption and Children Act 2002 is defined as:

**Harm** - ill treatment or the impairment of health or development including for example impairment suffered from seeing or hearing the ill treatment of another;

**Development** - physical, intellectual, emotional, social or behavioural development;

**Health** - physical or mental health; and

**Ill Treatment** - sexual abuse and forms of ill treatment that are not physical.

4.6.2 Although there are no absolute criteria to judge what constitutes significant harm, considerations should include:

- the severity of ill-treatment
- the degree and the extent of physical harm
- the duration and frequency of abuse and neglect
- the extent of premeditation
- the degree of threat, coercion, sadism
- bizarre or unusual elements in child sexual abuse.

4.6.3 Each of these are associated with more severe effects on the child and/or relatively greater difficulty in being able to overcome their impact. Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. The corrosive effect of long term emotional, physical or sexual abuse may also be deemed significant harm.

4.6.4 The following considerations may indicate that further enquiry is needed and should be considered when assessing risks to a child:

- An unexplained delay in seeking treatment that is obviously needed;
- An unawareness or denial of any injury, pain or loss of function;
- Incompatible explanations offered or several different explanations given for a child's illness or injury;

- A child reacting in a way that is inappropriate to his/her age or development ;
- Reluctance to give information or failure to mention previous known injuries;
- Frequent attendances at Accident and Emergency Departments or use of different doctors and Accident and Emergency Departments;
- Frequent presentation of minor injuries (which if ignored could lead to a more serious injury);
- Unrealistic expectations/constant complaints about the child;
- Alcohol and/or drug misuse or other substance misuse;
- A parents request to remove a child from home or indication of difficulties in coping with the child;
- Domestic abuse;
- Parental mental ill health;
- The age of the child and the pressures of caring for a number of children in one household;
- Parental conflict about separation and contact with serious threats to harm the children.

## 4.7 Reporting Concerns

- 4.7.1 Where someone has a concern that a child or young person may be at risk of significant harm, (but do not feel calling 999 is appropriate) then a safeguarding referral must be made to Lincolnshire County Council's Children's Social Care team.
- 4.7.2 Individuals will need to record as much information as possible on a Safeguarding referral form and follow the current reporting procedure clearly set out in this policy and the flowchart – ***Safeguarding at a glance***.
- 4.7.3 In the first instance a telephone call to LCC Customer Services Centre, to make the referral by sharing your concerns and providing as much detail as you can. The referrer will then be asked to complete a safeguarding referral form, but will be directed by the LCC Customer Services Advisor. There is a link to the Safeguarding referral form on the NK Intranet, the Orange, to ensure you are always using the most up to date version of the form.
- 4.7.4 Safeguarding referrals do not need consent from the child, young person, or family, but it is best practice to seek this wherever possible, if consent sought but refused please advise them that you will be reporting your concerns so the family are aware of your intended action, unless you feel that advising them of your intentions will cause further risk of harm.
- 4.7.5 Always consult the NKDC Safeguarding Co-ordinator as soon as possible after your referral so that appropriate records can be maintained
- 4.7.6 When a referral is made it is screened by the Children's Social Care Team, to determine if the concerns reported meet the threshold for their intervention, they have 1 working day to respond. It maybe that they respond immediately, they may contact you again for further information, they may advise the concern has been passed for assessment or they may suggest alternative action, such as pursuing a TAC with the family. You will receive a written outcome of your referral.

- 4.7.7 If a referral meets the threshold for a social work assessment under the Children Act 1989, the referrer will be informed by letter, that Children's Social Care will take the case forward. This might mean that you are later contacted to participate in a Child In Need Meeting led by a named Social Worker or a Child Protection Conference.
- 4.7.8 If the referral does not meet the threshold, the referrer should also be informed of this by letter. At this point, the referrer may be advised to consider Early Help Support and/or to set up a Team Around the Child (TAC) meeting. If this is the case please contact the NKDC Safeguarding Co-ordinator for further advice on next steps if required, also [see section 4.1](#).
- 4.7.9 It is important to note that practitioners (Council Staff) cannot make anonymous safeguarding referrals into Children's Social Care. Where anonymous or other third party concerns are received by the Council e.g. from members of the public, in the first instance they must be encouraged to ring the LCC Customer Services Centre themselves directly. All such concerns MUST also be reported to the NKDC Safeguarding Co-ordinator, who will follow up as far as possible to ensure that concerns do not go unaddressed. It is vital that anyone receiving such information records as much information as possible.

**WHAT TO DO - Crime**

Crime and risk of immediate harm - Telephone Police on 999  
Crime but no immediate risk of harm – Telephone Police on 101  
Notify the NKDC Safeguarding Co-ordinator asap afterwards  
[NK-safeguarding@n-kesteven.gov.uk](mailto:NK-safeguarding@n-kesteven.gov.uk) .

**WHAT TO DO - Immediate referral**

LCC CSC for Children 01522 782111 Monday-Friday between 8am-6pm or 01522 782333 outside these hours, inc Bank Holidays  
Notify the NKDC Safeguarding Co-ordinator asap afterwards  
[NK-safeguarding@n-kesteven.gov.uk](mailto:NK-safeguarding@n-kesteven.gov.uk) .

**WHAT TO DO – Non-immediate referral**

Discuss the circumstances with an Early Help advisor or the NKDC Safeguarding Co-ordinator asap to agree most appropriate way forward.

## 5 SAFEGUARDING ADULTS

### 5.1 Overview

- 5.1.1 The Lincolnshire Safeguarding Adults Board has been mandatory since April 2015. This Board, like the Children's Board, is overseen by an Independent chair.
- 5.1.2 The LSAB is responsible for developing the multi-agency policy and procedures that all relevant organisations in Lincolnshire need to follow. The prevailing LSAB policy and procedures that the Council is required to follow are set out and accessible at <http://www.lincolnshire.gov.uk/lisab/multi-agency-policy-and-procedures/120504.article>.
- 5.1.3 Safeguarding adults, means protecting an adult's right to live in safety, free from abuse and neglect. In Lincolnshire, the Lincolnshire Safeguarding Adults Board (LSAB) is the multi-agency partnership that takes the strategic lead on adults safeguarding and comprises of a range of organisations that all have responsibilities in the safeguarding adult's agenda.
- 5.1.4 Safeguarding adults is all about people and organisations working together to prevent and stop abuse or neglect, and making sure that the adult's wellbeing is promoted, taking account of their views, wishes, feelings and beliefs in deciding on any action. People's lives and relationships are complex and they may be ambivalent, unclear or unrealistic about their own circumstances. Being safe is only one of the things people need, and agencies must work with the adult to establish what being safe means to them and how that can be achieved.
- 5.1.5 The aims of adult safeguarding are to:
- stop abuse or neglect wherever possible;
  - prevent harm, reduce the risk of abuse or neglect to adults with care/support needs;
  - support them in making choices and having control about how they want to live;
  - focus on improving life for the adults concerned;
  - raise public awareness so that communities play their part in preventing, identifying and responding to abuse and neglect;
  - provide accessible information so people understand the types of abuse, how to stay safe and how to raise a concern about someone's safety or well-being; and
  - address what has caused the abuse or neglect.
- 5.1.6 To achieve these aims, it is necessary to:
- ensure that everyone is clear about their roles and responsibilities;
  - create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
  - develop a positive learning environment to break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
  - enable access to community resources (eg leisure facilities, town centres, community groups) that can reduce social and physical isolation which may increase the risk of abuse or neglect; and
  - clarify how responses to safeguarding concerns arising from poor quality and inadequate service provision must be responded to.

## 5.2 Who Needs Safeguarding? – Adults at Risk

### 5.2.1 Statutory safeguarding duties apply to any adult who:

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

### 5.2.2 Local authority statutory adult safeguarding duties apply to adults with care and support needs regardless of whether those needs are being met, irrespective of whether the adult lacks mental capacity or not and regardless of setting – other than for prisons and approved premises (bail hostels) and include anyone who:

- is frail due to age, ill-health, physical disability or cognitive impairment, or a combination of these;
- has a learning disability, a physical disability and/or a sensory impairment;
- has mental health needs including dementia or a personality disorder;
- has a long-term illness or condition;
- misuses substances or alcohol;
- is a carer who provides assistance to adults and is subject to abuse;
- is unable to demonstrate the capacity to make a decision.

### 5.2.3 It is important to remember that just because someone is old, frail or has a disability, this does not mean they are inevitably 'at risk'. A person with a disability who has mental capacity to make decisions about their own safety may be perfectly able to make informed choices and protect themselves from harm. In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and the extent to which they can protect themselves from abuse, neglect and exploitation. It is equally important to note that people with capacity can also be vulnerable. Please refer to **Appendix A** for information about factors determining vulnerability.

### 5.2.4 The Care Act 2014 requires that first tier local authorities (i.e. LCC) **must** make enquiries or cause others to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult. The scope of that enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. It will usually start with asking the adult their view and wishes which will often determine the next steps to take. Everyone involved in an enquiry must focus on improving the adults well-being and work together to that shared aim.

## 5.3 Enquiries

### 5.3.1 The objectives into abuse or neglect are to:

- Establish facts;
- Ascertain the adults views and wishes;

- Assess the needs of the adult for protection, support and redress and how they might be met;
- Protect from abuse and neglect, in accordance with the wishes of the adult;
- Make decisions as to what follow-up action must be taken with regard to the person or organisation responsible for the neglect;
- Enable the adult to achieve resolution and recovery.

5.3.2 This is about engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety

5.3.3 Alongside these objectives are 6 national principles *see Appendix B*

## 5.4 What is Abuse and Neglect?

5.4.1 There are different types of abuse and neglect and different circumstances in which these occur. Incidents may be one-off or multiple, may affect one person or many and may involve an act of abuse or neglect or a failure to act. It is vital to being to establish the facts at the earliest opportunity i.e. the behaviours that are occurring and the circumstances in which they are happening.

5.4.2 It is important that whenever a complaint or allegation is raised the Councils' safeguarding Co-ordinator is informed so that they can facilitate an internal exercise looking for past incidents, concerns, risks and patterns.

5.4.3 Please refer to *Appendix A* for full details on the different categories of abuse and examples of how these may present

## 5.5 Recognising Abuse and Neglect

5.5.1 Abuse can happen anywhere: in someone's own home, in a public place, in hospital or in a care home; when an adult lives alone or with others. Anyone can carry out abuse or neglect, including:

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

5.5.2 While targeted fraud or internet scams are often done by strangers, in most cases of abuse, the abuser is known to the adult and in a position to gain their trust or to exert pressure or have power over them.

5.5.3 Anyone can witness or become aware of abuse and neglect. Everyone has a role in identifying when an adult is at risk. The adult may say or do things that provide a clue e.g. making a complaint, calling for an urgent response, voicing a concern, or issues may emerge during a needs assessment. Regardless of how a concern is identified,

all staff must be vigilant on behalf of those who are unable to protect themselves, knowing what to do and where to get advice.

5.5.4 All adults, regardless of their background, must be given the same level of support and protection, you must give regard to a person's religion or belief. Those with disabilities, of different nationalities, victims of trafficking, domestic abuse and bullying may have additional care needs.

## **5.6 Carers and Safeguarding**

5.6.1 Sometimes a carer (family member or friend) may witness or speak up about abuse or neglect; may experience intentional or unintentional harm from the adult they care for or from professionals they are in contact with; or may unintentionally or intentionally harm or neglect the adult they support.

5.6.2 The needs of the carer AND the adult for whom they provide care for must be considered including:

- Whether a carer's assessment is needed to explore their individual needs; and whether or not joint assessment is appropriate in each individual case;
- whether the carer and/or the adult they care for need independent advocacy;
- the risk factors that may increase the likelihood of abuse or neglect occurring;
- whether a change in circumstance changes the risk of abuse or neglect. A change in circumstance should trigger a review of any care and support plan;
- where abuse or neglect may be unintentional, whether the carer is struggling, and needs support or help (without losing the focus on safeguarding the adult);
- where abuse or neglect is deliberately intended to cause harm, whether immediate steps are needed to protect the adult and/or whether a criminal investigation by the police is needed.

5.6.3 Whenever a carer speaks up about abuse or neglect, it is essential that they are listened to and, where appropriate, a safeguarding enquiry is undertaken.

## **5.7 People Alleged to be responsible for Abuse or Neglect**

5.7.1 Sometimes the person alleged to have carried out the abuse has care and support needs themselves and/or is unable to understand the significance of questions put to them or their replies. They have a right to support from an 'appropriate' adult if they are questioned in relation to a suspected crime under the Police and Criminal Evidence Act 1984 (PACE). Victims of crime and witnesses may also require the support of an 'appropriate' adult. If those alleged to be responsible for abuse lack capacity, they are entitled to the help of an Independent Mental Capacity Advocate.

5.7.2 This is of particular relevance to those officers working with the Housing, ASB, Environmental Health and Revenues & Benefits Teams, when considering potential enforcement action.

## **5.8 Reporting Concerns**

- 5.8.1 Where someone has a concern that an adult may be being abused or are worried that their safety is at risk, (but do not feel calling 999 is appropriate) you must discuss your concerns with the NKDC Safeguarding Co-ordinator, so enquiries can be made into any previous contact with the District Council.
- 5.8.2 Individuals will need to record as much relevant information as possible, and all action taken as a result.
- 5.8.3 If, after making reasonable enquiries, you have suspicion that an adult with care/support needs is experiencing or at risk of abuse/neglect, then in the first instance you must telephone LCC Customer Services Centre, to make the referral by sharing your concerns and providing as much detail as you can. The LCC Customer Services Advisor will then advise you if you need to complete a referral form or alternatively may offer suggested next step actions for you.
- 5.8.4 The first priority must always be to ensure the safety and well-being of the adult. The adult should experience the safeguarding process as empowering and supportive. Practitioners must wherever practicable seek the consent of the adult before taking action. Immediate safeguarding referrals do not need consent, but it is best practice to seek this wherever possible, if consent sought but refused please advise them that you will be reporting your concerns so they are aware of your intended action, unless you feel that advising them of your intentions will cause further risk of harm.
- 5.8.5 If your referral meets the threshold for LCC Safeguarding or Adult Social Care involvement they will undertake the appropriate enquiry, assessments and take necessary steps to protect the adult at risk. The objectives of an enquiry into abuse or neglect are to:
- establish the facts;
  - ascertain the adult's views and wishes;
  - assess the need for protection, support, redress, and how this might be met;
  - protect the adult from the abuse and neglect, in line with their wishes;
  - make decisions about further action against the person or organisation causing the abuse or neglect; and
  - enable the adult to achieve resolution and recovery.
- 5.8.6 If your referral does not meet the threshold for LCC Safeguarding or Adult Social Care involvement they will advise you if any other agency should do something to help and protect the adult.
- 5.8.7 The adult must always be involved from the start of the enquiry unless that would increase the risk of abuse. If they have severe difficulty in being involved, and if there is no one appropriate to support them, LCC must arrange for an independent advocate to represent them.
- 5.8.8 LCC can ask another agency to make the enquiry, they must set timescales and what action will follow if this is not done. For example, a professional who already knows the adult or who has specific knowledge may be better placed to do an enquiry e.g.

health professionals for medical issues or housing officers for housing issues. It is LCC's responsibility to determine what further action is necessary, in consultation with the person themselves.

- 5.8.5 Always consult the NKDC Safeguarding Co-ordinator as soon as possible after your referral so that appropriate records can be maintained

**WHAT TO DO**

If no immediate risk but you are concerned:

Discuss with NKDC Safeguarding Co-ordinator, then if appropriate contact LCC CSC for Adults 01522 782155 Monday-Friday between 8am-6pm or 01522 782333 outside these hours, inc. Bank Holidays.

Mental Health concerns - Individuals can self-refer to Single Point of Access on 0303 1234 000 (you cannot do it on their behalf).

Or notify the NKDC Safeguarding Co-ordinator asap afterwards  
[NK-safeguarding@n-kesteven.gov.uk](mailto:NK-safeguarding@n-kesteven.gov.uk) .

- 5.8.6 The Police take any crime against an adult at risk seriously, and will investigate it thoroughly, professionally and compassionately. The police work very closely with partner agencies to ensure effective information sharing, risk assessment and decision-making takes place every time an incident of abuse is reported. There are now special measures that can be put into place to help vulnerable people through the court process. These measures have allowed many people, who may once have been denied access to the criminal justice system, the opportunity to give their evidence in court. The police will discuss these special measures with victims at the earliest stage possible in the investigation.

**WHAT TO DO**

If you have concerns of immediate risk

Crime and/or risk of immediate harm (including self-harm)- Telephone Police on 999

Crime but no immediate risk of harm – Telephone police on 101

Notify the NKDC Safeguarding Co-ordinator asap afterwards  
[NK-safeguarding@n-kesteven.gov.uk](mailto:NK-safeguarding@n-kesteven.gov.uk) .

## 5.9 Mental Capacity

- 5.9.1 The Mental Capacity Act 2005 provides the legal framework around capacity. Capacity is the ability to make a particular decision or take a particular action at the time the decision or action needs to be taken. The Act, which applies to everyone over the age of 16, sets out FIVE statutory principles:

- a. Always assume a person has capacity to make their own decisions unless it is established that they lack capacity;
- b. All practicable steps to help the person decide must have been taken without success;
- c. A person must not be treated as lacking capacity and being unable to make a decision merely because they make an unwise decision;
- d. Any action taken or decision made on behalf of a person who lacks capacity must be in their “best interests”. A record of the action or decision and the reasons for it must be made;
- e. An act or decision on behalf of a person who lacks capacity must aim to be the least restrictive of their rights and freedom of action.

#### 5.9.2 Assessing capacity involves a two stage test:

1. Is there an impairment of or disturbance in the functioning of the person’s mind or brain?
2. If so, is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision? A person is unable to make a decision if they cannot:
  - Understand “relevant information” (e.g. the nature of the decision, why it’s needed, the likely effects of deciding one way or another or of making no decision), or
  - Retain the information in their mind, or
  - Use or weigh that information in the process of making the decision, or
  - Communicate their decision to others.

5.9.3 Capacity may vary as a result of illness, injury, medication or other circumstances. Staff will need to use their professional judgement and seek guidance from the Designated Safeguarding Officer, their Deputy or the Customer Services Centre for adults in order to help adults to manage risk and give them control of making their own decisions.

5.9.4 A Mental Capacity Assessment Tool and Record is included at **Appendix D** and should be completed when there are concerns that someone over 16 may not have capacity to make appropriate decisions.

### 1.10 Mental Capacity and Consent to Refer

5.10.1 It is vital to try and decide whether an adult has the mental capacity to make decisions about their own safety or to give informed consent about:

- a referral being made,
- the actions that may follow under multi-agency policy and procedures,
- their own safety, including an understanding of the potential for longer-term harm as well as immediate effects, and
- what action they need to take to protect themselves from future harm.

5.10.2 If the person **has** mental capacity, always seek their consent to make a referral.

- 5.10.3 If the person **has** mental capacity and **declines** the referral, a referral may still be appropriate without their consent, again, if there is time, without causing undue delay, seek advice from NKDC Safeguarding Co-ordinator or LCC CSC.
- 5.10.4 If you are concerned that the person **does not have** mental capacity, a referral or further action may still be needed. Always do this in the person's best interests. If there is time, without causing undue delay, seek advice from NKDC Safeguarding Co-ordinator or LCC CSC. If a decision is needed quickly, make it, recording actions and decisions and the reasons for these.

## **6 DOMESTIC ABUSE**

### **6.1 Definition of Domestic Abuse**

- 6.1.1 The Home Office defines domestic abuse (or domestic violence) as:  
*'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over by someone who is or has been an intimate partner or family member, regardless of gender or sexuality.'*
- 6.1.2 Controlling Behaviour - *'a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.'*
- 6.1.3 Coercive behaviour - *'an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.'*
- 6.1.4 Threatening behaviour - includes threats of violence, threats of suicide or threats to take the children from the abused person.
- 6.1.5 Domestic abuse is more than just an argument. It is rarely an isolated incident; it is usually an ongoing pattern which escalates over time, becoming more destructive and even life-threatening. Different types of abuse may occur at different times or in combination: some are criminal acts and all are emotionally damaging for the victim and their family, including children who may witness this.

### **6.2 Victims and Survivors of Domestic Abuse**

- 6.2.1 The scale of domestic abuse is hard to quantify. It happens largely behind closed doors. Victims are often too frightened or embarrassed to report what is happening or do not trust that they will be believed or safeguarded after their disclosure. Nationally:
- 1 million women experience at least one incident of domestic abuse each year.
  - 1 in 10 men report they have experienced domestic abuse.
  - At least 750,000 children each year witness domestic abuse.
- 6.2.2 Domestic abuse affects people of all ages, social background, gender, religion, sexual preference or ethnicity, in a range of relationships: married, separated, divorced, living together, dating, heterosexual, gay or lesbian, and includes child on parent abuse and elder abuse. Domestic abuse that causes serious physical injury is mainly committed by men against women. Male victims of domestic abuse may find it harder to seek help. Domestic abuse affects children who witness the abuse and may require safeguarding action to be taken.

### **6.3 Perpetrators of domestic abuse**

- 6.3.1 There is no typical perpetrator but there are some common characteristics:
- Many abusers suffer low self-esteem. Their sense of identity is often tied to their partner. If they feel they are "losing" their partner through separation, divorce, or

pregnancy (fearing the mother's love for the child will replace her love for them), they may lash out.

- If victims “leave”, the abuser may feel they are losing their control and self-identity. Abusers will often do anything to keep or regain control over the victim. Victims are at high risk during separation or divorce proceedings. The abuse often escalates and victims may need to physically leave to survive.
- Abusers may be perceived as out of control and unpredictable but the opposite is often true. Use of psychological, emotional and physical abuse, mixed with periods of respite, love and happiness are deliberate coercive tools used to secure submission. Police officers report attending the scene of a violent incident, finding a harmed victim and a composed perpetrator behaving as if nothing had occurred. Abusers may violently assault, then immediately express regret, buying gifts to win forgiveness. This creates confusion for victims, especially when abusers promise never to harm them again or to seek help. Such promises may be made to prevent victims leaving and, without help, the abuse usually recurs. Victims can often predict exactly when abuse will erupt.
- Victims often describe perpetrators as “Jekyll and Hyde”, reporting dramatic mood swings: they are loving one minute and cruel the next. They are often seen by those outside the home as generous, caring and good, behaving very differently in their home environment.

## 6.4 Responding to Domestic Abuse

- 6.4.1 Remember that it is not the role of Council staff, elected members, volunteers, key contractors, consultants and directly commissioned providers acting on behalf of the Council to decide whether or not abuse has occurred, but it is a requirement to report any concerns to the NKDC Safeguarding Co-ordinator and to use the DASH (Domestic Abuse, Stalking, Harassment and Honour Based Violence) Risk Assessment tool to identify the level of risk and steps needed. The DASH Risk Assessment tool and links to guidance on its completion are set out at <https://www.lincolnshire.gov.uk/domestic-abuse/practitioners/risk-assessment> - you will need to register as a practitioner with your usual email address.
- 6.4.2 If the victim is at **high risk** of significant harm or death, a referral must be made to the relevant Multi Agency Risk Assessment Conference (MARAC), telling the person that you are doing this and that they will be contacted by an Independent Domestic Violence Advisor (IDVA). High risk is when:
- They have answered ‘yes’ to 14 or more of the questions, and/or
  - You can see escalation of the abuse either in frequency or severity, and/or
  - This is your professional judgement based on what you have seen and/or heard.

### **WHAT TO DO - high risk**

Discuss with NKDC MARAC representative – Housing Options Officer.

Complete a MARAC Referral form and submit to:

[maraclincolnshire@lincolnshire.gcsx.gov.uk](mailto:maraclincolnshire@lincolnshire.gcsx.gov.uk)

6.4.3 If the victim is **not** at high risk of significant harm or death, ensure that they have the option to be referred or given information about specialist domestic abuse services. Consider whether the information should be shared with any other agency to safeguarding them and/or their family and/or prevent a crime. If you are concerned that you or someone you know is experiencing [Domestic Abuse](#) and you/they want advice or support:

**WHAT TO DO - Not high risk**

Share contact details for local Domestic Abuse Support Services, depending on where they live:

Lincoln, West Lindsey, NK or SK call **01427 616219 / 01522 510041**

East Lindsey, call **01507 609830**

Boston and South Holland, call **01205 318600 / 01205 311272**

## 7 PREVENT – Safeguarding Vulnerable Individuals from Violent Extremism

### 7.1 Prevent Strategy

- 7.1.1 The Prevent strategy, published by the Government in 2011, is part of the national counter-terrorism strategy, CONTEST. The aim of the *Prevent* strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism and has three specific strategic objectives:
- to respond to the ideological challenge of terrorism and the threat we face from those who promote it;
  - to prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
  - to work with sectors and institutions where there are risks of radicalisation that we need to address.
- 7.1.2 Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on the Council, in the exercise of its functions, to have “**due regard to the need to prevent people from being drawn into terrorism**”. The Government has defined extremism in the *Prevent* strategy as: “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. It also includes in the definition of extremism calls for the death of members of our armed forces.
- 7.1.3 The *Prevent* strategy was explicitly changed in 2011 to deal with all forms of terrorism and with non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists then exploit. It also made clear that preventing people becoming terrorists or supporting terrorism requires challenge to extremist ideas where they are used to legitimise terrorism and are shared by terrorist groups.

### 7.2 Lincolnshire Approach

- 7.2.1 Lincolnshire has taken a strategic approach to Prevent and has developed its own strategy which aims to:

*‘Help local authorities, police, community safety partnerships and other partners and partnerships to develop and implement effective actions, which will make their communities safer. This will reduce the risk from terrorism and violent extremism, so that the people of Lincolnshire can go about their business freely and with confidence.’*

- 7.2.2 PREVENT is not about spying on people or stigmatising them and their communities, rather, it seeks to disrupt those who promote violent and non-extremism to keep people safe by working with communities to identify individuals who may be susceptible to being drawn toward a path of violent extremism and support them before they commit any criminal acts.

### 7.3 Channel

- 7.3.1 Channel is a multi-agency support model used to help address issues when they have been identified. Channel uses existing collaboration between local authorities, statutory partners, the police and the local community to:
- identify individuals at risk of being drawn into terrorism.
  - assess the nature and extent of that risk, and
  - develop the most appropriate support plan for the individuals concerned.
- 7.3.2 It is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

#### WHAT TO DO

Make sure you know who NKDC Prevent Lead is – Community Safety Manager

If you have concerns that someone is promoting terrorism or otherwise may be involved in extremism, or someone who may be vulnerable to being drawn into it, please report it to our Prevent Lead or NKDC Safeguarding Co-ordinator who will help you follow the Lincolnshire referral system

Report to [prevent@lincs.pnn.police.uk](mailto:prevent@lincs.pnn.police.uk) or  
Complete a [Channel Referral Form](#) and email to [channel@lincs.pnn.police.uk](mailto:channel@lincs.pnn.police.uk)

## 8 MODERN-DAY SLAVERY

- 8.1 The Modern Slavery Act enacted in March 2015 was an important milestone in the fight against slavery and for social justice. It unified and simplified previous legislation and gave law enforcement new powers, increasing sentencing and protection for survivors.
- 8.2 Modern slavery is an international crime, regardless of age, gender and ethnicities often a hidden crime. It can include victims that have been brought from overseas, and vulnerable people in the UK, being forced to illegally work against their will in many difference sectors
- 8.3 It is estimated that there were 10,000-13,000 victims of modern slavery in the UK in 2013, but only 1746 potential victims were referred to the National Referral Mechanism (NRM) in that same period. In 2015, this figure rose to 3266 potential victims. This duty is intended to gather statistics and help build a more comprehensive picture of the nature and scale of modern slavery
- 8.4 From 1 November 2015, specific public authorities, which includes the District Council, have a duty to notify the Secretary of State of any person identified in England and Wales as a suspected victim of slavery or human trafficking.

### **WHAT TO DO – child (consent not needed) or adult who consents**

If victim is an adult, consents and would like to receive specialist support or is a child

To complete a [NRM form](#) . and sent to [dutytonotify@homeoffice.gsi.gov.uk](mailto:dutytonotify@homeoffice.gsi.gov.uk) or helpline 08000 121 700.

Link is also available via the councils Intranet, The Orange

### **WHAT TO DO –adult who remains anonymous**

If victim is an adult, who wants to remain anonymous and does not want support

To complete a Duty to Notify Home Office form [MS1 Form](#) and sent to [dutytonotify@homeoffice.gsi.gov.uk](mailto:dutytonotify@homeoffice.gsi.gov.uk) or helpline 08000 121 700..

Link is also available via the councils Intranet, The Orange

## 9 CONSENT, CONFIDENTIALITY AND SHARING INFORMATION

### 9.1 Consent

- 9.1.1 In most circumstances you must tell the child or their parent or carer or the adult about your concerns and ask for their consent to make a referral. Be sensitive to secure their consent to start an early help approach or to make a safeguarding referral. If they do not give consent, a referral may still be needed.
- 9.1.2 If a child's parent or someone's carer is the alleged abuser (eg in Fabricated or Induced Illness) or may be colluding with the alleged abuser, this could increase the risk to the victim. Contact LCC Children's Services or LCC Adult Social Care immediately – refer to **safeguarding at a glance**.
- 9.1.3 If a crime has been committed, the person under suspicion has the right to be told about the cause for concern but this must only be done in consultation with LCC Children's Services and/or the Police, so that this does not prejudice any wider investigation.

### 9.2 Referral without Consent

- 9.2.1 The key to deciding whether to make a referral is the harm, or risk of harm, to the child, adult or to others who may have contact with the person or organisation allegedly causing the harm. If there is an overriding public interest, or if gaining consent would put the person at further risk, a referral **must** be made even if consent is not given. This includes situations where:
- other people or children could be at risk from the person causing harm;
  - it is necessary to prevent crime or if a serious crime may have been committed;
  - there is a high risk to the health and safety of the person;
  - the person lacks capacity to consent.
- 9.2.2 In respect of adults, always inform them of the decision to refer and the reasons for this, unless telling them would risk their safety or the safety of others.

### 9.3 Information Sharing

- 9.3.1 Knowing when and how to share information isn't always easy, but it's important to get it right. Families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this **See Appendix H**.

#### WHAT TO DO

If you have consent, then you have permission to share relevant information with named individuals or organisations. Identity must be verified and use of secure email account only

If you do not have consent to share and are unsure if you have legal grounds to do so, in the first instance discuss it with your line manager

## **9.4 Serious Case Reviews and Significant Incident Requests**

- 9.4.1 As a statutory member of both safeguarding Childrens and Adults Boards, NKDC will be approached.
- 9.4.2 As active members within these partnerships, the Council is regularly contacted to ascertain any involvement or contact with individuals and/or families as a result of a serious case review, serious incident review group, domestic abuse homicide review, etc. Such requests are sent to the NKDC Safeguarding Co-ordinator, and teams across the authority are contacted to check their records and systems. There are separate procedures for these checks, held within the public library on the Council's intranet, The Orange, a tight timescales often apply.

## **9.5 Outcomes of Audits, Inspections and Serious Case Reviews**

- 9.5.1 Outcomes and findings from reviews and inspections on safeguarding are disseminated to appropriate staff as below:
- Information received from the Lincolnshire Safeguarding Children's Board and Adults Board is disseminated to the NKDC Safeguarding group and outcomes, reviews and inspections is a standing agenda item.
  - Feedback from individual cases is to be passed to relevant line managers.
  - If feedback has significance for the Council it is report through CMT and SMT.

## **9.6 Record Keeping**

- 9.6.1 All divisions and teams will have their own information management systems, however for the purposes of safeguarding related issues these are held centrally for ease of reference and audit purposes. Where possible these will be held electronically in shared location, password protected so only appropriate access is available.

## **10 INTER-AGENCY DISPUTES AND ESCALATION POLICIES**

- 10.1 If you concerned or unhappy with the decisions or action/lack of action of another agency when referring a case or securing their involvement in supporting an individual, issues can be escalated using the escalation policies set out by the LSCB or LSAB or other overarching body.

### **WHAT TO DO**

Discuss with NKDC Safeguarding Co-ordinator, then if appropriate escalate in accordance with LSCB and LSAB operating procedures

## **11 SAFER STAFFING AND TRAINING**

### **11.1 Recruitment**

11.1.1 There are several aspects to protecting children, young people and adults at risk from unsuitable people. These include safer recruitment practices, procedures for dealing with allegations against staff and guidance about appropriate behaviour. An organisation's policy on safeguarding children, young people and adults at risk must ensure that all these important safeguards are in place.

11.1.2 All staff, including temporary workers and helpers who come into contact with families and or vulnerable people must be subject to a careful selection and vetting process. This must include the following:

- Completion of an application form.
- Checking the person's identity by a photo identification such as a driving licence or passport is essential. A birth certificate must also be checked. Further identification checks will be needed if a person does not have photo identification.
- Taking up 2 references and verified by a follow up phone call.
- Checking qualifications.
- A face to face interview by at least two people.
- Identifying reasons for gaps in employment or inconsistencies.
- Require applicants to complete a self-disclosure about previous convictions and follow this up with appropriate safeguard checks.
- Where appropriate, obtain full disclosure through the Disclosure and Barring Service (enhanced DBS check). The Disclosure and Barring Service was introduced in September 2012 under the protection of freedoms Act as a result of the coalition governments' review of the Vetting and Barring Service. (Please refer to chapter 8.3 for current information on DBS).

11.1.3 NKDC Human Resources Team lead on all recruitment to ensure policy and procedure is followed with a consistent approach to all vacancies. All Managers responsible for recruitment will undertake safer recruitment training as part of their overall management and supervision training and induction.

### **11.2 Disclosure and Barring Service (DBS)**

11.2.1 In December 2012 the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) merged to become the Disclosure and Barring Service (DBS). CRB checks are now called DBS checks, you may hear people refer to both terms.

11.2.2 What still remains unchanged is:

If your organisation works with children or adults at risk and you dismiss or remove a member of staff or volunteer because they have harmed a child or vulnerable adult (or there is a risk of harm), or you would have done so if they had not left, you must tell the DBS. The referral form can be found on the Council's intranet, the Orange, advice and guidance can be offered by Human Resources Team.

11.2.3 A person who is barred by DBS from working with children or adults at risk will be breaking the law if they work or volunteer, or try to work or volunteer with these groups.

11.2.4 An organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law. Currently anyone undertaking regulated activity must be checked by the Disclosure and Barring Service (DBS) against the two barred lists.

#### **WHAT TO DO**

For full and current DBS guidance on eligibility and regulated activity please use the following link

<https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>

### **11.3 Regulated Activity Children:**

11.3.1 Unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice / guidance on well-being, or drive a vehicle only for children.

a) Work for a limited range of establishments ('specified places'), with opportunity for contact, for example schools, children's homes, childcare premises (but not work by supervised volunteers).

b) Work under (1) or (2) is Regulated Activity only if done regularly. Regular means carried out by the same person frequently (once a week or more often), or on 4 or more days in a 30-day period (or in some cases, overnight).

c) Please see the statutory guidance about supervision of activity at: [Regulated activity guidance - children](#)

d) Relevant personal care, for example washing or dressing; or health care by or supervised by a professional, even if done once.

e) Registered childminding; and foster-carers.

### **11.4 Regulated Activity Adults:**

11.4.1 The new definition of regulated activity relating to adults no longer labels adults as 'vulnerable'. Instead, the definition identifies the activities which, if any adult requires them, lead to that adult being considered vulnerable at that particular time. This means that the focus is on the activities required by the adult and not on the setting in which the activity is received, nor on the personal characteristics or circumstances of the adult receiving the activities. There is also no longer a requirement for a person to do the activities a certain number of times before they are engaging in regulated activity. [Regulated Activity Guidance - Adults](#)

11.4.2 There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out below. For more information please see the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012.

1. Healthcare: if they are a regulated health care professional or are acting under the direction or supervision of one, for example doctors, nurses, health care assistants and physiotherapists.
2. Personal care: assistance with washing and dressing, eating, drinking and toileting or teaching someone to do one of these tasks.
3. Social work: provision by a social care worker of social work which is required in connection with any health services or social services.
4. Assistance with a person's cash, bills or shopping because of their age, illness or disability.
5. Assistance with the conduct of an adult's own affairs, for example, lasting or enduring powers of attorney, or deputies appointed under the Mental Health Act.
6. Conveying: conveying adults for reasons of age, illness or disability to, from or between places where they receive healthcare, personal care or social work. This would not include friends or family or taxi drivers.

**There is no longer a requirement to do activities a certain number of times before a person is engaging in regulated activity**

#### **11.4 Undertaking DBS Checks**

11.5.1 Checks must be carried out on all people applying to work with children, young people or adults at risk, including volunteers where they will have unsupervised contact and meet the criteria and at 3 year intervals. The DBS enhanced check with barred list checks will provide checks of:

- Police National Computer (PNC).
- Children and adults barred list.
- Records held by the police.

11.5.2 Human Resources identify which posts will come into contact with children, young people or adults at risk. All such posts which meet the relevant criteria must have a DBS check, HR manage a list of such posts. Human Resources in conjunction with line managers undertake regular reviews to determine which members of staff, volunteers and contractors meet the criteria to be checked by the DBS and at which level. Types of DBS check available

- Standard checks – To be eligible for a standard level DBS check, the position must be included in the Rehabilitation of Offenders Act (ROA) 1974 (Exceptions) Order 1975.
- Enhanced checks – To be eligible for an enhanced level DBS check, the position must be included in both the ROA Exceptions Order and in the Police Act 1997 (Criminal Records) Regulations.
- Enhanced checks with children's and/or adult's barred list check(s) – To be eligible to request a check of the children's or adult's barred lists, the position must be eligible for an enhanced level DBS check as above and be specifically listed in the Police Act 1997 (Criminal Records) Regulations as able to check the barred list(s).

11.5.3 HR and Heads of Service must also ensure:

- No commencement dates in posts until references have been received and reviewed, ideally references will be sought prior to interview.
- No unsupervised access to children, young people and adults at risk until a DBS check has been completed, as part of a supervised probationary period and comprehensive induction including safeguarding procedures.
- Seek advice from Human Resources and the relevant Head of Service about recruiting someone with a criminal record or other types of offences.
- Ensure that, all other posts which require DBS checks have a review at least every 3 years. It is the employer's responsibility to report allegations and disciplinary action that directly relate to children or adults at risk to DBS to ensure updated records are kept of that person.

## **11.6 Allegations Against Officers, Councillors or other representatives**

11.6.1 All organisations must have in place procedures for dealing with allegations made against any adults. This will show that the organisation is taking its safeguarding concerns seriously. Procedures for dealing with allegations against staff must comply with Lincolnshire Safeguarding Children Board Policies. The Whistle Blowing Policy or the Complaints Procedure would be followed in the first instance; this would then be moved into the Grievance Procedure if necessary.

11.6.2 If you receive an allegation against a member of staff or contractor who come into contact with children, young people or adults at risk that causes concern that they have:

- behaved in a way that has harmed a child or young person, or may have harmed a child or young person,
- possibly committed a criminal offence against or related to a child or young person; or
- behaved towards children, young people or adults at risk in a way that indicates she/he is unsuitable to work with children, young people and adults at risk.

You will need to contact Human Resources (HR) and the appropriate procedure will be followed.

- The Safeguarding Vulnerable Groups Act 2006 (SVGA) places a legal duty on employers and personnel suppliers to refer any person who has:
  - Harmed or poses a risk of harm to a child or vulnerable adult;
  - Satisfied the harm test; or
  - Received a caution or conviction for a relevant offence.

11.6.3 In these cases NKDC must notify the Disclosure and Barring Service by completing a referral form (guidance and the form can be found on the Council's Intranet and help to complete the form is available through the HR department)

### **WHAT TO DO**

Inappropriate Behaviour towards Children and Young people  
Discuss with HR, notify DBS, and then contact the Local Authority Designated Officer (LADO) through Lincolnshire Children's Services Customer Services Centre.

### **WHAT TO DO**

#### **Inappropriate Behaviour towards Adults**

Discuss with HR, notify DBS, then an Incident reporting form needs to be completed and sent to Lincolnshire County Council Adult Services

- 11.6.4 The Council will then need to consider its response to the allegation. Suspension will not be an automatic response to an allegation, but the Council will need to consider the seriousness and plausibility of the allegation, the risk of harm to children, young people or adults at risk and the possibility of tampering with evidence, as well as the interests of the person concerned and organisation.
- 11.6.5 Any allegations of inappropriate behaviour by an elected member will be considered in accordance with this Policy, if any position held has led to a DBS check, and the Members Code of Conduct with appropriate action taken

### **WHAT TO DO**

Inappropriate Behaviour by any District Council Elected Member  
Report to NKDC Monitoring Officer (Director/Deputy Chief Executive)

## **11.7 Training**

- 11.7.1 Whilst safeguarding is everyone's responsibility, we understand that individual's involvement will vary depending on role. It is the Council's responsibility to make sure staff and members have the skills and knowledge appropriate to their roles so that they can confidently respond to safeguarding concerns.
- 11.7.2 Each job role within the Council has been considered with their managers and applied one of the following levels of safeguarding training to each:
- A – All**  
All colleagues employed or contracted by the Council will be required to undertake an induction briefing and refresher updates.
- B – Basic**  
The basic level is for all colleagues with IT access, Elected Members and this level is online training recognised by the Lincolnshire's Safeguarding Children's and Adult's Boards.
- C – Casework**  
The casework level is for colleagues likely to visit people in their homes and/or likely to have more than one-off contact. The C level includes specific subjects such as domestic abuse, mental health, early help assessments, etc. Training following the Lincolnshire Safeguarding Board 5yrs training pathway for professionals.
- D – Designated**  
This designated level is for colleagues with specific safeguarding responsibilities such as The Housing Services Manager, HR Manager, Head of Housing and Property Services.

- 11.7.3 Where possible training will be that which has been arranged and recognised by the Lincolnshire's Safeguarding Children's and Adult's Boards, and can be a combination of online and face to face learning, there may also be other training that your Line Manager identifies for you from time to time. The Lincolnshire Safeguarding Boards training systems have recently been merged for easier access, with users creating an individual training plan and record.
- 11.7.4 Depending on roles held individuals will be emailed at regular intervals to request completion of further training appropriate to your job role. These requests will be at intervals that allow time to complete and not overload, as we appreciate balance of role and other training requests.

**WHAT TO DO**

Employees and Members – to complete training identified for you.  
Managers – to ensure completion of identified training within reasonable timescale.

**11.8 Contractors**

- 11.7.1 All contracts must have a clause requiring them to fully comply with the Council's Child Protection and Safeguarding Policies and Procedures. For information about the minimum requirements guidance is available on the Council Intranet, The Orange.
- 11.7.2 All contractors are evaluated against a range of competencies as part of the tender process, relevant contracts, i.e. those likely to come into contact with residents within North Kesteven, are assess for specific compliance to safeguarding responsibilities. This is completed by the NKDC safeguarding
- 11.7.3 If appointed the Officer responsible for the contract must ensure all contractor staff have attended the NKDC safeguarding briefing within the last 3yrs before starting on site, date for such briefings are on the Council's intranet, the Orange

**WHAT TO DO**

Officers responsible for appointing contractors to consider guidance on the Council Intranet and liaise with NKDC Safeguarding Co-ordinator, for assessment

**12 MONITORING AND REVIEW**

- 12.1 This policy and its procedures will undergo a fundamental review every three years with regular interval checks to ensure weblinks are still current. However, should it become apparent that any parts of the policy or its procedures contain any weaknesses for whatever reasons (i.e. changes to the law, statutory guidance etc.) then the policy and/or its procedures will be amended by the NKDC Safeguarding Lead, approved by the Corporate management team and Executive Board on an annual basis. Any changes made will be duly notified to all to whom this Policy and its Procedures apply

## APPENDIX A - Recognising Abuse – Children and Young People

<b>Physical Abuse</b>	
<b>Description and Physical Indicators</b>	<b>Behavioural Indicators</b>
<p>Physical abuse 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.</p> <p>Physical abuse can be a deliberate act or be caused by omission, neglect or failure to protect a child or young person.</p> <p>Frequent or unexplained bruising, marks or injury, Cigarette burns; bite marks; broken bones; Scolds.</p>	<ul style="list-style-type: none"> <li>• Fear of parents being approached for an explanation;</li> <li>• Aggressive behaviour or severe temper outbursts;</li> <li>• Flinching when approached or touched;</li> <li>• Reluctance to get changed, for example wearing long sleeves in hot weather;</li> <li>• Depression;</li> <li>• Withdrawn behaviour;</li> <li>• Running away from home.</li> </ul>
<b>Emotional Abuse</b>	
<b>Description and Physical Indicators</b>	<b>Behavioural Indicators</b>
<p>Emotional abuse is 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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.</p> <p>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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.</p> <p>It may involve seeing or hearing the ill-treatment of another such as through seeing or hearing domestic abuse.</p> <p>It may involve serious bullying (including cyberbullying), 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.</p> <p>Delays in physical development or progress, sudden speech disorders, failure to thrive</p>	<ul style="list-style-type: none"> <li>• A failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. hospital or away from parents' care;</li> <li>• Neurotic behaviour, e.g. hair twisting, rocking;</li> <li>• Being unable to play;</li> <li>• Fear of making mistakes;</li> <li>• Self harm;</li> <li>• Fear of parents being approached about their behaviour.</li> <li>• Inappropriate adult or infant behaviour</li> <li>• Impairment of intellectual, emotional, social or behavioural development</li> <li>•</li> </ul>

<b>Sexual Abuse</b>	
<b>Description and Physical Indicators</b>	<b>Behavioural Indicators</b>
<p>Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not they are aware of, or consent to, 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.</p> <p>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 (including via the internet).</p> <p>Boys and girls can be sexually abused by males and / or females, by adults and by other young people.</p> <p>Examples include: Pain or itching in the genital/anal areas; Bruising or bleeding near genital/anal areas; Sexually transmitted infections; Vaginal discharge or infection; Stomach pains; Discomfort when walking or sitting down; Excessive crying</p> <p>Please also see <a href="#">Child Sexual exploitation</a></p>	<ul style="list-style-type: none"> <li>• Inappropriate sexual behaviour or knowledge for the child's age</li> <li>• Promiscuity</li> <li>• Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn;</li> <li>• Fear of being left with a specific person or group of people;</li> <li>• Having nightmares;</li> <li>• Running away from home;</li> <li>• Sexual knowledge which is beyond their age or development level;</li> <li>• Sexual drawings or language;</li> <li>• Bedwetting or soiling;</li> <li>• Eating problems such as overeating or anorexia;</li> <li>• Self-harm or mutilation, sometimes leading to suicide attempts;</li> <li>• Saying they have secrets that they can't tell</li> <li>• Substance or drug abuse;</li> <li>• Suddenly having unexplained sources of money;</li> <li>• Not allowed to have friends (particularly in adolescence);</li> <li>• Acting in a sexually explicit way towards adults.</li> </ul>
<b>Neglect</b>	
<b>Description and Physical Indicators</b>	<b>Behavioural Indicators</b>
<p>Neglect is 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 – <a href="#">see pre-birth protocol for more information</a></p> <p>Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (inc exclusion from home or abandonment);</li> <li>• Failing to ensure the home is safe</li> <li>• Protect a child from physical and emotional harm or danger;</li> <li>• Ensure adequate supervision (including the use of inadequate care-givers); or</li> <li>• Ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Examples include: constant hunger, poor hygiene, poor living conditions, lack of supervision</p>	<ul style="list-style-type: none"> <li>• stealing food from other children;</li> <li>• Loss of weight, or being constantly underweight;</li> <li>• Inappropriate dress for the conditions.</li> <li>• Complaining of being tired all the time;</li> <li>• Not requesting medical assistance and/or failing to attend appointments;</li> <li>• Having few friends;</li> <li>• Mentioning their being left alone or unsupervised.</li> <li>• Truancy/late for school</li> <li>• Regularly alone/unsupervised</li> </ul>

## APPENDIX B – National Principles of Good Practice in Safeguarding

Principle	Outcome	What it means to you
<b>Empowerment</b>	People are supported and encouraged to make their own decisions and involved through informed consent.	<i>"I am asked what outcomes I want from the safeguarding process and these directly inform what happens."</i>
<b>Prevention</b>	Action is taken before harm occurs and to prevent a repeat of harm.	<i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."</i>
<b>Proportionality</b>	The least intrusive response appropriate to the risk presented.	<i>"I am sure that the professionals will work in my interests as I see them and will only get involved as much as needed."</i>
<b>Protection</b>	People in need are safe and have support and representation.	<i>"I get help and support to report abuse and neglect. I am helped to take part in the safeguarding process to the extent to which I want."</i>
<b>Partnership</b>	Local services work together and with their communities to prevent, detect and report neglect and abuse.	<i>"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."</i>
<b>Accountability</b>	Processes are transparent, consistent, robust and scrutinised.	<i>"I understand the role of everyone involved in my life and so do they."</i>

## APPENDIX C - Recognising Adult Abuse

Type of Abuse	Description and Examples
<b>Physical</b>	includes assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
<b>Sexual</b>	includes rape, indecent exposure, sexual harassment, looking or touching inappropriately, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault or acts to which the adult has not consented or was pressured into.
<b>Psychological</b>	includes 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.
<b>Discriminatory</b>	includes harassment or slurs because of race, gender and gender identity, age, disability, sexual orientation or religion.
<b>Organisational</b>	includes neglect or poor care in one's own home or in an institution e.g. a hospital or care home; from one offs to ongoing ill-treatment; through neglect or poor practice as a result an organisations' structure, policies, processes and practices.
<b>Neglect or Act of Omission</b>	includes ignoring medical, emotional or physical care needs, failing to provide access to appropriate health, care or support services, withholding necessities such as medication, adequate nutrition and heating
<b>Self-Neglect</b>	a wide range of behaviour involving failing to care for one's personal hygiene, health or surroundings, including hoarding.
<b>Modern Slavery</b>	includes slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters coerce, deceive and force individuals into abuse, servitude and inhumane treatment.
<b>Financial or Material</b>	includes theft, fraud, internet scams, coercion regarding an adult's finances, in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Financial abuse and can occur in isolation but is often present alongside other forms of abuse. Potential indicators include: <ul style="list-style-type: none"> <li>• change in living conditions;</li> <li>• lack of heating, clothing or food;</li> <li>• inability to pay bills, unexplained shortage of money or withdrawals from an account, or unexplained loss or misplacement of financial documents;</li> <li>• the recent addition of authorised signers on a signature card; or</li> <li>• sudden or unexpected changes in a will or other financial documents.</li> </ul>

## APPENDIX D – Mental Capacity Assessment Tool

<b>Name of Person:</b>		<b>Address:</b>	
<b>Date of Birth:</b>			
<b>1. Is there an impairment of or disturbance in the functioning of the person's mind or brain?</b>			
<b>No</b>	<b>Yes</b>		
<b>The person has capacity.</b>	<b>2. Is the impairment or disturbance sufficient that they lack the capacity to make that particular decision at that time?</b>		
	<b>Can they:</b>	<b>Understand "relevant information" (e.g. the nature of the decision, why it is needed, the likely effects of deciding one way or another or of making no decision)?</b>	<b>Yes</b> <b>No</b>
		<b>Retain the information in their mind?</b>	<b>Yes</b> <b>No</b>
		<b>Use or weigh that information in the process of making the decision?</b>	<b>Yes</b> <b>No</b>
		<b>Communicate their decision to others?</b>	<b>Yes</b> <b>No</b>
<b>If the answer is 'yes' to <u>ALL</u> of these, the person has capacity.</b>			
<b>If the answer is 'no' to <u>ANY</u> of these, the person lacks capacity.</b>			
<b>What is the decision the person needs to make? Why do they need to do this now?</b>			

**Is there reason to believe that they may lack mental capacity to make the decision? (eg a known/suspected mental health problem, learning disability, brain injury, dementia or intoxication?)**

**Has enough information been given to them to help them understand the decision?**

**Have all practicable steps been taken to support them to make the decision?**

**Is it felt that they are free from external pressures to make their decision?**

**Can they understand in simple language the information involved in making the decision?**

**Can they retain the information long enough to make the decision?**

**Can they use or weigh up the information to make the decision?**

**Can they communicate their decision (by talking, sign language, any other means)?**

**The decision: do they, on the balance of probabilities, have the capacity to make the specific decision at this particular time?**

**What options are available?**

**What is the “best interests” option? (least restrictive of their rights and freedom?)**

**Why do you think this?**

**How did you decide what is in their best interests? (eg who you discussed it with)**

**What action should be taken in their best interests?**

**Signed:**

**Printed:**

**Dated:**

## **APPENDIX E – General Guidance to responding to a safeguarding concern**

### **In an emergency, or if there is an immediate risk to safety or wellbeing:**

- Call 999 for an ambulance if they are injured and/or for the Police if you suspect a crime has been committed
- inform the appropriate LCC Customer Service Centre (CSC).
- take steps to ensure they are not in immediate danger (without risk to yourself).
- avoid disturbing evidence: can you secure the scene e.g. lock the door?
- consider the risk to any other adults or children.
- support the person to contact the police themselves if a crime has been or may have been committed.
- provide reassurance, whilst being clear that you need to report the issue.

### **And, as soon as possible after the emergency has been resolved:**

- Record exactly what happened on the relevant Safeguarding Referral Form
- Notify the Designated Safeguarding Officer and their Deputy.
- Ensure that your record is signed, dated and securely stored.

### **If a person is at risk of significant harm, or if they have made a disclosure or a direct/indirect allegation about a person or organisation outside NKDC, including a relative, carer or employee of that organisation:**

- Take the allegation or concern seriously.
- Speak to them in a private and safe place.
- Make sure they are and feel safe and know what is happening.
- Ensure that the person alleged to have caused harm is not present.
- Ask for consent to share the information (although you may not need consent if there is significant harm, it is still good practice).
- Record the details on the relevant Safeguarding Referral Form, using their own words
- As soon as possible, contact LCC's Customer Service Centre who will tell you what to do next. Write this down.
- Notify the NKDC Safeguarding Co-ordinator.
- Ensure that your record is signed, dated and securely stored.

### **Staff member, elected member or Council representative**

If someone makes allegations against a member of Council staff, elected member, volunteer, key contractor, consultant or directly commissioned provider acting on behalf of the Council, regardless of your role or status or theirs,

- Contact NKDC Safeguarding Co-ordinator, HR Manager or Monitoring Officer

### **Always:**

- Take the allegation or concern seriously.
- Make sure the person is and feels safe and knows what is happening.
- Ask the person for consent to share the information.
- Record the details on the relevant Safeguarding Referral Form, using their own words.
- Report the allegation immediately to the NKDC Safeguarding Co-ordinator or in their absence please **Refer to the flowchart [Safeguarding at a glance](#) or [The Orange](#) (intranet).**
- Do not discuss the allegation with the person alleged to have caused harm, unless the immediate welfare of the adult at risk makes this unavoidable.
- Notify your line manager if necessary.
- Sign, date and securely store your records.

### **Whenever someone discloses information about abuse, always seek to:**

- Stay calm. Try not to become emotional and do not be judgmental.
- Reassure them that you are taking them seriously and they have done the right thing in telling you.
- Be clear that you may have to tell others. Do not promise confidentiality.
- Listen carefully. Avoid jumping to conclusions. Get as clear a picture as you can, avoid asking too many questions unless for clarification and do not ask any leading questions.
- Let them talk at their own pace. If they have specific communication needs, provide support and information in a way that is most appropriate to them.
- Explain that you and others will help to protect them and that they will be involved in decisions about what happens next.
- Ask them what they want to happen.
- Tell them what you need to do next.
- Always ask for their consent to share the information.

### **Generally**

Everyone must exercise professional curiosity, asking questions to look beneath the surface, rather than accepting everything at face value and have a legal duty to respond to anything which concerns them about a person's welfare or if they suspect or witness any form of abuse or neglect. Where questions are asked, it is ok to use respectful uncertainty to consider the responses to these, in that people do not always tell the truth, sometimes deny a situation either to avoid detection or because they are afraid

Remember that those experiencing abuse may talk to people they trust and with whom they feel safe. By responding, you are already helping them.

## APPENDIX F – Recognising Domestic Abuse & Why People Dont Leave

The following is a guide but not an exhaustive list:

Type of Abuse	Description and Examples
<b>Physical</b>	Shaking, smacking, punching, kicking, finger or bite marks, starving, tying up, stabbing, suffocating, throwing things, using objects as weapons, female genital mutilation, 'honour violence'. Physical evidence is often on areas of the body that are covered.
<b>Psychological</b>	Insults, name-calling, swearing, criticising, treating person as inferior, undermining confidence, eroding independence, isolating from friends and family, intimidating, threatening to harm children or take them away, threatening suicide, forced marriage.
<b>Sexual</b>	Forced sex, forced prostitution, ignoring religious prohibitions about sex, refusal to practice safe sex, sexual insults, evidence of sexually transmitted diseases, preventing breastfeeding.
<b>Financial</b>	Stopping the person work/study, denying access to money, making them beg, gambling, not paying bills.

People stay in abusive relationships for many reasons, we must never judge a person for leaving or not leaving an abusive relationship, some reasons are set out below:

Reasons people Stay	Explanation
<b>Fear of more violence</b>	Leaving may end the relationship but may not end the abuse. Many victims are tracked down and further abused when they leave, often for months afterwards. About half of all women murdered by their partners had left or were in the process of leaving when they were killed.
<b>Lack of knowledge &amp; access to help</b>	Many victims don't know how to use their legal and housing rights; even if they are aware, some have problems due to language difficulties, poor service from service providers, access issues if they live in isolated areas or a lack of funds.
<b>Economic dependence</b>	A victim who works may lose their job if they need time off work, move too far away or stay off work in order not to be tracked down. For others, becoming a single parent may mean working is no longer possible. Others may face months of legal processes over property and financial matters.
<b>Because of Children</b>	Many victims think they should stay in with their partner for the sake of their children.
<b>Hope / Optimism</b>	hoping or believing that things will get better, especially at the outset and if there are settled periods.
<b>Social Isolation</b>	Most victims of domestic abuse are isolated either because their partners have deliberately cut them off from the support of family and friends or because they are too ashamed or afraid to tell anyone. Sometimes, when they have told someone, their response has been unhelpful.
<b>Emotional dependence</b>	A commitment to the relationship and the abuser despite the abuse, fear of being alone or a feeling of responsibility for the abuser.
<b>Conflicting feelings</b>	A changing mixture of feelings (fear, shame, guilt, bewilderment) depending on the circumstances on any particular day.
<b>Lack of confidence</b>	Lack of self-esteem or confidence in themselves or their ability to survive alone. They may believe there are no other options.
<b>Cultural Reasons</b>	victims and abusers may have been brought up to believe that their fulfilment comes from being a husband/wife and mother/father or that divorce is wrong. Some may be encouraged to stay by family members or religious leaders.

## APPENDIX G – General Guidance for responding to a Domestic Abuse disclosure

Taking into account Appendix G, always:

- Listen carefully. Consider whether they need an interpreter.
- Believe them and be non-judgmental.
- Ask them what they want to do. Do not tell them what to do or pressure them into leaving or staying. Whatever they choose, respect their decision.
- Reassure them that you will continue to support them no matter what they do.
- Reassure them that help and support is available to help them to be safe.
- Take steps to protect the victim, accept their perception of the danger they face.
- Encourage them to think about their safety.
- Always discuss the welfare of any children. Child protection takes precedence over confidentiality. Remember that they may be frightened of having their children taken into care. Reassure them that supporting non-abusing parents protects children and is expected by the legislation. Also remember that children's views are also important, that they may need breathing space from a violent parent, but also may want contact again in time.
- Find out what they need eg help with housing and benefits.
- Ensure that you give accurate advice and information. Provide helpline numbers.
- Recognise the complexity of the process. Recognise that support may be needed over a number of years.
- Explain the processes you must follow and any action you must take;
- Ask permission to share information. Only share this with colleagues where it is appropriate and necessary (e.g. the MARAC process).
- Keep accurate records of your discussion. These may be used later as evidence. Use the client's exact words wherever possible. Be as precise e.g. "my husband hit me with a cricket bat" rather than "client has been abused."
- Be aware of your own and your organisation's biases and views, understanding that everyone has their own coping strategies and that theirs will differ from your own.

Never tell someone what to do or what not to do but support their decision. Advise them how to keep safe if they are still living with domestic abuse and, when they are ready to move, to enable them to do leave safely.

## APPENDIX H – Rules for Information Sharing

### The Seven Golden Rules for information sharing:

- 1 Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.  
<http://www.legislation.gov.uk/ukpga/1998/29/contents>
- 2 Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3 Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- 4 Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the child's/adults/public interest. You will need to base your judgement on the needs of the child/adult facts of the case.
- 5 Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- 6 Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 7 Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

### Points for Consideration:

- Is there a legitimate purpose for sharing information?
- Does the information enable a person to be identified?
- Is the information confidential?
- If so, do you have consent to share?
- Is there a statutory duty or court order to share the information?
- If consent refused,/ there are good reasons not to seek consent,
- Is there sufficient public interest to share information?
- If the decision is to share, are you sharing the right information in the right way?
- Have you properly recorded your decision?

# SAFEGUARDING CONDUCT GUIDANCE



*“There are some painfully obvious lessons learned...We must never give people the kind of access Savile enjoyed...without the proper checks, whoever that person may be” – Secretary of State, Savile Report (2014)*

North Kesteven District Council has statutory duties to safeguard children and vulnerable adults and co-operate with other agencies to fulfil these duties. In light of the Savile Report (2014), it is vital that as NK officers and members you understand what safeguarding means and how it is used to protect people from harm. As someone in a position of trust, when meeting with members of the public and during home visits, you must be aware of safeguarding implications and issues at all times in order to spot signs of abuse and also to protect yourself from allegations.

## 1. TRAINING

According to the Care Act (2014), all Local Authorities are required to ensure that every individual working as part of the organisation is clear about their role and responsibilities with regards to safeguarding. This duty is to be fulfilled by mandatory safeguarding training. The training includes e-Learning packages accredited by Lincolnshire Safeguarding Adult’s Board and Lincolnshire Safeguarding Children’s Board and a Safeguarding briefing by the NKDC Safeguarding Lead. The training will explain what constitutes abuse, how to spot signs of abuse and ensures that you know who to report concerns to if ever you have any. NKDC will ensure that all employees and members have the safeguarding training according to the post held, so that everyone has the skills, knowledge and confidence to fulfil their role and to appropriately respond to safeguarding issues. It is individual employees and members responsibility to complete the training and contribute to identifying any skills/knowledge gaps.

## 2. BE VIGILANT AND ‘PROFESSIONALLY CURIOUS’

Many of the people interviewed as part of the Savile Report (2014) had knowledge of safeguarding. They voiced the opinion that there are certain limitations in current barring list checks for staff and volunteers. These limitations also be applied to Council Members as often, activities completed within their role do not fall into the present definitions of ‘regulated activity’ (as defined in Safeguarding Vulnerable Groups Act 2006). Participation in regulated activities is one of the key criteria for being eligible for a DBS check. Therefore, councillors must be vigilant in protecting themselves from allegations and also promote the wellbeing of other adults and children in their community.

### 2.1. When meeting with members of the public and visiting residents in their homes:

- As an NK officer or member you must not knowingly visit or enter a property unless in the company of an adult who resides at the property. No one associated with the Council should enter a property where only a child is present. If a child left alone is suspected of being below an age when an adult should supervise him/her, dial 999.

- Children must not be asked to take a message for their guardians and direct contact must be made with the guardian before it can be assumed that a message has been received.
- Make sure that you have identification with you so that the resident / member of the public knows exactly who you are.
- Understand professional boundaries and maintain a professional distance: e.g. do not smoke with the person that you are meeting with or visiting, do not accept gifts from them, do not share personal information or personal contact details ie: only ever give your Council telephone number and email account.
- Whilst role often need you to demonstrate empathy and concern refrain from sharing personal experiences
- Confidentiality: make sure you know what topics can and cannot be discussed with family members / those present at meeting. Do not under any circumstances discuss other cases with them.
- Avoid touching resident's children and any vulnerable adult in a personal way and that for health and safety reasons you would prefer it if they were kept at a distance from you, although it is okay to touch an adult at risk in a way that isn't intrusive or disturbing to him/her or to observers for instance a hand shake for example is acceptable but not a hug, nor kiss on the cheek
- Avoid being left alone in a room with children, young person or vulnerable adult, although this may happen if telephone rings / someone at the door. Under such circumstances, the officer concerned must mention the situation to the adult concerned and if the adult is intent on leaving the officer alone with a child or young person, the officer must leave the property.
- Do not use language that may be interpreted as either sexually suggestive or offensive in anyway.
- If you are being made to feel uncomfortable at any point, make an excuse to leave and report this to your line manager / appropriate person immediately.
- Do not make judgements, respect that people do live different lifestyles and they are free to make such choices so long as there is not risk of harm

### 3. REPORTING CONCERNS

It is not your responsibility to judge or investigate. It is however, **always** your responsibility to share concerns.

The NKDC Safeguarding Policy describes abuse and what to look out for, some of these signs, however, may be innocent and it does not necessarily mean that abuse is happening. Abuse is not always intended harm, it may be that parents/carers can't cope and they don't know what they need to do to look after their child/relative. As soon as these signs are identified an Early Help Assessment can be completed and if it is recognised that the families concerned need it, they can be given help before the situation deteriorates further. Early help can often prevent harm from occurring in the first place.

However, it is imperative that you report anything that makes you suspect abuse or anything that makes you feel uncomfortable.

Example: If you were coming back to the office after your lunch break and you see a toddler in a car seat, in a car with no one else around you must immediately call the police. It may be that the parent has just popped over the road for two minutes and think it is ok to do so. However, it is not. You always need to think “what could happen if I do nothing?” – could they have been there for some time already or even been abandoned?

#### **4. PHOTOGRAPHS**

When officers / members have photographs taken at events or for publicity purposes it is vital that the following points are taken into consideration:

- In accordance with the Data Protection Act (1998), written consent **must** be obtained for use of photographs.
- Do not take photos when children or vulnerable adults are present unless written consent has been obtained from a responsible adult.
- Children (under the age of 18), cannot give consent themselves for images to be used. Their parent / guardian must be contacted.
- Consent for photographs of school groups can often be obtained from the head teacher, as schools regularly and routinely collect permission forms for such purposes.
- Any event where photographs are being taken must be approved by the NKDC Communications team first.
- Care must be taken to ensure no detailed personal information is publicised with the images. However, if permission is sought, general information may be shared. E.g. John Smith, Sleaford resident.
- Car registrations must not be clear in photographs taken so that people cannot be identified if they do not wish to be.
- If photographs are being taken in public spaces (e.g. leisure centre opening), clear signs must be displayed explaining that photographs are being taken so that members of the public are aware.
- The photographer must be clearly identified in public spaces when taking photographs so people are aware who they are and have the option to avoid having their picture taken if they wish.
- If you commission someone to take photographs you must check that this person has the appropriate level of DBS check.
- Outside photographers must not be left unsupervised with children or vulnerable adults at any time.
- Anyone who does not wish to be photographed has the right to express this and furthermore withdraw consent, meaning photos which contain images of this person/their children/a vulnerable adult, must be destroyed.
- Finally, photos taken must only be used for the purposes that consent was gained for.

#### **5. MONITORING AND REVIEW OF THIS GUIDANCE**

A copy of this document will be held on your HR file and it will be reviewed annually by the North Kesteven District Council Safeguarding Group in order to make sure it is accurate and up to date.

- 6.** This guidance is not exhaustive and must be followed in conjunction with:

- North Kesteven District Council Member’s Code of Conduct
- North Kesteven District Council Officers Code of Conduct.
- North Kesteven District Council Safeguarding Policy
- Multi Agency Domestic Abuse Protocol from LSCB & LSAB
  - Contains details of MARAC referral process, Adult at Risk process, Pre-Birth Protocol, Domestic Violence Disclosure Scheme, information sharing with and without consent.

**7. DECLARATION**

I have read this document and understand what is expected of me in the capacity of my role at North Kesteven District Council. I will adhere to guidance therein and any subsequent guidance that is distributed.

NAME.....

JOB TITLE.....

SIGNATURE.....

DATE.....

# Corporate Governance and Reporting Structure

**NK Safeguarding Group**  
 Policies, procedures, safer recruitment, reviews, action plans  
 Including Executive Board Member

