Home-Start Network Safeguarding and Protecting Adults Policy

We inspire **growth**

We prioritise **kindness**

We achieve **together**

Title	Safeguarding and Protecting Adults Policy (Mandatory)	**Date: 27/07/2026**
Author	Assistant Director of Quality and Safeguarding	
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Owner	Director of Network Impact	
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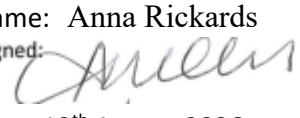
Table of Amendments			
Section	**Date**	**Update**	**By**
Full Policy	July 26	Simplified language and improved policy clarity and accessibility.	Quality Team
Mental Capacity	July 26	Added Mental Capacity Act principles and guidance on lawful, proportionate restrictions.	Quality Team
Approach	July 26	Added trauma-informed practice and strengthened professional curiosity guidance.	Quality Team
Governance & Responsibilities	July 26	Clarified safeguarding oversight, reporting, assurance, learning and role expectations.	Quality Team
Abuse & Neglect Appendix 3	July 26	Updated indicators of abuse to reflect emerging risks, including online and technology-enabled abuse.	Quality Team

This policy and its associated appendices were adopted by Home-Start Suffolk on 13th August 2026 and are to be reviewed by July 2027

Name: Anna Rickards

Signed: 

Date:13th August 2026

This should be signed by the most senior person in your organisation i.e. safeguarding lead on the board of trustees.

Associated Policies

This policy should be read alongside the other safeguarding-related policies, procedures and guidance listed in the Home-Start Policy Table. These documents provide additional information to support safe practice and should be used where relevant.

This policy applies to all Home-Start services across the UK and is supported by nation-specific procedures where legislation or guidance differs.

Everyone in Home-Start, regardless of their role, is responsible for safeguarding adults and should be familiar with this policy and their local safeguarding procedures for reporting concerns.

If you need support in understanding or applying this policy, speak to your local Safeguarding Lead, who can provide advice relevant to your local safeguarding arrangements.

Policy Statement

Home-Start is committed to safeguarding adults in line with national legislation and relevant national and local guidance.

We believe everyone has the right to live free from abuse, neglect and exploitation, regardless of their age, disability, neurodivergence, sex, race, religion or belief, ethnic origin, sexual orientation, gender reassignment, marriage or civil partnership, pregnancy or maternity status, or gender identity. We are committed to creating a safe, welcoming environment where people feel listened to and supported, and where they can raise concerns without fear of negative consequences.

Safeguarding is everyone's responsibility. We all have a role in preventing abuse and neglect, recognising when an adult may be at risk, understanding the signs of abuse or exploitation, and reporting concerns promptly. Home-Start has a zero-tolerance approach to abuse and neglect.

The purpose of this policy is to:

- Promote a culture where all adults are treated with dignity, respect and compassion.
- Protect adults who come into contact with Home-Start by identifying and managing risks that could lead to harm.
- Work with partner organisations to help keep adults safe.
- Explain Home-Start's approach to safeguarding adults to partners, beneficiaries and the public.
- Provide staff, volunteers and trustees with the principles and procedures they need to safeguard adults effectively.

Scope of the Policy

This policy applies to everyone working for or on behalf of Home-Start, including trustees, employees, volunteers, consultants, associates, self-employed contractors, agency staff, students and people providing services on a voluntary (pro bono) basis. Throughout this policy, these groups are referred to as **staff**.

Safeguarding adults is a shared responsibility across Home-Start. This is the overarching adult safeguarding policy for all Home-Starts across the UK.

Although the law places specific safeguarding duties on organisations in relation to **adults at risk** (see Definitions), Home-Start believes that every adult has the right to live free from abuse and neglect. While referrals to the local authority only apply in certain circumstances involving adults at risk, the principles and expectations set out in this policy apply whenever we have concerns about the safety or wellbeing of any adult.

Definitions

Who is an Adult at Risk?

Adult safeguarding legislation gives additional legal protection to **adults at risk**. While the definition varies slightly across the four UK nations (see the Appendices), the principles are very similar.

The definition below is based on the **Care Act 2014**.

An **adult at risk** is someone aged **18 or over** (16 or over in Scotland) who:

- has care and support needs, whether or not these are being met by the local authority; **and**
- is experiencing, or is at risk of, abuse or neglect; **and**
- because of those care and support needs, is unable to protect themselves from the abuse, neglect or risk of harm.

An adult at risk may include someone who:

- is older or experiencing frailty
- has a mental health condition, including dementia
- has a physical or sensory disability
- has a learning disability
- has a serious physical illness
- is experiencing problems with drug or alcohol use
- is experiencing homelessness
- is experiencing, or is at risk of, domestic abuse, including coercive or controlling behaviour
- has experienced modern slavery
- is being sexually exploited, or is at risk of sexual exploitation
- has experienced, or is at risk of, forced marriage
- is seeking asylum.

Not everyone in these groups will be an adult at risk. The legal definition depends on the person's individual circumstances and whether they are unable to protect themselves because of their care and support needs.

What is Adult Abuse?

Abuse is a violation of a person's human or civil rights by another individual or group. It can happen in any relationship and may cause significant harm or exploitation.

Abuse may result from deliberate actions, neglect, omission or a failure to act.

There are many forms of abuse and neglect. Although the categories vary slightly across the UK, they all include:

- Physical abuse
- Sexual abuse
- Psychological or emotional abuse
- Neglect
- Financial or material abuse

Abuse can happen in any setting or relationship. More information about different types of abuse can be found in **Appendix 3**.

Principles

This policy and the supporting procedures are based on the following principles.

Every adult, regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation, has the right to:

- have their money, property and possessions treated with respect and protected
- receive information, guidance and support if they experience abuse
- be supported to make informed decisions about what happens next, unless overriding their wishes is necessary to protect them or someone else from serious harm
- make a complaint using the appropriate complaints procedure
- report abuse to independent organisations
- have any concerns, suspicions or allegations of abuse dealt with promptly and taken seriously.

Home-Start takes all safeguarding concerns seriously. Any breach of this policy may result in disciplinary action for employees, including dismissal where appropriate. Contracts with consultants or contractors may be ended, and trustees or volunteers may be asked to step down if they fail to meet their safeguarding responsibilities.

Person-Centred Safeguarding (Making Safeguarding Personal)

Across the UK, adult safeguarding is based on the principle of **person-centred safeguarding**, often referred to as **Making Safeguarding Personal** (see Appendix 2).

Adults have the right to make their own decisions, including decisions that others may consider unwise or that involve some level of risk. Our role is not to make decisions for people, but to support them to make informed choices wherever possible.

When responding to safeguarding concerns, we should focus on **what matters to the person**. This means listening to them, understanding the outcomes they want, and involving them in decisions about how they can be supported to stay safe.

The adult's views, wishes, feelings and beliefs should always be taken into account when planning any safeguarding response. There is rarely only one solution, and the best outcome is usually achieved by working with the person to find the approach that is right for them.

Treating people with dignity and respect, promoting their independence and supporting them to make their own decisions not only helps keep them safe but also supports their confidence, wellbeing and recovery from abuse.

Internal Roles and Responsibilities

Safeguarding adults is everyone's responsibility. Everyone who works for or with Home-Start has a role in protecting adults from harm and abuse.

No one person can have a full picture of an adult's circumstances. By recognising concerns, sharing information and acting quickly, we can help ensure adults get the right support at the right time.

Responsibilities of all staff, volunteers and trustees

Everyone must:

- follow Home-Start safeguarding policies, procedures and guidance
- complete safeguarding training and refresher training as required
- maintain up-to-date knowledge of **national legislation** and **local safeguarding arrangements.**
- use **professional curiosity** by asking questions, checking concerns and speaking up if something does not feel right
- take part in **supervision** and team meetings which include **reflective discussions** to review work with families, consider safeguarding concerns and support effective practice.

Safeguarding Leads and Trustees

Every Home-Start must appoint at least one **Safeguarding Lead** and one nominated safeguarding trustee. Together, they oversee safeguarding policy, practice and training and ensure they understand local safeguarding arrangements for both adults and children.

Trustees

Trustees must:

- hold overall responsibility for safeguarding, even where tasks are delegated

- ensure appropriate safeguarding arrangements are in place
- ensure people who use or work with Home-Start are protected from harm
- follow trustee safeguarding responsibilities set out in the **Responsibilities in Practice** section of the Handbook

Home-Starts must have effective safeguarding governance arrangements in place, including regular reporting to the trustee board, compliance with quality assurance activity (including completing the safeguarding checklist annually), reviewing policies and incidents, and learning from Safeguarding Practice Reviews.

Safeguarding Leads

This role may have different titles in different Home-Starts. In this policy it is called the **Safeguarding Lead**.

Working with the safeguarding trustee, the Staff Safeguarding Lead must:

- ensure recruitment staff are trained in safer recruitment practice
- ensure safeguarding policies and procedures are in place (including safer recruitment, managing allegations, and whistleblowing)
- keep local safeguarding contacts and reporting processes up to date and ensure staff know how to use them
- ensure contractors, associates and consultants understand their safeguarding responsibilities and know how to report concerns.

In some Home-Starts, safeguarding responsibilities may be shared across more than one person. The same role may cover both child and adult safeguarding. Further detail is in **Appendix 1**.

Professional Boundaries

Clear professional boundaries are essential to keeping everyone safe.

Further guidance is available in the **Safeguarding and Protecting Children (UK-wide) Policy**.

Professional curiosity
Staff and volunteers should use professional curiosity when recognising abuse by asking questions, exploring concerns and avoiding assumptions. Being professionally curious helps identify risks that may not be immediately obvious. Safeguarding Practice Reviews highlights the importance of professional curiosity in protecting adults and children from harm.

Responding to Concerns About Harm or Abuse

Home-Start uses the **4Rs approach**:

Recognise

Notice when an adult may be experiencing abuse or neglect.

Respond

Act appropriately following Home-Start procedures.

Refer

The Safeguarding Lead decides whether a referral is needed after discussion with staff or volunteers. This may include contacting the local authority or, in some cases, the police.

Record

Record concerns clearly, accurately and quickly using local procedures so information can be used if needed.

Home-Starts are also encouraged to use two additional steps:

Revisit

Check back on concerns to see what has changed or whether further action is needed.

Reflect

Learn from safeguarding situations as individuals and teams.

Recognise

You may become concerned about abuse or neglect if you:

- witness harmful or abusive behaviour
- are told directly by an adult or someone else
- receive indirect information that raises concern
- see possible signs such as unexplained injuries
- notice indicators of abuse or neglect
- see patterns over time, such as repeated missed appointments

Respond

What you do will depend on your role and local procedures, but these principles always apply:

- Share concerns as soon as possible. Volunteers should speak to their Coordinator. Staff should speak to the Safeguarding Lead. You must never promise full confidentiality if abuse is disclosed.
- Do not investigate. Only ask enough questions to understand what has been said. Avoid leading questions.
- If someone is in immediate danger or seriously injured, call **999** straight away and then inform Home-Start.
- Record concerns using local procedures. Some Home-Starts use a **Record of Concern and Action (ROCA)**.

Good practice when someone shares a concern

- listen carefully and ask only clarifying questions
- show empathy and reassure the person they were right to speak up
- take all concerns seriously
- pass on information promptly
- avoid judgement or opinions about anyone involved
- explain that information may need to be shared to keep people safe
- only share information with those who need to know
- record using the person's own words where possible
- remember that if a child may be at risk, their safety comes first
- reassure the person if they change their mind, but explain information may still need to be shared
- seek support if needed

Referring Concerns (Safeguarding Referrals)

If there is a concern about abuse or neglect, it must be shared as soon as possible with the **Coordinator and/or Safeguarding Lead**. They will review the information and decide what action is needed.

If the person is an **adult at risk**, a safeguarding referral may need to be made to the local authority (or the adult's allocated social worker, if they have one). This should follow local procedures and be done as soon as possible, and always within 24 hours unless there is a clear reason why this is not possible (which must be recorded).

Where possible, referrals should be made with the **knowledge and consent of the adult**. However, adults may not always agree to information being shared. This may be because they:

- are worried about services or do not trust them
- feel they may lose control of their situation
- are afraid of the person causing harm
- are worried about consequences for themselves or others

These concerns should be acknowledged and discussed sensitively.

Sharing information without consent

If an adult does not want information shared, their wishes should usually be respected in England and Scotland unless there is a strong safeguarding reason not to. Information may still be shared without consent if:

- contacting the adult to gain their consent would put them or someone else at risk
- there is concern that the adult or others, including children, are at risk of harm

- there is concern the adult is being pressured or controlled
- a serious crime has been committed or needs to be prevented
- the adult lacks mental capacity to make this decision
- the person causing harm is in a position of power or has care and support needs
- local safeguarding rules require reporting (for example in Wales or Northern Ireland)

If information is shared without consent, this should be explained to the adult when it is safe to do so.

If a referral is not made

If a referral is not made (for example because the person is not an adult at risk or does not consent), staff should still consider what support, or signposting may help manage risk. This could include referrals to other services or providing information.

If there are concerns about confidentiality or data sharing, staff should seek advice from the **Safeguarding Lead or Data Protection Lead**.

Consent is **not needed** to make a **child safeguarding referral**. If children may be at risk, this must always be considered and acted on. Domestic abuse in households with children is always a child safeguarding concern and must always be reported, including situations where the child is not directly involved in the abuse.

Recording Safeguarding Concerns

All safeguarding concerns must be recorded clearly and promptly using local procedures.

Records should include:

- what was seen or heard
- how the concern came to light
- what action was taken
- decisions made about whether to share information and why

Sometimes concerns build up over time rather than coming from one incident. In these cases, a **chronology** should be kept.

A chronology is:

- a timeline of key events related to risk and need
- a summary of both strengths and concerns over time
- a way of showing patterns that help explain risk or harm

Mental Capacity and Decision Making

The **Mental Capacity Act 2005 (England and Wales)** provides the legal framework for supporting adults who may lack the capacity to make specific decisions.

The Act is based on five key principles:

- Adults must be **presumed to have capacity** unless it is shown otherwise.
- People should be **supported to make their own decisions** wherever possible.
- A person should not be considered to lack capacity simply because they make an **unwise decision**.
- Decisions made on behalf of someone who lacks capacity must be in their **best interests**.
- Any action taken must be the **least restrictive** option.

The law assumes adults aged 16 and over can make their own decisions unless it is shown otherwise. To have capacity to make a decision, a person must be able to:

- understand the relevant information;
- retain the information long enough to decide;
- weigh up the information; and
- communicate their decision.

A person may have difficulties with decision-making due to mental health conditions, learning disabilities, dementia, brain injury, physical illness or substance use. Capacity is **decision-specific** and can change over time.

Adults have the right to make decisions others may consider unwise. This alone does not mean they lack capacity. If there are concerns that an adult may be experiencing abuse or neglect and may lack capacity, a safeguarding referral should be made so appropriate assessment and support can be provided.

Where restrictions on an adult who lacks capacity may amount to a **deprivation of liberty**, Home-Start will follow local safeguarding procedures and work with relevant statutory agencies to ensure decisions are lawful, necessary and in the person's best interests.

In emergencies, decisions may need to be made to protect someone who cannot decide for themselves. This may include:

- sharing information to keep them safe; and
- preventing contact with a person causing harm.

Mental Capacity
and Deprivation of l

Trauma-informed practice

Home-Start recognises that people may have experienced trauma and that this can affect how they respond, communicate and engage with support. Staff and volunteers should take a trauma-

informed approach by recognising possible trauma responses, seeking to understand behaviour in context, avoiding actions that may re-traumatise, and responding in a way that promotes safety, trust, choice and respect.

Escalation Procedure

If there are concerns that safeguarding action is not being taken properly by Home-Start or another agency, this should be escalated.

Concerns should first be raised with the **Safeguarding Lead or Safeguarding Trustee**.

If the issue is not resolved, advice can be sought from **Home-Start UK** or the relevant local safeguarding advisor.

All discussions and decisions must be recorded.

Home-Start recognises that:

- resolving disagreements is part of safeguarding work
- professional disagreement should be addressed quickly and constructively
- the safety of the adult must always come first
- issues should be resolved as early as possible

Allegations Against Staff and Volunteers

If there are concerns that a member of staff or a volunteer may have harmed or abused an adult at risk, this must be reported immediately to the **Safeguarding Lead** or the **Safeguarding Trustee** if the lead is involved.

The person may be suspended (if staff) or asked to stop volunteering while the concern is investigated. The Safeguarding and Protecting Children Policy also sets out how to manage allegations, low-level concerns and whistleblowing. Consult the relevant policies for details.

Some cases may need to be managed under **Position of Trust (PiPoT)** procedures (or equivalent across UK nations). Home-Starts should consult their local authority arrangements for further details.

Recruitment and Employment

Home-Start uses safer recruitment processes for staff and volunteers to help prevent harm to adults at risk. These are laid out in the relevant policies.

Reportable Incidents

Charity regulators require serious incidents to be reported. These may include:

- alleged or actual abuse of a child or adult
- loss of money or assets
- damage to property

- harm to the charity's work or reputation

Trustees are responsible for reporting serious incidents to the relevant regulator and completing required reporting to Home-Start UK.

More information
Further guidance is available from:
The Charity Commission website (England and Wales)
The OSCR website (Scotland)
The Charity Commission NI (Northern Ireland)

Learning and development
All new staff, trustees and volunteers will complete an induction that includes safeguarding, relevant Home-Start policies, and how to report concerns.
Everyone will complete safeguarding refresher training every year. Any additional training needed for specific roles will be provided as required.

The Prevent Duty

The Prevent Duty sits alongside established safeguarding professional duties to protect people from a range of harms, such as gang involvement or exploitation. Prevent is one part of the governments overall counter-terrorism strategy CONTEST.

CONTEST has four key principles:
• PURSUE: to stop terrorists
• PREVENT: to stop people becoming terrorists or supporting violent extremism
• PROTECT: to strengthen our overall protection against terrorist attacks
• PREPARE: where we cannot stop an attack, to mitigate its impact

Where there are concerns that a child or adult may be at risk of being drawn into extremism, we will respond following our usual safeguarding procedures outlined in this policy. Consent will be sought after the referral has been accepted by the Local Channel panel. In addition, we may consult the Counter Terrorism Policing website What to look for – Counter Terrorism Policing or call the Prevent advice line (appendix 1). Signs of Radicalisation are outlined in Appendix Three.

More details can be found at:
The Charity Commission website (England and Wales)
The OSCR website (Scotland)
The Charity Commission NI (Northern Ireland)

Transitions

- Home-Start recognises that transitions can increase vulnerability and heighten safeguarding risks for adults. Transitions may include movement between services, movement from child services to adult services, changes in an adult's support pathway,

changes in accommodation or professionals involved, transitions into or out of a geographic area, and transitions into or out of Home-Start support.

- During any transition there is an increased risk of unclear responsibilities, gaps in communication, missed information and reduced continuity of support. Home-Start staff will therefore take proactive steps to ensure that safeguarding considerations remain central throughout. This includes explaining changes to the adult in a clear and supportive way, sharing safeguarding information with appropriate agencies, seeking consent where this is possible and appropriate, and ensuring the adult understands how to access support during and after the transition.

Transitions at the point of referral in

- When a referral is received, the referrer will be informed of the action taken. This includes confirming whether Home-Start is able to accept the referral or whether the referral cannot be progressed. Where support can be offered, the referrer will be advised that the adult will be contacted and that support will begin in line with local procedures. Where a referral cannot be accepted, the referrer will be informed so that alternative pathways can be explored.

Transitions out of Home-Start

- When an adult is leaving Home-Start support, staff will ensure that the ending of support is managed clearly and safely. This includes discussing the end of support, completing closure information and ensuring that any ongoing needs or risks are understood. If safeguarding concerns remain, these will be shared with the appropriate agency such as the multi-agency safeguarding hub or the allocated social worker. Where appropriate, information about the ending of support may also be shared with referring agencies or partners to support continuity of care.
- Families are advised at entry into the service of how their information will be used, stored and protected. At the point of closure, the individual's file will then be managed in accordance with the Home-Start GDPR & Confidentiality which includes a file retention procedure. This includes ensuring that records are stored securely, retained for the required period and destroyed in line with organisational and legal requirements.

Safeguarding and consent

- For situations that do not involve child protection concerns, information sharing during transitions will take place with the agreement of the adult unless there is a statutory basis to act without consent. Where safeguarding concerns are identified, these must be shared with the multi agency safeguarding hub in line with local procedures.
- Where a transition involving an adult has implications for any child in the household, staff will refer to the Safeguarding and Protecting Children Policy to ensure that the child's welfare is fully considered.

Transitions between services and geographic areas

- Home-Start will work collaboratively with statutory, community and voluntary partners to promote continuity when transitions involve movement between services. When an adult experiences a transition such as a change in health or social care provider, a change of accommodation or a change of professional support, Home-Start will ensure that any relevant safeguarding information is shared in line with legal and ethical requirements.
- When an adult moves into or out of a geographic area, Home-Start will liaise with the relevant local authority or local Home-Start to ensure that safeguarding information is passed on in a timely and appropriate way.

APPENDICES

- **Contact details – Appendix 1**
    a. Local Home-Start Strategic Safeguarding/Protection Lead role
    b. Local Home-Start Designated Safeguarding/Protection Lead role(s)
    c. Named Safeguarding/Protection Trustee
    d. Local Safeguarding Partnership (local Social Care for Scotland) contact

  Specific responsibilities of key safeguarding/protection roles within local Home-Starts.

- **Legal Framework- Appendix 2**

- **Types of Abuse – Appendix 3**
- **Flow chart to report concerns about safety & welfare of an adult (summary of policy steps) – Appendix 4**
- **Home-Start Suffolk Safeguarding Training Process- Appendix 5**

APPENDIX 1

Contact Details for Home-Start Suffolk

Strategic Safeguarding/Protection role:

Tara Spence 07360593137/ 01473621104safeguarding@homestartinsuffolk.org
Alison Grant 07568778264/01473 621104 safeguarding@homestartinsuffolk.org

Designated Safeguarding/Protection role:

Alison Grant	07568778264/01473 621104
Natalie Highland	07761 916817
Ana Reis Fisher	07763 598213
Wendy Porch	07564090906
Jane Farrow	07932427942
Vikki Gant	07840162678
Laura Evans	07592315190
Tracy Clark	07840157729
Lou Harris	07563068281
Stacy Bird	07708032520
Jeanette Fuster	07568118257
Beckie Head	07858307638
Debbie Sutton	07860386737

Trustee with Safeguarding/Protection responsibility:

Anna Rickards safeguarding@homestartinsuffolk.org 01473621104

Local External Contacts relevant to locality/nation:
I.e. Local Safeguarding Partnership (England, Wales, NI), Local Social Care (Scotland)

Name: Customer First (Adult)
Contact information: 0800 9171109 or email customer.first@suffolk.gov.uk
https://www.suffolk.gov.uk/care-and-support-for-adults/how-social-care-can-help/contact-adult-social-care

Local Authority Designated Officer (LADO) or equivalent:

Suffolk safeguarding partnership
03001232044
https://www.suffolksp.org.uk/local-authority-designated-officers-lado

Roles and Responsibilities within Home-Start

Trustees have overall responsibility for ensuring the safety and wellbeing of children and adults supported by Home-Start. Further information on safeguarding roles and responsibilities can be found in the **Safeguarding and Protecting Children Policy**.

Each Home-Start should identify:

- **Strategic Safeguarding Lead** – usually the most senior staff member, responsible for ensuring safeguarding is embedded across the organisation.
- **Designated Safeguarding Lead** – responsible for managing safeguarding concerns and supporting staff and volunteers.

In smaller Home-Starts, one person may undertake both roles, but a deputy must always be identified to provide cover when required.

Role titles differ across the UK:

- **Designated Safeguarding Officer** – England and Northern Ireland
- **Designated Safeguarding Person** – Wales
- **Designated Safeguarding Children Officer** – Scotland

Where possible, Home-Starts should also identify a **local specialist safeguarding adviser** to provide advice and support on local safeguarding procedures and complex cases.

- **Strategic Safeguarding Lead**

The Strategic Safeguarding Lead is responsible for:

- Promoting Home-Start's commitment to safeguarding and ensuring policies, procedures and guidance are understood and followed.
- Ensuring safeguarding policies are reviewed and reflect Home-Start, national and local guidance.
- Ensuring appropriate safeguarding training and information is provided to trustees, staff and volunteers.
- Monitoring safeguarding activity, identifying learning and improving practice.
- Providing advice and support on safeguarding concerns and ensuring appropriate referrals and escalation take place.
- Maintaining links with relevant agencies and ensuring allegations involving staff, volunteers or trustees are managed appropriately.
- Supporting the Designated Safeguarding Lead through supervision and oversight of safeguarding records.
- Ensuring Home-Start UK and relevant agencies are informed of serious harm or death involving a supported family.
- Supporting staff and volunteers following safeguarding incidents.

- **Designated Safeguarding Lead**

The Designated Safeguarding Lead is responsible for:

- Responding to safeguarding concerns and following Home-Start procedures.
- Keeping accurate records of concerns, decisions and actions taken.
- Ensuring concerns are shared with the Strategic Safeguarding Lead and appropriate agencies where required.
- Working with relevant safeguarding partners, including social care, where appropriate.
- Ensuring confidentiality and information-sharing requirements are followed.

- Raising concerns involving trustees, staff or volunteers with the Strategic Safeguarding Lead.
- Ensuring serious harm or death involving a supported family is reported appropriately.
- Supporting staff and volunteers following safeguarding incidents.

- **Trustee with Safeguarding Responsibility**

Each Home-Start should identify a trustee with safeguarding responsibility who has appropriate knowledge or training.
The safeguarding trustee should:

- Provide support, challenge and advice to safeguarding leads.
- Support decisions about safeguarding concerns, referrals and escalation.
- Ensure safeguarding is considered by the Board and that systems, policies and procedures are reviewed.
- Support compliance with Home-Start Quality Assurance Standards.
- Review safeguarding information and records where appropriate.
- Request safeguarding updates at Board meetings.
- Support staff and volunteers following safeguarding incidents.

- **Local Specialist Safeguarding Adviser**

Where available, a local specialist safeguarding adviser can:

- Provide advice and support on safeguarding concerns.
- Support the use of local safeguarding procedures, including referrals and escalation.
- Keep trustees and staff informed of local safeguarding developments.
- Support discussions about complex cases and safeguarding practice.
- Provide advice on safeguarding systems, policies and quality assurance.
- Provide additional case supervision where agreed.

This appendix should be read alongside the full text of this policy and the **Safeguarding and Protecting Children Policy.**

Other sources for help

Ann Craft Trust: A national organisation providing information and advice about adult safeguarding.
Tel: 0115 951 5400, www.anncrafttrust.org

National 24-hour freephone domestic abuse helplines:
England: Tel: 0808 2000 247, www.nationaldahelpline.org.uk/Contact-us
Northern Ireland: Tel: 0808 802 1414, www.dsahelpline.org
Scotland: Tel: 0800 027 1234, email: helpline@sdafmh.org.uk
Wales: Tel: 0808 8010 800

Refuge (for Women and children. Against Domestic Violence)
Tel. 0808 2000 247 refuge.org.uk

Rape Crisis Federation of England and Wales:
www.rapecrisis.co.uk

Men's Advice Line: For male domestic abuse survivors
Tel: 0808 801 0327

National LGBT+ Domestic Abuse Helpline
Tel: 0800 999 5428

Suzy Lamplugh Trust: a leading authority on personal safety who aim to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.
Tel: 020 83921839, www.suzylamplugh.org

Victim Support: Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.
Tel: 0808 168 9111, https://www.victimsupport.org.uk/

Prevent Advice Line 0800 011 3764 For information: https://actearly.uk/

Modern Slavery & Exploitation Helpline on 08000 121 700.

Sexual violence charter for NHS - https://www.england.nhs.uk/publication/sexual-safety-in-healthcare-organisational-charter/

APPENDIX 2
Legal Framework

The principles and legal responsibilities concerning adult safeguarding, on which this policy and related practice are based, are set out in different legislation and policy in each of the four nations of the UK. The overarching principles, as they relate to Home-Start practice, are very similar with any key differences expressly stated within this policy.

England	Scotland	Wales	Northern Ireland
The Care Act 2014	Adult Support and Protection Act 2007	Social Services and Wellbeing Act 2014	Adult Safeguarding Prevention and Protection in Partnership 2015
Care and Support Statutory Guidance 2014 (updated March 2024)	Adult Support and Protection (Scotland) Act 2007 Code of Practice 2014	Wales Safeguarding Procedures 2019	
Mental Capacity Act 2005	Adults with Incapacity Act 2000	Mental Capacity Act 2005	Mental Capacity (Northern Ireland) 2016

All of the above legislation is compliant with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). It is covered by:

- The Human Rights Act 1998
- The Data Protection Act 2018
- UK General Data Protection Regulations 2018

Many other pieces of UK wide and local legislation also affect adult safeguarding.
These include legislation about different forms of abuse and those that govern information sharing. For example, legislation dealing with:

- Murder/attempted murder
- Physical Assault
- Sexual Offences
- Domestic Abuse/Coercive control
- Forced Marriage
- Female Genital Mutilation
- Theft and Fraud
- Modern slavery and Human exploitation
- Hate crime
- Harassment
- Disclosure and Barring Service (DBS), Disclosure Scotland and Access NI barring.

The legislation for each nation includes a definition for an 'Adult at Risk':

- **England (Care Act 2014)**

An **adult at risk** is an individual aged 18 years and over who:

(a) has needs for care and support (whether or not the local authority is meeting any of those needs) AND;

(b) is experiencing, or at risk of, abuse or neglect, AND;

(c) 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.

- **Scotland (Adult Support and Protection Act 2007)**

An **adult at risk** is an individual aged 16 years and over who:

a) is unable to safeguard their own well-being, property, rights or other interests,

b) is at risk of harm, and

c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, is more vulnerable to being harmed than adults who are not so affected.

Wales (Social Services and Well Being Act 2014)

An **adult at risk** is an individual aged 18 years and over who:

a) is experiencing or is at risk of abuse or neglect, AND;

b) has needs for care and support (whether or not the authority is meeting any of those needs) AND;

c) as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

- **Northern Ireland (Adult Safeguarding Prevention and Protection in Partnership 2015)**

An **adult at risk of harm** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their a) personal characteristics and/or b) life circumstances.

a) **Personal characteristics** may include, but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

b) **Life circumstances** may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

An **adult in need of protection** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

Personal characteristics *AND/OR* Life circumstances *AND;*

c) who is unable to protect their own well-being, property, assets, rights or other interests; *AND*

d) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d)

The legislation for each nation includes detailed principles:

- **Wales (Social Services and Well Being Act 2014)**

The Act's principles are:

- **Responsibility -** Safeguarding is everyone's responsibility.
- **Well-being -** Any actions taken must safeguard the person's well-being.
- **Person-centred approach** - Understand what outcomes the adult wishes to achieve and what matters to them.
- **Voice and control -** Expect people to know what is best for them and support them to be involved in decision making about their lives.
- **Language -** Make an active offer of use of the Welsh language and use professional interpreters where other languages are needed.
- **Prevention** - It is better to take action before harm occurs.

- **Scotland (Adult Support and Protection Act 2007)**

The Act's principles are:

The overarching principle underlying Part 1 of the Act is that any intervention in an individual's affairs should provide benefit to the individual and should be the least restrictive option of those that are available which will meet the purpose of the intervention.

This is supported by a set of guiding principles which, together with the overarching principle, must be taken account of when performing functions under Part 1 of the Act. These are:

- The wishes and feelings of the adult at risk (past and present);
- The views of other significant individuals, such as the adult's nearest relative; their primary carer, guardian, or attorney; or any other person with an interest in the adult's well-being or property;
- The importance of the adult taking an active part in the performance of the function under the Act;
- Providing the adult with the relevant information and support to enable them to participate as fully as possible;
- The importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation; and
- The adult's abilities, background and characteristics (including their age, sex, sexual orientation, gender, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage).

Northern Ireland (Adult Safeguarding Prevention and Protection in Partnership 2015)

The Act's principles are:

- **A Rights-Based Approach –** To promote and respect an adult's right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.
- **An Empowering Approach –** To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.
- **A Person-Centred Approach –** To promote and facilitate full participation of adults in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in their safety and well-being.
- **A Consent-Driven Approach** – To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in

the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.

- **A Collaborative Approach** – To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

England (Care Act 2014)

The Act's principles are:

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

APPENDIX 3
Types of Abuse

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive, and people may experience more than one type of abuse at the same time. Abuse can also take place online or through technology. This list is relevant to all four nations and is based on guidance from the Social Care Institute for Excellence (SCIE), Social Care Institute for Excellence (SCIE) which identifies the following types of abuse**.**

Physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Signs of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Domestic violence or abuse

- Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:
- psychological
- physical
- sexual
- financial
- emotional

Signs of domestic violence or abuse

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

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour'-based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive and controlling behaviour may also occur through technology. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- controlling, monitoring and isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse

Sexual Abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non-consensual masturbation of either or both persons
- Non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Signs of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis

- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person
- Online sexual abuse, including online grooming, sexual coercion, exploitation, sextortion, or the sharing/threat of sharing sexual images without consent

Psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Online and technology-enabled abuse, including harassment, cyberbullying, coercive or controlling behaviour, monitoring and threats
- AI-generated impersonation or misuse of technology to manipulate, deceive or cause harm

Signs of psychological or emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs

- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Signs of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Modern Slavery

- Slavery, servitude and forced or compulsory labour. A person commits an offence if:
- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or
- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.
- There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.
- Someone is in slavery if they are:
- Forced to work - through mental or physical threat
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse

- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement.
- Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 of the Modern Slavery Act 2015.

Types of modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Also see Gov.UK for further information around Modern Slavery

NRM

Signs of modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Criminal exploitation

Types of criminal exploitation may include:

- Cuckooing- where a person's home is taken over by others to facilitate criminal activity
- County lines- where vulnerable people are exploited to transport or supply drugs or support organised crime
- Exploitation through threats, coercion, debt or manipulation to carry out criminal activity

Signs of criminal exploitation:

- sudden changes in behaviour, relationships or lifestyle
- unexplained gifts, money, possessions or increased access to items
- increased fear, anxiety or withdrawal
- unexplained visitors or activity at the person's home
- association with individuals involved in criminal activity

Types of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Signs of discriminatory abuse

- the person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Signs of organisational or institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Signs of neglect and acts of omission

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

Types of self-neglect

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs
- Hoarding, where the accumulation of possessions, animals or materials creates risks to health, safety or wellbeing

Signs of self-neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury
- Trouble regulating everyday behaviour.

Radicalisation

Radicalisation is the process through which a person comes to support or be involved in 'extremist' ideologies. There is no official definition of an 'extremist,' but for the purposes of this policy the Oxford Dictionary definition shall be used: 'A person who holds extreme political or religious views, especially one who advocates illegal, violent, or other extreme action' (Oxford Dictionary). In some circumstances, radicalisation can result in a person becoming drawn into terrorism and is in itself a form of harm.

Indicators of radicalisation can include (but not limited to):

- a person isolating themselves from family and friends
- talking as if from a scripted speech; unwillingness
- inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use
- becoming uncooperative and disengaged
- seeking to recruit or groom others to an extremist ideology
- possession of violent extremist literature
- using abusive, aggressive or extremist views/comments/threats/language
- a fascination with weapons, chemicals, explosives or extremist activity and events, including a fascination with historical or unusual subjects that may have extremist links
- significant changes in relationships
- change in behaviour or appearance due to new influences

Female Genital Mutilation (FGM)

- FGM is a procedure where the female genital organs are injured or altered without any medical reason. It is typically a traumatic and violent act for the victim. The practice can produce severe pain and may result in immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death. FGM is prevalent in 30 countries. These are concentrated around the Atlantic coast to the Horn of Africa, in

areas of the Middle East, and in some regions of Asia, but FGM can also occur in the UK. The age at which FGM is carried out varies considerably according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy.

- Potential indication of FGM risk include: a female child having a close female relative who has undergone FGM; a female child's father coming from a community known to practise FGM; a family indicating that there are strong levels of influence held by elders in bringing up female children; a family believing FGM is integral to cultural or religious identity; a girl confiding to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'; announcement of a long holiday to a girl's/woman's country of origin or another country where the practice is prevalent; a girl talking about FGM in conversation; a girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent.
- Potential signs FGM may have occurred include: A girl or woman suddenly having difficulty walking, sitting or standing; a girl or woman has frequent urinary, menstrual or stomach problems; a girl or woman being reluctant to undergo any medical examinations; a girl or woman asking for help, but not being explicit about the problem; a girl talking about pain or discomfort between her legs.

APPENDIX 4

Flow chart to report concerns about safety & welfare of an adult (summary of policy steps)

Please follow this guidance in conjunction with your local safeguarding procedures.

1. Is there a risk of imminent harm or has someone been injured?

- **Yes**- call the relevant emergency services and follow advice given
- **No**- report your concerns to your safeguarding lead staff member and/or trustee, who will work through the process outlined below.

2. Does the adult have children/care for children/have children living/staying in the household?

- **Yes**- Even if the children are not directly involved, they may still be at risk from harm. Do not investigate this yourself but instead follow your Safeguarding Children Policy to discuss/report concerns following your local process. Note that domestic abuse **is always** a child protection concern and must be reported for the safety/welfare of children in the home following your local procedure. Through this process, (e.g., in discussion with your local safeguarding team) discuss if you also need to make a safeguarding adult's referral and act on the guidance given.
- **No**- move to next stage

3. Does the adult have care and support needs (see definitions in this policy)?

- **Yes**- Inform the person of your intention to make a safeguarding referral for the protection and wellbeing of all concerned. It is best practice to make referrals with the knowledge, consent and participation of the person concerned, *where possible and safe to do so*. If the person consents to the referral, make the referral to your local safeguarding adults' team. If they don't consent, or it is not possible, safe to do so move to the next stage.
- **No**- move to next stage.

4. Are you and/or the person concerned located in Northern Ireland or Wales?

- **Yes**- you still have a duty to report your concerns to the local authority without consent; make the safeguarding referral to your local authority.
- **No**- move to the next stage.

5. In England and Scotland, consider if any of the below points apply:

- You believe they or someone else is at risk, **including children** (see step 2)
- You believe the adult is being coerced or is under duress
- It is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed
- The adult does not have mental capacity to consent to information being shared about them
- The person allegedly causing harm has care and support needs
- A person allegedly causing harm is in a position of power

- The concerns are about an adult at risk living in Wales or Northern Ireland (where there is a duty to report to the Local Authority).
- It is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk

- **Yes,** they do apply- Make the safeguarding referral to your local safeguarding team, explaining your reasoning and rationale for doing so.

- **No**, they don't apply- If these circumstances do not apply (England and Scotland only), then you should seek guidance from your local social care advice team, or, where this is not possible, contact a relevant support line for guidance (listed here): https://www.anncrafttrust.org/help-advice/friend-relative/

Follow the advice and guidance provided by the above agencies and provide information about your local safeguarding adult's team/support agencies for the adult concerned to contact themselves.

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Throughout the above process, record all the information, decisions and rationale for these decisions on your Record of Concern and Action (RoCA). Ensure that this has been discussed and shared with your safeguarding lead staff member and safeguarding trustee. Review the situation regularly to see if information changes, you may need to follow this flow chart again if so.

If you feel that your concerns are not being taken seriously/addressed at any stage in the above process, discuss your concerns with your safeguarding trustee and follow your local escalation and/or the Whistleblowing Policy.

Appendix 5

Home-Start Suffolk Safeguarding Training Process

1. Purpose

Safeguarding is at the heart of everything we do at Home-Start Suffolk. This process sets out our commitment to ensuring that every individual involved with our organisation – whether staff, trustee, ambassador, or volunteer – is equipped with the knowledge, confidence, and skills to recognise and respond to concerns about the safety and wellbeing of children, young people, and adults at risk.

Through consistent, high-quality safeguarding training, we aim to:

- Fulfil our legal and moral duties to protect those we support
- Ensure safe, effective, and accountable practice across all roles
- Maintain public trust in our work by demonstrating our commitment to best practice
- Respond promptly and appropriately to safeguarding issues to prevent harm

This training process establishes clear expectations for initial, ongoing, and responsive safeguarding training to ensure our entire team remains vigilant, informed, and confident in safeguarding responsibilities.

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2. Scope

This process applies to:

- All staff
- Trustees
- Ambassadors
- Volunteers undertaking family support (e.g. home-visiting, group facilitation, short courses, virtual/telephone support)
- Volunteers undertaking non-client-facing roles (e.g. fundraising, admin support)

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3. Induction/Preparation Training (Mandatory before starting role)

Who:

- Mandatory for: All staff, trustees, and volunteers undertaking family support or accessing client data
- Not required for: Fundraising volunteers, ambassadors or others with no access to clients or client data (These individuals are instead required to complete the annual safeguarding update)

If a non-client-facing volunteer transitions to a client-facing role, they must complete the mandatory safeguarding induction training before beginning this work.

Provider: Delivered by SAFECiC (or equivalent accredited provider)

Content:

- Legislative and policy frameworks (UK law, Charity Commission expectations, etc.)
- Recognising abuse and neglect
- Responding to disclosures and concerns

- Referral procedures and local safeguarding pathways
- Safer practice and duty of care
- Children and adults at risk
- Aligned to Level 1 & 2 Intercollegiate frameworks

Delivery:

- Half-day course
- Certificate valid for three years

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4. Annual Update Training (Every 12 months)

Who:

- Required for all staff, trustees, ambassadors, and volunteers regardless of role
- Internal delivery, informed by Level 2 Suffolk County Council safeguarding standards
- Updated annually by the Strategic Safeguarding Lead(s)
- Delivery Method:
- Self-led or AI-delivered training
  - Access via:

AI trainer version
Direct form version

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5. Three-Yearly Update (Every 3 Years)

Who:

- All staff, trustees, and volunteers who have client contact or access to client information

Provider:

- External face-to-face or live online trainer-led course

If unable to attend:
The Family Support Manager and the last coordinator to work with the volunteer will assess the volunteer's situation. Based on their safeguarding performance, any identified risks or concerns, and the nature of their client engagement, one of the following options will be agreed:

- **Option A:** The volunteer will be sent the Suffolk CPD Level 2 e-learning course and required to complete it within an agreed timeframe
- **Option B:** The volunteer will be placed on hold and their status on Charity Log will be changed to 'Do not use – volunteer docs are not up to date' until they have completed the required safeguarding training – status will then be changed to Trained (unless there is other documentation out of date)

All volunteers who miss the 3-yearly update must attend a face-to-face session within 12 months.

Where there is any internal disagreement on whether a volunteer will undertake option 1 or 2, the CEO will make the ultimate decision based on the information they have

6. Additional Training Following Concerns, Complaints or Issues

Where safeguarding concerns or issues arise in relation to any staff member, trustee, or volunteer (regardless of role):

- A review will be carried out by the Designated Safeguarding Leads (DSL)
- A refresher or targeted safeguarding training will be arranged as a condition of continuing in the role
- In more serious cases, this may be a requirement before resuming duties

7. Record Keeping

- All training completions (induction, annual, 3-yearly) are recorded in the individual's training log
- The administration team is responsible for tracking training records and prompting renewals

8. Trustee Safeguarding Training

At Home-Start Suffolk, safeguarding is recognised as a central organisational priority. To demonstrate our commitment from the top down, trustees are expected to engage fully in safeguarding training.

Trustee training expectations:

- All trustees must complete the mandatory safeguarding induction training on appointment
- Trustees will also participate in the annual internal safeguarding update, in line with all staff and volunteers
- In addition, trustees will attend face-to-face safeguarding training every three years
- This may be delivered by the board's nominated safeguarding lead, where they have the appropriate knowledge and experience to do so
- The Board safeguarding lead may request additional training for the board depending on the themes and nature of the dynamic safeguarding risks faced by the organisation
- The CEO or Family Support Manager (as Designated Safeguarding Leads) will be present at these sessions to provide local context and ensure consistency with the training received by staff and volunteers

9. Strategic Safeguarding Leads

Strategic Safeguarding Leads (SSLs), as identified in the main Safeguarding Policy and the Board Safeguarding lead, will undertake Level 4 safeguarding training on a three-yearly basis, in addition to the induction, annual update, and 3-yearly training required of all staff.

- **Level 4 Training – Leading on Child and Adult Safeguarding will cover:**
  - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019)
  - Adult Safeguarding: Roles and Competencies for Healthcare Staff (2018)
  - Training Content Includes:
  - Relevant legislation and guidance
  - Recognising and responding to abuse
  - Online safety
  - Safer practice and duty of care
  - Managing disclosures and referrals
  - Handling allegations
  - Safeguarding arrangements for both children and adults at risk

10. Additional Safeguarding-Related Training

To ensure comprehensive understanding of broader safeguarding risks and responsibilities, the following additional training will be offered across the organisation. Some are mandatory based on role; others are strongly recommended.

Training Topic	Mandatory For	Recommended For	Frequency
Safer Recruitment	SSLs, Line Managers, Board Safeguarding Lead		Every 3 years
Modern Day Slavery	All staff	Volunteers and Trustees	Every 3 years
PREVENT	Family Support Staff, SSLs	Other staff, volunteers, trustees	Every 3 years
Radicalisation	Family Support Staff, SSLs	Other staff, volunteers, trustees	Every 3 years
Criminal Exploitation	Family Support Staff, SSLs	Other staff, volunteers, trustees	Every 3 years

11.Safeguarding Code of Conduct and Policy Declaration

As part of Home-Start Suffolk commitment to safeguarding it is a requirement that all staff/volunteers/trustees sign the safeguarding code of conduct and the policy declaration annually. Below are the links to access the 2 forms, the relevant policies that need to be read are available on our website https://www.homestartinsuffolk.org/volunteer-with-home-start/volunteers-area/

Code of Conduct
Policy Declaration