

## Adult Safeguarding Policy Aurora Orchard Manor

<b>Policy Reference:</b>	A2-MMOM
<b>Version Number:</b>	10.1
<b>Applies to:</b>	All Adult Services: Adult Residential Provisions, FE Colleges.
<b>Associated documents:</b>	Health and Safety Policy Whistleblowing Policy MCA and DoLS Policy Confidentiality Policy IT Acceptable Use Policy Allegations against staff Policy Onboarding Policy
<b>Approved by:</b>	Incident & Safeguarding Committee
<b>Implementation date:</b>	August 2025
<b>Next review due by:</b>	August 2026
<i>This policy has been reviewed to ensure it promotes safeguarding and does not present barriers to participation or disadvantage any protected groups</i>	

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## 0. Summary of changes since previous version of policy

- legislation – Keeping Children Safe in Education
- 4.3 & 4.5 addition of Safeguarding Supervision
- 18.2 detail added

## 1. Aims

This document sets out Aurora's policy on responding to concerns regarding the safeguarding and protection of adults at risk of neglect or abuse. The policy and the associated procedures provide guidance to all staff who may have concerns of this nature within the context of their work.

## 2. Legislation and statutory requirements

This Policy fulfils the requirements of:

- Care Act 2014
- The Protection of Children Act 1999
- The Sexual Offences Act 2003
- The Human Rights Act 1998
- Mental capacity Act 2005
- Working Together to Safeguard Children (Department for Education 2023)
- Safeguarding Vulnerable Groups Act 2006
- Equality Act 2010
- Keeping Children Safe in Education 2025
- Children and Families Act 2014

## 3. Scope

This Policy applies to all staff, students and residents in adult services. Staff from other organisations working with students on our premises or with students or residents will also be expected to follow this policy. Where a student, service user or resident is under 18 staff should refer to the site's child protection and safeguarding policy.

## 4. Roles and responsibilities

### 4.1 All staff

All staff will sign a declaration at the beginning of each academic year to say that they have reviewed Aurora's safeguarding policies and guidance, that they understand it and that they will adhere to it.

All staff will be aware of:

- Our systems which support safeguarding, including this policy, the staff code of conduct, the role and identity of the designated safeguarding lead (DSL) and their deputies (DDSL), the Positive Relationship and Engagement Support Policy, the online safety policy, and how to use the MyConcern system

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- The early help process (sometimes known as the common assessment framework) and their role in it, including identifying emerging problems, liaising with the DSL/DDSL, and sharing information with other professionals to support early identification and assessment
- The process for making referrals to local authority social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- What to do if they identify a safeguarding issue or an adult tells them they are being abused or neglected, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as indicators of being at risk from or involved with serious violent crime, FGM and radicalisation
- The importance of reassuring victims that they are being taken seriously and that they will be supported and kept safe

Section 15, 18 and appendix 4 of this policy outline in more detail how staff are supported to do this.

## 4.2 The designated safeguarding lead (DSL)

The DSL is a member of the senior leadership team. Our DSL is named in section 6 of this policy. The DSL takes lead responsibility for safeguarding at the site but will be supported in all aspects by the Deputy designated safeguarding lead/s. Deputies are trained to the same level as the main DSL, and are interchangeable for safeguarding tasks, although the DSL retains overall responsibility for overseeing safeguarding matters.

During term time, the DSL or one of the DDSL's in education provision, will be available during site hours for staff to discuss any safeguarding concerns. In residential provision the DSL /DDSL will generally be available during the day shift and cover provided overnight, details of deputy DSL/DDSL's and cover arrangements can be found in the staff areas within the safeguarding posters and will be communicated when there are any changes.

When the DSL is absent, the DDSL's deputies will act as cover.

If the DSL and deputies are not available, the Operations Director will act as cover.

The DSL/DDSL's will be given the time, funding, training, resources and support to:

- Provide advice, support and training to other staff on safeguarding matters
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- Contribute to the assessment of adults
- Undertake a fact finding investigation to ascertain next steps.
- Refer suspected cases, as appropriate, to the relevant body (local authority adult social care, Channel program, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly.
- Review MyConcern and ensure it is up to date and completed correctly – New cases should be triaged and allocated to a case manager within 2 hours wherever possible. Open cases should be reviewed at least weekly with updates recorded. When a case is closed the DSL must ensure all fields have been fully completed and that the narrative, chronology and all actions are clear and robust.

The DSL/DDSL's will also keep the Site Lead/Operations Director informed of any issues, and liaise with local authority case managers and designated officers as appropriate.

The full responsibilities of the DSL and deputies are set out in their job description.

## 4.3 The Operations Director

- Facilitate a whole-site approach to safeguarding, ensuring that safeguarding are at the forefront and underpin all relevant aspects of process and policy development

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- Will evaluate and approve the local procedures at each review, ensure they comply with the law and hold the Site Lead to account for its implementation.
- Will monitor the effectiveness of this policy in conjunction with those acting in a governance role at the site. This is always a different person from the DSL.
- Will review MyConcern on a monthly basis and hold site leads to account where it is not up to date or records indicate non-compliance.
- Will act as the 'investigating manager' in the event that an allegation of abuse is made against the Service Lead, where appropriate
- Will ensure those acting in a governance role read understand and adhere to safeguarding policies and guidance.
- Will provide safeguarding supervision to the DSL's in their region at least termly. Refer to Safeguarding Supervision Policy for further information.

#### **4.4 The Aurora Safeguarding Lead and Quality Assurance Director will:**

- Facilitate an Aurora wide approach to safeguarding, ensuring that safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development
- Will evaluate and approve the policy at each review, ensure it complies with the law and hold Site Leads to account for its implementation.
- Will monitor the effectiveness of this policy.
- Will review MyConcern on a monthly basis and hold site leads to account where it is not up to date or records indicate non-compliance.

#### **4.5 The Service Lead**

The Service Lead is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary/agency staff) and volunteers:
  - Are informed of our systems which support safeguarding, including this policy, as part of their induction.
  - Understand and follow the procedures included in this policy, particularly those concerning referrals of cases of suspected abuse and neglect.
- Communicating this policy to service users, and where appropriate parents/carers when they join the home/college and via the website.
- Ensuring that the DSL/DDSL's has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Reviewing MyConcern on a weekly basis and hold DSLs/deputies to account where it is not up to date or records indicate non-compliance.
- Ensuring that all staff undertake appropriate safeguarding training, and updating the content of the training regularly.
- Acting as the 'investigating manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate, or delegate to an appropriate person.
- Ensuring the relevant staffing ratios are met, where applicable and any issues of concern are escalated at the earliest possible opportunity to the Operations Director.
- Will provide safeguarding supervision to the DSL/DDSL's in their service at least termly, individually or in a group context. Refer to Safeguarding Supervision Policy.

## 5. Definitions

5.1 **Child:** A young person under the age of 18.

5.2 **An Adult at risk** is a person over 18 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.

*(The Care Act 2014)*

5.3 **Disclosure:** A person states they have been or are being abused by another. We use this term without making a judgement on the accuracy of the disclosure.

5.4 **Allegation:** A member of staff (including agency staff), governor, contractor or volunteer working with an Adult at Risk is accused of committing an abuse.

5.5 **Abuse:**

- A violation of an individual's human and civil rights by any other person.
- May consist of a single act or repeated acts.
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subject to it.

*(Department of Health, 'No Secrets')*

5.5 **Low level concern:** The term 'low level' concern does not mean that it is insignificant, it means that the adult's behaviour towards an adult at risk does not meet the harm threshold as set out in this policy. A low level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' that an adult may have acted in a way that is inconsistent with an organisation's values or code of conduct. It may not be apparent in the early stages how significant the incident or behaviour is when considered holistically with any other concerns or accumulation of concerns. This will include inappropriate conduct outside of work. Concerns such as these should be recorded within our **Confide** system for managing low level concerns against staff.

## 6. Adult Safeguarding Leads at

ROLE/ORGANISATION	NAME	CONTACT DETAILS
Service Lead	Cathy Rundell	<a href="mailto:Cathy.rundell@theauroragoup.co.uk">Cathy.rundell@theauroragoup.co.uk</a> 07435 973375
Designated Safeguarding Lead (DSL)	Clare Tilley	<a href="mailto:Clare.tilley@theauroragoup.co.uk">Clare.tilley@theauroragoup.co.uk</a> 07927 536356
Deputy DSLs	Denise Grayston Principal	<a href="mailto:Denise.grayston@theauroragroup.co.uk">Denise.grayston@theauroragroup.co.uk</a> 07464 496832
	Cathy Rundell – Service Manager	<a href="mailto:Cathy.rundell@theauroragoup.co.uk">Cathy.rundell@theauroragoup.co.uk</a> 07435 973375
	Frazer Allen Care Manager	<a href="mailto:Frazer.allen@theauroragoup.co.uk">Frazer.allen@theauroragoup.co.uk</a> 07436 806582
	Dianne Eastwood Care Manager	<a href="mailto:Diane.Eastwood@theauroragroup.co.uk">Diane.Eastwood@theauroragroup.co.uk</a> 07927 534519

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	Judith Wood Care Manager	<a href="mailto:Judith.Wood@theauroragroup.co.uk">Judith.Wood@theauroragroup.co.uk</a> 07711 441681
	Kasia Kotulska – Schroeder Care Manager	<a href="mailto:Kasia.Kotulska@theauroragroup.co.uk">Kasia.Kotulska@theauroragroup.co.uk</a> 07927 533736
Out of office hours contact:		<b>01733 234724</b>
Cambridge Adult Safeguarding Team 8.30am to 5pm Monday to Friday.		<b>Cambridgeshire Adult Safeguarding: 0345 045 5202</b>
Operations Director (acting as chair of governors)	Kim Welsh	<a href="mailto:Kim.Welsh@theauroragroup.co.uk">Kim.Welsh@theauroragroup.co.uk</a> 07392 872786
Aurora Safeguarding Lead	Kim Welsh	<a href="mailto:Kim.Welsh@theauroragroup.co.uk">Kim.Welsh@theauroragroup.co.uk</a> 07392 872786
Aurora Quality Assurance Director	Lesley Dalglish	<a href="mailto:Lesley.Dalglish@theauroragroup.co.uk">Lesley.Dalglish@theauroragroup.co.uk</a> 07884 748 859

## 7. Recognising abuse of Adults at Risk

7.1 To recognise signs and symptoms of abuse staff must be open to the possibility of non-accidental injury or other forms of abuse and submit any concerns via MyConcern immediately. If those concerns include involvement by Aurora staff members they must be submitted via MyConfide or shared with the Service lead/Principal, or your Operations Director if you have concerns relating to the Registered Manager, Service Lead, or Principal.

7.2 Abuse comes in many forms. The following is not an exclusive list and the signs and symptoms do not necessarily indicate abuse:

Type of abuse	Examples	Possible signs and symptoms
Physical Abuse	<ul style="list-style-type: none"> <li>Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing</li> <li>Rough handling</li> <li>Scalding and burning</li> <li>Physical punishments</li> <li>Inappropriate or unlawful use of restraint</li> <li>Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)</li> <li>Involuntary isolation or confinement</li> <li>Misuse of medication (e.g. over-sedation)</li> <li>Forcible feeding or withholding food</li> <li>Unauthorised restraint, restricting movement (e.g. tying someone to a chair)</li> </ul>	<ul style="list-style-type: none"> <li>No explanation for injuries or inconsistency with the account of what happened</li> <li>Injuries are inconsistent with the person's lifestyle</li> <li>Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps</li> <li>Frequent injuries</li> <li>Unexplained falls</li> <li>Subdued or changed behaviour in the presence of a particular person</li> <li>Signs of malnutrition</li> <li>Failure to seek medical treatment or frequent changes of GP</li> </ul>
Sexual Abuse	<ul style="list-style-type: none"> <li>Rape, attempted rape or sexual assault</li> <li>Inappropriate touch anywhere</li> <li>Non- consensual masturbation of either or both persons</li> </ul>	<ul style="list-style-type: none"> <li>Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck</li> <li>Torn, stained or bloody underclothing</li> <li>Bleeding, pain or itching in the genital area</li> </ul>

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	<ul style="list-style-type: none"> <li>• Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth</li> <li>• Any sexual activity that the person lacks the capacity to consent to</li> <li>• Inappropriate looking, sexual teasing or innuendo or sexual harassment</li> <li>• Sexual photography or forced use of pornography or witnessing of sexual acts</li> <li>• Indecent exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Unusual difficulty in walking or sitting</li> <li>• Foreign bodies in genital or rectal openings</li> <li>• Infections, unexplained genital discharge, or sexually transmitted diseases</li> <li>• Pregnancy in a woman who is unable to consent to sexual intercourse</li> <li>• The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude</li> <li>• Incontinence not related to any medical diagnosis</li> <li>• Self-harming</li> <li>• Poor concentration, withdrawal, sleep disturbance</li> <li>• Excessive fear/apprehension of, or withdrawal from, relationships</li> <li>• Fear of receiving help with personal care</li> <li>• Reluctance to be alone with a particular person</li> </ul>
<p>Domestic abuse</p>	<p>Domestic abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:</p> <ul style="list-style-type: none"> <li>• psychological</li> <li>• physical</li> <li>• sexual</li> <li>• financial</li> <li>• emotional.</li> </ul> <p>Domestic 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.</p> <p>Coercive or controlling behaviour is a core part of domestic abuse . Coercive behaviour can include:</p> <ul style="list-style-type: none"> <li>• acts of assault, threats, humiliation and intimidation</li> <li>• harming, punishing, or frightening the person</li> <li>• isolating the person from sources of support</li> <li>• exploitation of resources or money</li> </ul>	<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Feeling that the abuse is their fault when it is not</li> <li>• Physical evidence of violence such as bruising, cuts, broken bones</li> <li>• Verbal abuse and humiliation in front of others</li> <li>• Fear of outside intervention</li> <li>• Damage to home or property</li> <li>• Isolation – not seeing friends and family</li> <li>• Limited access to money</li> </ul>

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	<ul style="list-style-type: none"> <li>• preventing the person from escaping abuse</li> <li>• regulating everyday behaviour.</li> </ul>	
Emotional or psychological Abuse	<ul style="list-style-type: none"> <li>• Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends</li> <li>• Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance</li> <li>• Preventing someone from meeting their religious and cultural needs</li> <li>• Preventing the expression of choice and opinion</li> <li>• Failure to respect privacy</li> <li>• Preventing stimulation, meaningful occupation or activities</li> <li>• Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse</li> <li>• Addressing a person in a patronising or infantilising way</li> <li>• Threats of harm or abandonment</li> <li>• Cyber bullying</li> </ul>	<ul style="list-style-type: none"> <li>• An air of silence when a particular person is present</li> <li>• Withdrawal or change in the psychological state of the person</li> <li>• Insomnia</li> <li>• Low self-esteem</li> <li>• Uncooperative and aggressive behaviour</li> <li>• A change of appetite, weight loss/gain</li> <li>• Signs of distress: tearfulness, anger</li> <li>• Apparent false claims, by someone involved with the person, to attract unnecessary treatment</li> </ul> <p>Adults at risk are susceptible to abuse both online and offline.</p>
Financial or material Abuse	<ul style="list-style-type: none"> <li>• Theft of money or possessions</li> <li>• Fraud, scamming</li> <li>• Preventing a person from accessing their own money, benefits or assets</li> <li>• Employees taking a loan from a person using the service</li> <li>• Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions</li> <li>• Arranging less care than is needed to save money to maximise inheritance</li> <li>• Denying assistance to manage/monitor financial affairs</li> <li>• Denying assistance to access benefits</li> <li>• Misuse of personal allowance in a care home</li> <li>• Misuse of benefits or direct payments in a family home</li> <li>• Someone moving into a person's home and living rent free without agreement or under duress</li> <li>• False representation, using another person's bank account, cards or documents</li> <li>• Exploitation of a person's money or assets, e.g. unauthorised use of a car</li> <li>• Misuse of a power of attorney, deputy, appointee ship or other legal authority</li> <li>• Rogue trading – e.g. unnecessary or overpriced property repairs and failure</li> </ul>	<ul style="list-style-type: none"> <li>• Missing personal possessions</li> <li>• Unexplained lack of money or inability to maintain lifestyle</li> <li>• Unexplained withdrawal of funds from accounts</li> <li>• Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity</li> <li>• 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</li> <li>• The person allocated to manage financial affairs is evasive or uncooperative</li> <li>• The family or others show unusual interest in the assets of the person</li> <li>• Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA</li> <li>• Recent changes in deeds or title to property</li> <li>• Rent arrears and eviction notices</li> <li>• A lack of clear financial accounts held by a care home or service</li> <li>• Failure to provide receipts for shopping or other financial</li> </ul>

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	to carry out agreed repairs or poor workmanship	<p>transactions carried out on behalf of the person</p> <ul style="list-style-type: none"> <li>• Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house</li> <li>• Unnecessary property repairs</li> </ul>
Modern slavery	<ul style="list-style-type: none"> <li>• Human trafficking</li> <li>• Forced labour</li> <li>• Domestic servitude</li> <li>• Sexual exploitation, such as escort work, prostitution and pornography</li> <li>• Debt bondage – being forced to work to pay off debts that realistically they never will be able to</li> </ul>	<ul style="list-style-type: none"> <li>• Signs of physical or emotional abuse</li> <li>• Appearing to be malnourished, unkempt or withdrawn</li> <li>• Isolation from the community, seeming under the control or influence of others</li> <li>• Living in dirty, cramped or overcrowded accommodation and/or living and working at the same address</li> <li>• Lack of personal effects or identification documents</li> <li>• Always wearing the same clothes</li> <li>• Avoidance of eye contact, appearing frightened or hesitant to talk to strangers</li> <li>• Fear of law enforcers</li> </ul>
Neglect and acts of omission	<ul style="list-style-type: none"> <li>• Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care</li> <li>• Providing care in a way that the person dislikes</li> <li>• Failure to administer medication as prescribed</li> <li>• Refusal of access to visitors</li> <li>• Not taking account of individuals' cultural, religious or ethnic needs</li> <li>• Not taking account of educational, social and recreational needs</li> <li>• Ignoring or isolating the person</li> <li>• Preventing the person from making their own decisions</li> <li>• Preventing access to glasses, hearing aids, dentures, etc.</li> <li>• Failure to ensure privacy and dignity</li> </ul>	<ul style="list-style-type: none"> <li>• Poor environment – dirty or unhygienic</li> <li>• Poor physical condition and/or personal hygiene</li> <li>• Pressure sores or ulcers</li> <li>• Malnutrition or unexplained weight loss</li> <li>• Untreated injuries and medical problems</li> <li>• Inconsistent or reluctant contact with medical and social care organisations</li> <li>• Accumulation of untaken medication</li> <li>• Uncharacteristic failure to engage in social interaction</li> <li>• Inappropriate or inadequate clothing</li> </ul>
Self-neglect	<ul style="list-style-type: none"> <li>• Lack of self-care to an extent that it threatens personal health and safety</li> <li>• Neglecting to care for one's personal hygiene, health or surroundings</li> <li>• Inability to avoid self-harm</li> <li>• Failure to seek help or access services to meet health and social care needs</li> <li>• Inability or unwillingness to manage one's personal affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Very poor personal hygiene</li> <li>• Unkempt appearance</li> <li>• Lack of essential food, clothing or shelter</li> <li>• Malnutrition and/or dehydration</li> <li>• Living in squalid or unsanitary conditions</li> <li>• Neglecting household maintenance</li> <li>• Hoarding</li> <li>• Collecting a large number of animals in inappropriate conditions</li> </ul>

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		<ul style="list-style-type: none"> <li>• Non-compliance with health or care services</li> <li>• Inability or unwillingness to take medication or treat illness or injury</li> </ul>
Discrimination	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic</li> <li>• Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader</li> <li>• Harassment or deliberate exclusion on the grounds of a protected characteristic</li> <li>• Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic</li> <li>• Substandard service provision relating to a protected characteristic</li> </ul>	<ul style="list-style-type: none"> <li>• The person appears withdrawn and isolated</li> <li>• Expressions of anger, frustration, fear or anxiety</li> <li>• The support on offer does not take account of the person's individual needs in terms of a protected characteristic</li> </ul>
Organisational or institutional abuse	<ul style="list-style-type: none"> <li>• Discouraging visits or the involvement of relatives or friends</li> <li>• Run-down or overcrowded establishment</li> <li>• Authoritarian management or rigid regimes</li> <li>• Lack of leadership and supervision</li> <li>• Insufficient staff or high turnover resulting in poor quality care</li> <li>• Abusive and disrespectful attitudes towards people using the service</li> <li>• Inappropriate use of restraints</li> <li>• Lack of respect for dignity and privacy</li> <li>• Failure to manage residents with abusive behaviour</li> <li>• Not providing adequate food and drink, or assistance with eating</li> <li>• Not offering choice or promoting independence</li> <li>• Misuse of medication</li> <li>• Failure to provide care with dentures, spectacles or hearing aids</li> <li>• Not taking account of individuals' cultural, religious or ethnic needs</li> <li>• Failure to respond to abuse appropriately</li> <li>• Interference with personal correspondence or communication</li> <li>• Failure to respond to complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of flexibility and choice for people using the service</li> <li>• Inadequate staffing levels</li> <li>• People being hungry or dehydrated</li> <li>• Poor standards of care</li> <li>• Lack of personal clothing and possessions and communal use of personal items</li> <li>• Lack of adequate procedures</li> <li>• Poor record-keeping and missing documents</li> <li>• Absence of visitors</li> <li>• Few social, recreational and educational activities</li> <li>• Public discussion of personal matters</li> <li>• Unnecessary exposure during bathing or using the toilet</li> <li>• Absence of individual care plans</li> <li>• Lack of management overview and support</li> </ul>

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Electronic media abuse inc. bullying, mate and hate crimes.	<ul style="list-style-type: none"> <li>Receiving or sending malicious messages or content via electronic media Negative impact on mental health.</li> <li>Use of coercion for gain</li> </ul>	<ul style="list-style-type: none"> <li>Withdrawn behaviour</li> <li>Lack of money and resources despite having funds.</li> <li>Unkempt appearance</li> <li>Possessions being sold.</li> <li>Undertakes low level crimes which are out of character.</li> <li>Adults at risk are particularly susceptible to online and offline abuse.</li> </ul>
Forced Marriage	<ul style="list-style-type: none"> <li>Being forced into a marriage by family or extended family members</li> <li>Not taking into account personal choices.</li> </ul>	<ul style="list-style-type: none"> <li>Absence from local area.</li> <li>Withdrawn behaviour</li> <li>Lack of engagement with external agencies e.g. health services.</li> </ul>
FGM	<ul style="list-style-type: none"> <li>Family and cultural pressure to undertake procedure.</li> <li>Not taking account personal choices.</li> <li>From high risk ethnic backgrounds increases prevalence.</li> </ul>	<ul style="list-style-type: none"> <li>Absence from home locality .</li> <li>Talking about going on a special holiday.</li> <li>Absence due to health issues afterwards i.e. repeated infections.</li> <li>Avoidance of physical/PE activities</li> </ul>
County Lines	<ul style="list-style-type: none"> <li>Involvement in gang culture</li> <li>Vulnerability exploited for gain.</li> <li>Befriending initially – targeting in care or isolated young or vulnerable people.</li> <li>Near to transport links to or from main conurbations.</li> </ul>	<ul style="list-style-type: none"> <li>Recent and unusual access to high end branded goods.</li> <li>Access to own money with no or limited means of support.</li> <li>Increased ‘social life’.</li> <li>Develops own drug habit.</li> </ul>
Radicalisation	<ul style="list-style-type: none"> <li>Vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.</li> <li>The process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.</li> <li>Vulnerability exploited.</li> <li>Seeking a sense of belonging.</li> <li>Sense of injustice.</li> </ul>	<ul style="list-style-type: none"> <li>Becomes more conservative in dress.</li> <li>Demonstrates increased interest and adherence to religious teachings.</li> <li>Withdraws from usual social activities and interactions.</li> <li>Voices anti-establishment or more radical opinions.</li> <li>Withdraws to own space and increased use of IT.</li> <li>Attends meetings or gatherings with new groups of friends.</li> </ul>

## 8. Reporting procedure

It is the responsibility of staff including volunteers to report concerns; **NOT** to decide whether the concern is or is not abuse. The need to protect the adult at risk overrides any concerns about “false allegations”; even if you think a disclosure or allegation may be untrue you must still report it. Abuse is usually discovered in three ways:

- The person discloses to someone that abuse has or may have occurred
- Someone sees the abuse occur
- Someone identifies signs and symptoms that may indicate abuse.

The following principles are to be followed in all cases of alleged abuse:

**8.1 If you receive a disclosure, or an allegation is made to you the following steps should be taken:**

# Aurora

## 1. Respond

- Do not promise to keep it a secret.
- Do not react - try not to show shock, disgust or disbelief.
- Listen patiently and closely.
- Only seek to clarify essentials – 'what, when, who, where'.
- Do not question the alleged victim about the incident – do not ask leading questions (any further questioning by staff could affect the validity of any statement collected by police at a later date).
- Do not make promises about the future or statements that are incorrect.

## 2. Assist

- If necessary, ensure the person receives medical treatment.
- Seek to ensure the person's safety.
- Always encourage and allow the individual to take any next steps on their own.
- Provide appropriate support to the victims needs and agree a course of action.

## 3. Preserve

- Do not confront the alleged perpetrator.
- If the abuse happened recently do not allow any access to any place where the abuse may have occurred.
- Look after any items given to you – place them in a clean plastic bag.

## 4. Record

- Record what you are told or have seen as soon as possible and during the disclosure if appropriate.
- Use the victim's own words.
- Cross out mistakes, do not use correction fluid.
- All notes should be timed, dated and signed, with name printed alongside the signature, by the member of staff making the notes.

## 5. Report

In the case of a disclosure or a concern:

- Report the concern via MyConcern immediately.
- Your designated safeguarding lead will, wherever possible, triage the concern within 2 hours.
- If you believe immediate action may be needed contact the Service Lead or DSL/DDSL in addition to submitting the concern.
- If the concern relates to the Registered Manager, DSL/DDSL, Service Lead or Principal contact your Operations Director.
- If you disagree with the decision of your DSL/DDSL and believe a safeguarding concern is not being addressed you can report your concern to the local authority

### 8.2 If you witness abuse

- Seek to ensure the person's safety, without endangering yourself.
- Report to the police if the victim is in immediate danger or to stop a crime being committed.
- If necessary, seek medical assistance.
- Report to the DSL or Registered Manager or other senior manager immediately.

# Aurora

- Seek to ensure the person has no contact with the alleged abuser. It may be necessary to inform other staff on duty that there has been an incident but information passed to them must be kept to a minimum.

## 8.3 If you have concern that abuse is occurring or has occurred

- Discuss concerns with the DSL/DDSL or Registered Manager as soon as possible, or in their absence with another senior manager **if** you believe the on-call senior manager may need to take some action.

*Appendix A provides a flow chart for staff reference.*

## 8.4 In all cases

- Staff must submit a concern to MyConcern for all suspected cases of abuse, this includes low level abuse as defined below
- Staff must submit a concern if it relates to the actions or lack of actions by a staff member to Confide, and they must speak to their service lead. In the event of the concerns relates to the service lead, then their Operations Director needs to be informed.
- Pass any notes or other records made of the disclosure to the DSL or DDSL if the DSL is unavailable.

## 9. When abuse is suspected

9.1 When abuse is suspected the DSL/DDSL or Registered Manager will:

- report **any** disclosure or allegation of abuse or cause for concern to the appropriate Local Authority Safeguarding Team.
- be directed by and work with the appropriate Local Authority Safeguarding Team to ensure an open and thorough investigation of the allegation.

9.2 Adults may on occasions find themselves in situations that they are not comfortable with or may later regret. The result of these encounters, which may be physical, sexual or emotional, may not technically be termed as abuse or appear to cause significant harm. When incidents of this nature arise, the DSL/DDSL will inform the Local Authority Safeguarding Team and gather evidence if necessary in order to make a judgement about the most appropriate action to take.

9.3 Appendix B provides information for the DSL/DDSL or Registered Manager or Senior Manager to follow once the disclosure, incident of abuse that has been witnessed or a cause for concern has been submitted.

9.4 Appendix D provides information for the Senior Manager or Operations director to follow once an allegation, incident of abuse that has been witnessed or cause for concern in relation to a member of staff (including agency staff, governor, volunteer or contractor) has been reported to them.

9.5 All Aurora schools, colleges and services will remain open and operational whenever it is safe to do so to and our education and care services can be delivered effectively.

## 10. Notification to Funding Authorities

The funding authority must be informed of any Safeguarding issues relating to a resident they have placed. If the alleged perpetrator also received funding, then both authorities must be informed. This should be within 24 hours of the issue coming to Aurora's attention.

## 11. Notification to Care Quality Commission (for adult care settings)

11.1 Under the Health and Social Care Act 2008 the organisation must inform the Care Quality Commission without delay of the occurrence of:

- the death of any service user
- serious injury to a service user
- abuse or allegations of abuse involving a service user
- incidents reported to or investigated by the police
- accident involving a service user

11.2 The Registered Manager is responsible for making the notification and must be informed of an incident involving the above. A copy should be sent to the Operations Director and Quality Assurance Director.

11.3 Relevant information and forms are available at:

<http://www.cqc.org.uk/guidanceforprofessionals/adultsocialcare/registration/notifications.cfm>

## 12. Confidentiality

12.1 Aurora Adult Services will work on a need to know basis. However, depending on the nature of the abuse and the action that may need to be taken the following people may be involved:

- The Registered Manager and Senior Managers responsible for resident welfare at the location
- The Local Authority Safeguarding Team or Local Authority Designated Officer
- The Operations Director
- The Quality Assurance Director
- The Incident & Safeguarding Governance Committee

12.2 Depending on the circumstances other key staff may be informed; these could include:

- Nursing team/GP
- Other professional staff working with the individual
- Other members of the Senior Management team
- Residential manager (where this is not the Registered Manager) and key residential staff
- Counselling/psychology staff

12.3 Where a member of staff is the alleged abuser:

- Human Resources department
- The member of staff's representative (usually from a union)

12.4 All staff in Adult Services are bound by the Aurora's policy on confidentiality, however, the needs and wellbeing of the service user will take precedence over issues of confidentiality. On this basis, Aurora reserves the right in certain circumstances to inform outside agencies even when permission has not been given by the service user or their parent/relatives.

## 13. Informing parents/carers and other relatives

We will work with parents/carers whenever possible and will inform parents of any investigations regarding their son or daughter unless:

- The parent or close family member is suspected of being involved with the abuse.
- The person is age 18 years or over and specifically asks that their parents are not informed – in these circumstances we will work actively with the person to gain their consent.

# Aurora

- The Aurora representative has reasonable grounds to suspect that talking to the parent may cause harm to themselves or the service user.

## 14. Supporting people and staff following a disclosure or allegation

14.1 Aurora Adult Services will provide support to anyone who makes a disclosure or allegation. This support will extend to the staff involved in our young people so they can cope with any emotional impact.

14.2 Our service users will be offered support from therapy staff (where available) or an identified member of staff. All service users will have access to an advocate through local advocacy services.

14.3 Staff will be offered support through supervision and their line management and have access to the employee assistance help line: 0800 030 5182

## 15. Prevention of Abuse

15.1 Aurora Adult Services firmly believes in prevention and early identification of abuse or its precedents. To this end we promote a safe and open culture.

15.2 Aurora Adult Services use the following systems to support the prevention of abuse:

- Respectful and non-abusive cultures
- Systems and structures within the workplace
- Person Centred Care plans, needs and risk assessments and Key Worker relationships
- Inducting new staff
- Team meetings
- Advocacy and the Empowerment of Service Users
- Supervision and Training of staff
- Handovers and Reviews

## 16. Mobile phones & Cameras

16.1 Staff are allowed to bring their personal phones to the home or service for their own use, but will limit such use to non-contact time when the residents/young people are not present. Staff members' personal phones will remain in their bags or lockers during contact time with the residents/young people. Staff will not take pictures or recordings of residents/young people on their personal phones cameras or other digital devices.

16.2 We will follow the General Data Protection Regulation and Data Protection Act 2018 when taking and storing photos and recordings for use in the site.

16.3 Please refer to Aurora's IT Acceptable Use Policy

16.4 Filtering and monitoring

### **Filtering:**

Aurora has in place robust filtering and monitoring systems to limit children's exposure to the 4 key categories of risk (described above) from Aurora's IT systems which adheres to the DfE filtering and monitoring standards and as such the systems meets those standards as required by a member of [Internet Watch Foundation](#) (IWF)

Aurora is signed up to the Counter-Terrorism Internet Referral Unit list (CTIRU) and blocks access to illegal content including child sexual abuse material (CSAM)

# Aurora

Aurora Uses Barracuda Content Shield for web filtering, and Senso.Cloud that adds an extra layer of device monitoring and security. This enables our filtering system monitor to all users, including guest accounts, school/service owned devices and devices using the services' broadband connection.

## **Monitoring:**

Aurora filters all internet feeds, including any backup connections, to ensure content is suitable for

age and ability, appropriate for the users, and suitable for educational setting. It can handle multilingual web content, images, common misspellings and abbreviations, identify technologies and techniques that allow users to get around the filtering such as VPNs and proxy services and block them. It also provides alerts when any web content has been blocked.

The systems also allows us to identify the device name or ID, IP address, and where possible, the individual, the time and date of attempted access, the search term or content being blocked

Barracuda along with Senso meet DFE requirements.

Aurora has safe search on all of its devices and limits access to the edge browser.

All staff should be aware of reporting mechanisms for safeguarding and technical concerns. They should report if they witness or suspect unsuitable material has been accessed.

- The IT department carries out an annual review of Aurora's approach to online safety, supported by an annual risk assessment that considers and reflects the risks faced by the Aurora community

This section summarises our approach to online safety and mobile phone use. For comprehensive details about our service's policy on online safety and the use of mobile phones, please refer to our Online Safety Policy, Social Media Policy and our IT Acceptable Use Policy.

## **17. Training**

17.1 Aurora Adult Services acknowledges the value of staff training in supporting a respectful and non-abusive culture and in the identification of abuse.

17.2 All staff attend training soon after commencing employment on the identification and prevention of abuse, action in case of a disclosure and reporting and recording. This training will be updated at least every two years.

17.3 In addition, all residential staff are required to undertake induction and the care certificate in accordance with Skills for Care Standards.

17.4 The DSL/DDSL's, Registered Managers and Operations Directors will undertake level 3 safeguarding training, and where possible, Adult Protection training with their Local Adult Safeguarding Partnership training.

## **18. Maintaining Records**

18.1 The DSL/DDSL's, are responsible for maintaining records relating to safeguarding issues that are reported within their service.

18.2 Aurora Services use MyConcern. R.E.A.L. Education services use CPOMS.

All concerns should be logged on the MyConcern/CPOMS system as soon as possible

# Aurora

Full details of how to use the system can be found on the MyConcern/CPOMS system and training will be provided on induction. Please also refer to the MyConcern/CPOMS guide or ask the Quality Team for further support.

All service staff must ensure they know how to log and update a concern.

The DSL/DDSL and deputies must ensure they know how to update, monitor, review and close a concern and how to identify and analyse patterns and trends.

When a concern is logged an email alert is sent by the system to the named service DSL and deputies

New concerns should be triaged by the DSL/DDSL or a deputy within 2 hours during service hours wherever possible, or as soon as possible out of hours. Residential services have more detail about DSL/DDSL 'out of hours' in their local procedures outlined in section 18

When triaged, the case will move to the open category. The DSL/DDSL should assign a case owner and identify categories of concern and record any actions taken.

Open cases should be reviewed frequently and updated at least weekly. Emails loaded into the chronology of a concern should include the sender/receiver details, date and time included in the evidence.

Open cases should be closed as soon as is practical

When closing a case the chronology should be reviewed, and the closure checklist below completed, then uploaded to the chronology. The filing a concern rationale should mention why concern has been closed and reference the closure checklist has been completed.

**When closing a concern follow and complete the closure procedure below:**

1. Has child/ren/young person been seen/spoken to? YES/NO If no explain
2. Has parent/carer been spoken to? YES/NO If no explain
3. Any other witnesses spoken to? YES/NO If no explain
4. Crime suspected YES/NO If yes, record action taken
5. Any LADO/External agency referral required? YES/NO
6. What professionals working with child/family/young person have been made aware? YES/NO give details of agency, if no explain why i.e. No consent
7. Do we need to consider a Family Support Plan? (have there been more than 5 referrals this term without any external CYPS)
8. Child/Young person Attendance % taken from Engage? If this raises concerns have you relayed this to Attendance/Service Lead?
9. Risk assessment updated YES/NO if no why?
10. If levels of Supervision changed, who else you have informed?
11. What is the positive outcome for the child/young person?
12. Feedback to the referrer if staff & review - What could be learnt from this?

Ensure this rationale is captured within the chronology of the concern at time of closure

The use of My Concern/CPOMS will be monitored by the Aurora Incident and Safeguarding Governance Board on a monthly basis..

18.3 To comply with Data Protection Act 2018, the records will be accurate, relevant and secure and there will be justification for holding the information. Information will be shared but only where appropriate and in compliance with the Act.

## 19. Review of Safeguarding

### 19.1 Staff/Team Meetings

Safeguarding will be a standing item on the agenda at all staff/team meetings.

The chair of the meeting will be responsible for ensuring that:

- If a safeguarding concern regarding a person who uses our service is raised by a member of staff at the meeting this must be reported via MyConcern and to the DSL/DDSL/Registered Manager.
- Any matters raised regarding safeguarding, such as risks that have been identified or suggested changes to safeguarding procedure are passed to the DSL/Registered Manager

### 19.2 Designated Safeguarding Leads Group

19.2.1 Purpose of the Designated Safeguarding Leads Group:

- To assist in the development of good safeguarding practice within the Adult Services
- Provide the Designated Safeguarding Leads and Registered Managers and other staff with support and advice on the handling of safeguarding issues

19.2.2 Method:

- Review the handling of safeguarding issues that have been concluded since the last meeting of the DSL/DDSL Group
- Review the handling of safeguarding issues that are current
- Raise and discuss non-case specific issues around safeguarding within the organisation that could impact on the delivery of safeguarding
- Use the findings of the DSL/DDSL Group to inform and advise the Incident & Safeguarding Governance Committee.

19.2.3 Responsibilities:

- Meetings of the DSL/DDSL Group will be chaired by the Group Safeguarding Lead
- Other staff having specialist knowledge that could assist the DSL/DDSL Group are to be invited to attend meetings as required

19.2.4 See Appendix E

### 19.3 The Incident and Safeguarding Governance Committee

19.3.1 The Incident and Safeguarding Governance Committee will undertake to review the action taken by Adult Services dealing with ongoing and recently resolved safeguarding issues in order to inform future practice and policy.

19.3.2 The Group will meet monthly.

19.3.3 The Group will consist of the Quality Assurance Director, Group Safeguarding lead, Operations Directors, CEO, COO, Director of Strategy and Head of HR Operations.

19.3.4 See Appendix F

## 20. Key Contacts

### 20.1 Contact numbers and further information for Orchard Manor

#### Adult Services

Police Emergency	999
Police Non-Emergency	101
Cambridge Adult Safeguarding Team 8.30am to 5pm, Monday to Friday	0345 045 5202
Cambridge Adult Emergency Duty Team	01733 234724

#### Children's services

Police Emergency	999
Police Non-Emergency	101

#### Other services

CQC	03000 616161
Ofsted	0300 123 4666
Disclosure and Barring service	<a href="https://www.gov.uk/government/organisations/disclosure-and-barring-service">https://www.gov.uk/government/organisations/disclosure-and-barring-service</a>
Whistleblowing helpline	020 7423 8787
	reporting@thwhistle.com
Employee Assistance Help line	0800 030 5182

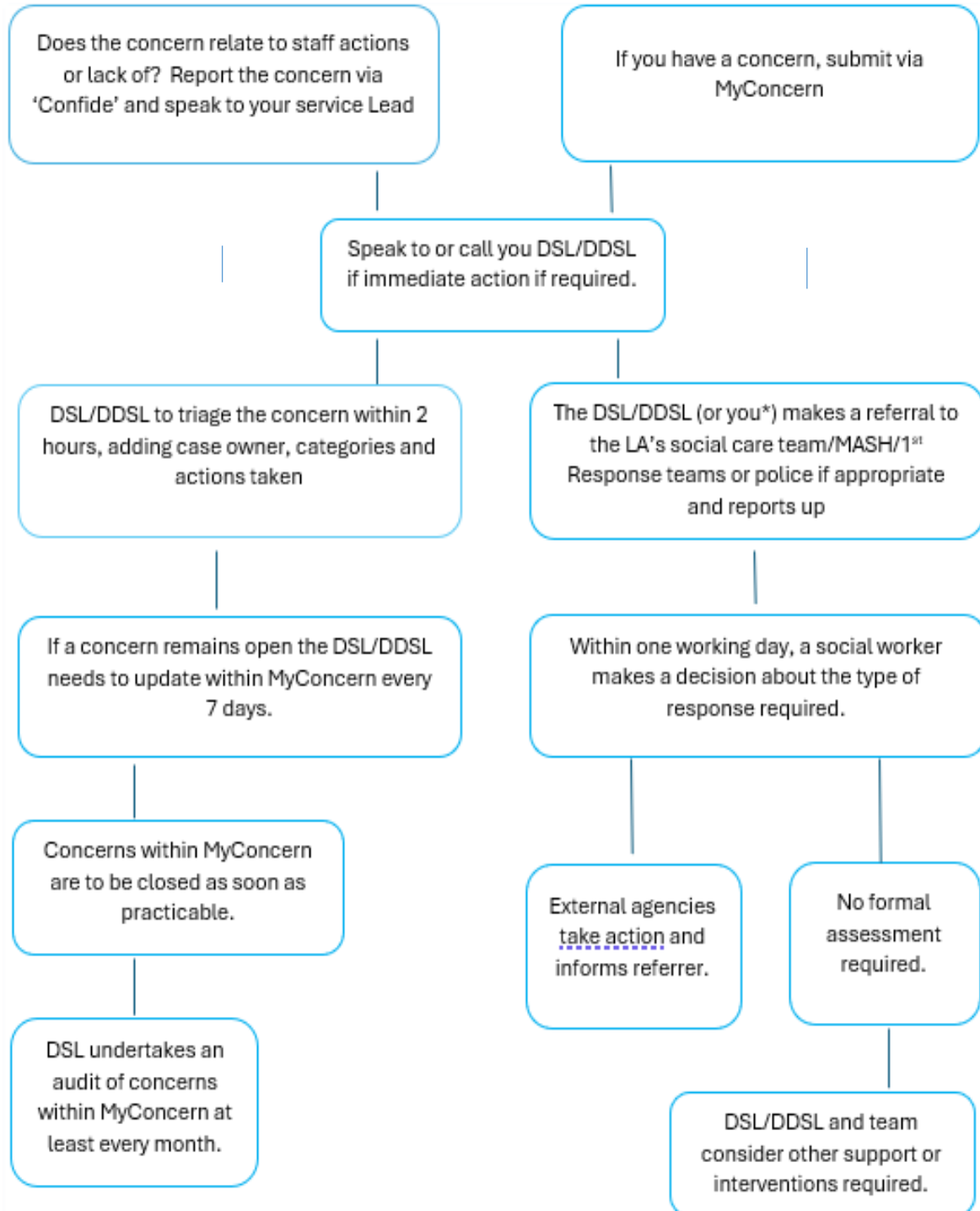
## 21. Monitoring arrangements

This policy will be reviewed **annually** by the Aurora Group Incident and Safeguarding Governance Committee. At every review, it will be approved by the full Executive Board. Local procedures will be reviewed **annually** by the Service Lead. At every review, it will be approved by the Operations Director.

# Aurora

## Appendix A

### Safeguarding – What to Do



\*You can make a referral if DSL/DDSL are unavailable - See section 8.1 and your local procedures

## Appendix B

# Aurora

## **Procedures for DSL/DDSL or Registered Manager in response to a safeguarding concern**

Procedure in relation to disclosures or causes for concern in relation to residents or people who use our services:

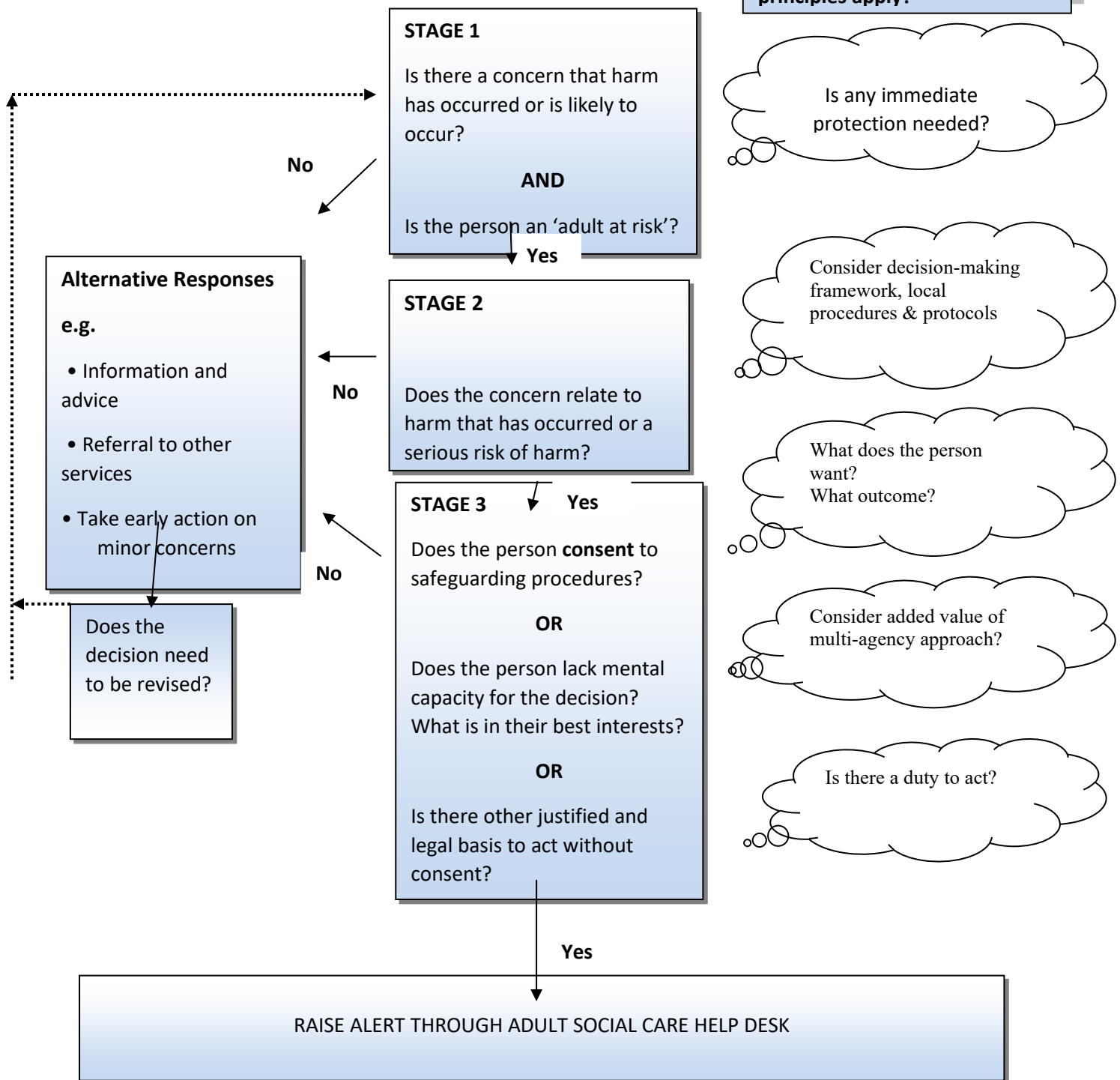
The Safeguarding Adults Service at the local authority can be contacted directly to discuss a concern prior to making a referral.

To make a referral contact the Adult Social Care Help Desk Monday to Friday 9am – 5pm. If concerns arise outside the above hours contact the Emergency Duty Team (EDT) or the police.

Follow the advice given by the Safeguarding Adults Team/EDT.

Where an Adult at risk is in serious danger contact the emergency services via 999 to seek urgent assistance.

## Appendix C Safeguarding Adults Decision Making



When making an alert with the Adult Social Care Helpdesk be prepared to give as much of the following information as you can:

# Aurora

- Name(s) by which the person is known, date of birth, address, language spoken and method of communication and current whereabouts of the adult at risk.
- Your name and your involvement.
- What happened, where and when?
- Details of the alleged perpetrator, such as name, date of birth, address, language spoken/method of communication, current whereabouts and his/her relationship to the person being referred
- Whether there are any other people, including any **adults/children**, who may be at risk.
- Details of other agencies involved with the Adult at risk.
- Awareness of the person being referred, carers and alleged abuser to your making this referral. It is also important to pass on how the abused person feels about you making this referral.

Note: You may not have all of this information but give all the information you do have when making a referral.

## Appendix D

### **Procedure for DSL/DDSL, Registered Manager in the case of an allegation or concern about the behaviour of a member of staff (including agency staff, Senior Manager, contractor or volunteer)**

NOTE: this is usually a procedure where the person affected is a child. However, this procedure will apply where staff have access to children as part of their work, either because they are employed across children and adult services or because they have access to children due to the adult provision being on a shared site.

The Allegations Management Procedures must be implemented refer to A142 Allegations against staff policy.

Note: If it is decided that a Strategy Meeting is to be called the organisation should not carry out an investigation until the Strategy Meeting has taken place.

The Designated Safeguarding Lead/DDSL, or Registered Manager must immediately contact the most senior person not implicated in the allegation with responsibility for Allegation Management (this will usually be the Service lead, Operations Director or Quality Assurance Director).

- If a serious criminal offence is suspected inform the police and / or
- Ensure a written record is completed
- Inform the Local Adult Safeguarding Team
- Follow the advice given by the Adult Safeguarding team

The Adult Safeguarding team will decide if the allegation meets the criteria for a strategy meeting based on whether the member of staff has:

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

Where an allegation is made against another person not a member of staff, governor, volunteer or contractor, but who the organisation has reason to believe is a person who works or is a volunteer with children or adults then Aurora will inform the adult safeguarding team or LADO

### **Disciplinary Procedure (also known as Positive Conduct)**

The senior person will take advice from the Adult Safeguarding team or LADO, however, where there is reasonable suspicion that the allegation is serious and the outcome of an investigation could result in the action being gross misconduct, the Aurora will suspend the member of staff in accordance with its disciplinary procedures. Staff suspension is not in itself a disciplinary action and will be used for the following reasons:

- To protect the people who use our services or others from possible further abuse
- To allow a full investigation without the danger of influence by the member of staff
- To protect the member of staff from further allegations

# Aurora

Aurora Adult Services recognise that this can be a very uncomfortable experience for the member of staff involved, and will seek to support that member of staff either through line management, the Human Resources department or the employee help line.

Staff are reminded that a member of staff who is suspended is not guilty of anything at that stage, neither should they discuss the issues with others in the organisation. This should be respected and staff returning from suspension should be supported and treated professionally.

Aurora has a statutory duty to refer the individual to the Disclosure and Barring Service for inclusion on the barred list where it withdraws permission for an individual to engage in regulated or controlled activity, or would have done so had that individual not resigned, retired, been made redundant or been transferred to a position which is not regulated or controlled activity because they think that the individual has engaged in relevant conduct, satisfied the Harm Test or received a caution or conviction for a relevant offence. (<https://www.gov.uk/government/collections/dbs-referrals-guidance--2>)

## Appendix E

### Designated Safeguarding Leads Group

Purpose of the Designated Safeguarding Leads Group:

- To assist in the development of good safeguarding practice within Aurora Adult Services
- Provide the Designated Safeguarding Leads, Deputies and Registered Managers and other staff with support and advice on the handling of safeguarding issues

Method:

- Review the handling of safeguarding issues that have been concluded since the last meeting of the DSL Group
- Review the handling of safeguarding issues that are current
- Raise and discuss non-case specific issues around safeguarding within the organisation that could impact on the delivery of safeguarding
- Use the findings of the DSL Group to inform and advise the Incident and Safeguarding Committee

Responsibilities:

- Meetings of the DSL Group will be chaired by The Group Safeguarding Lead
- Other staff having specialist knowledge that could assist the DSL Group are to be invited to attend meetings as required

Timetabling:

- The DSL Group will meet half termly and prior to meetings of the Incident and Safeguarding Governance Committee.

## Appendix F

### Incident and Safeguarding Governance Committee

Purpose of the Incident and Safeguarding Governance Committee:

- To inform, advise and make recommendations to the executive team on safeguarding policy
- Set strategies for implementation of policy through safeguarding procedures
- Communication to staff and people who use our services and to raise awareness and knowledge

Method:

- Through examination of current and changed legislation
- Examination and review of recommended practice by agencies such as CQC and LSP (Local Safeguarding Partnerships)
- Review of information provided by the Designated Safeguarding Leads Group
- Links with other working groups where they exist including the Health and Safety, Equality and Diversity and other stakeholder groups

Responsibilities:

- To bring information to group
- Make recommendations to Executive
- To disseminate information across Adult services and the wider organisation where relevant
- To feedback relevant information to the Board on issues relating to Safeguarding

Timetabling:

- To meet monthly