



Safeguarding Policy

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Charity Manager

Safeguarding Policy and Procedure

Document Control

Version	Date	Amended by	Comments	Review date
1.0	15/12/23	Andrew Blight	Draft to be agreed by Trustee Board	Every 2 years
2.0	05/08/24	Andrew Blight	Added title page, no content change	Every 2 years

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Safeguarding 'adults at risk' policy & procedure

Purpose

This policy sets out the requirements that apply to Care Now Volunteers (CNV) in relation to the recognition and reporting of safeguarding concerns and the actions to take following a safeguarding alert or incident. CNV ensures that each Care Home, where a volunteer is placed, has their own up-to-date Safeguarding policy which is covered in the volunteer's induction. This document will guide CNV volunteers (and staff) through the procedures using a consistent approach and to ensure they know what their responsibilities are, what action they should take and to whom they should report concerns about actual or suspected abuse of any adult at risk.

Policy Statement

CNV is committed to informing volunteers and putting in place safeguards and measures to reduce the likelihood of abuse taking place. CNV is committed to ensuring that all those involved feel safe and be treated with respect.

If anyone at risk discloses or experiences abuse, to a CNV Volunteer, it will be dealt with in a timely and effective manner and in ways which are proportionate to the issues and where the person in need of protection stays in as much control of the decision making as is possible.

Definitions

'**Adult at risk**' are Adults who have capacity to retain the right to make their own decisions and to direct their own lives. Adults lacking capacity to make decisions, though they retain the right to be involved in decision making as far as possible, nevertheless require decisions to be made on their behalf and the overall approach shifts to promoting their best interests. The judgement that an adult is vulnerable should not be confused with a decision about their capacity. They are distinct questions although a lack of capacity will, ordinarily, contribute to an adult's vulnerability.

Who is an adult at risk?

Someone over 18 years of age who:

- a) Has need for care and support because of mental or other disability, age, or illness
- b) Is experiencing, or is at risk of, abuse or neglect
- c) As a result of their needs is unable to protect himself or herself against the abuse or neglect or the risk of it

The Six Principles

The six principles that underpin adult safeguarding and which CNV support are:

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

Adult safeguarding is a means of protecting an adult's safety and keeping them free from abuse and neglect. It means CNV volunteers, Care Homes, the adult at risk, their family and external agencies working together to prevent and stop such abuse and neglect, whilst making sure that the adult's wellbeing is promoted, including, where appropriate, due regard to their views, wishes, feelings and beliefs in deciding on any action.

What is abuse?

'... the violation of an individual's human and civil rights by any other person or persons.' (DoH, 2000).

Who might be the abuser?

Anyone can carry out abuse or neglect, including:

- Spouses/partners.
- Other family members.
- Neighbours.
- Friends.
- Acquaintances.
- Local residents.
- People who deliberately exploit adults they perceive as vulnerable to abuse.
- Paid staff or professional.
- Volunteers and strangers

Types of abuse and neglect include:

- **Physical abuse** - includes but not limited to assault, hitting, slapping, pushing, misuse of medication (e.g. over-sedation), making someone purposefully uncomfortable (e.g. opening a window and removing blankets), involuntary isolation or confinement, forcible feeding or withholding food, unauthorised restraint, restricting movement (e.g. tying someone to a chair) or inappropriate physical sanctions.
- **Domestic abuse** - includes but not limited to, psychological, physical, sexual, financial, emotional abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality, isolating the person from sources of support, exploitation of resources or money, preventing the person from escaping abuse, regulating everyday behaviour, so called 'honour' based violence where someone is thought to have disgraced the family or God by their actions.
- **Sexual abuse** - includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which an adult at risk has not consented to and / or may not understand.
- **Psychological / emotional abuse** - the wilful infliction of mental suffering by a person who is in a position of trust and power to an adult at risk. Includes threats of harm or abandonment, being deprived of social or any other sort of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying, verbal abuse, cyber bullying, isolation or unreasonable or unjustified withdrawal of services or supportive networks. E.g. removing mobility or communication aids or intentionally leaving someone unattended when they need assistance; preventing someone from meeting their religious and cultural needs, failure to respect privacy and preventing stimulation and meaningful occupation or activities.
- **Financial and material abuse** - includes theft, fraud, internet scamming, exploitation, coercion in relation to an adult's financial affairs or arrangements, including with connection to wills, property, inheritance or financial transactions, and the misuse or misappropriation of property and/or possessions of benefits.
- **Modern Slavery** - encompasses slavery, human trafficking, forced labor and domestic servitude.
- **Discriminatory abuse** - exists when values, beliefs, or culture result in a misuse of power that denies opportunity to some groups or individuals, this abuse can be in the form of harassment, slurs or similar treatment because of their ethnicity, race, gender, gender identity, appearance, disability, religious beliefs, age, sexual orientation.
- **Neglect and acts of omission** - the failure of any person or authority that has responsibility for the charge, care, or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide. Includes ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services. Withholding of the necessities of life such as medication, adequate nutrition, and heating.
- **Self-neglect** - covers a wide range of behavior neglecting to care for ones' personal hygiene, health or surroundings and includes behavior such as hoarding.

- **Institutional / organisational** abuse - including neglect and poor care practice within an institution or specific care setting such as a care home. Occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which denies, restricts, or curtails the dignity, privacy, choice, independence, or fulfilment of adults at risk. It can be thorough neglect or poor professional practice because of the structure, policies, processes, and practices within an organization.

These are not mutually exclusive, and many situations will involve a combination of types of abuse. In some cases, it may constitute a criminal act. Incidents of abuse may occur to one person in a relationship or service context or to more than one person at a time.

Abuse may be a deliberate act, or it may be the result of a failure to act appropriately. It may be caused intentionally or unintentionally but nevertheless causes significant harm or distress to the adult at risk either temporarily or over a period.

Spotting Signs of Abuse and Neglect

All CNV Staff and volunteers need to be vigilant about adult safeguarding concerns and act upon their concerns or sought more information.

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 volunteers to make contact with the safeguarding officers of the Care Home to carry out further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time.

Possible indicators 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 requesting frequent changes of GP.

Possible indicators 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.

Possible indicators 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.

Possible indicators 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.

Possible indicators of financial or material abuse:

- Missing personal possessions.
- Unexplained lack of money or inability to maintain lifestyle.
- Unexplained withdrawal of funds from accounts.
- An attempt to make a Lasting Power of Attorney (LPA) application after the person has ceased to have mental capacity.
- Failure to register an Enduring Power of Attorney (EPA) 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, EPA 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 a person's living conditions and their financial resources, e.g. insufficient food in the house.
- Unnecessary property repairs.

Possible indicators 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.

Possible indicators 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.

Possible indicators 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.

Possible indicators 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.

Indicators 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.

Measures in place to mitigate risks.

Reporting and Responding to Abuse and Neglect

All volunteers must:

- Recognise abuse or potential abuse.
- Take the concern seriously and make sure the adult at risk is safe.
- Report to the Safeguarding Officer of the Care Home or if not available the Registered Manager or Deputy, the Service Manager / Area manager or Care Coordinator or next available line manager.
- If there are concerns about the senior member of staff then report these to the safeguarding lead appointed for that shift or other member of the senior management team.

Staff & Volunteer Training and Supervision

All volunteers will receive an induction from the Care Home where their volunteer opportunity will occur. The induction will include safeguarding adults at risk, amongst other items. This will be appropriate to their level of responsibility in their induction and thereafter, at least every 12 months.

As a minimum, all staff and volunteers must be able to recognise abuse and neglect and know how to make effective reports and to whom. If Volunteers aren't able to contact the Safeguarding officer, they can contact CNV for further support from their volunteer coordinator.

Staff & Volunteer recruitment policy and checks

All volunteers are subject to an enhanced Disclosure and Barring Service (DBS) clearance.

Procedure if abuse is suspected or reported:

Immediate actions when responding to an 'adult at risk' who makes a disclosure / or that you suspect is being abused:

- Immediately evaluate the risk to the person, other members, the public and/or staff and volunteers.
- Contact the Safeguarding Lead of the Care Home or if unavailable, Registered Manager or Deputy on duty or other member of the Senior Management Team.
- Contact emergency services if medical attention is required (only qualified medical professionals should offer medical advice).
- Consider a Police referral if a crime has been committed - For advice on whether a crime has been committed; call non urgent crime on 101 or the local Community Safety Unit.
- If referred to the Police, discuss with Police the risk management and forensic evidence considerations – note sexual offences will require expert advice from the Police.
- If there is no immediate risk and if someone has disclosed potential abuse, find a private and safe space to talk and allow them to talk at their pace.
- Assure the person that you are taking them seriously and that they are right to speak to you.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.
- Listen carefully to what they are telling you, get as clear a picture as you can, but avoid asking too many questions at this stage (it is important to avoid leading questions).
- Complete the Care Homes **Safeguarding Concerns Document**, if you don't have one use the form in the Appendix. This form should be record accurately what the person has said, using their own words and phrases.
- Provide information and advice on the safeguarding process and ask the person what they would like to happen next and record this but **do not give promises of confidentiality**.
- Consider the person's mental capacity to make this decision and record this. Mental capacity is described as the ability to make and communicate your own decisions. An individual can lack the capacity to make some decisions but still have the capacity to make others (see section on Mental Capacity below).
- If there are grounds to override a person's consent to share information, explain what these are.
- Make a best interest decision about the risks and protection needed if the person is unable to provide informed consent.

- Explain that you have a duty to tell the Care Home Registered Manager, CNV and the Safeguarding Lead whose role it is to take steps to protect them from further abuse or neglect. Reassure the person that they will be involved in decisions about what will happen.

All CNV volunteers should always share with the safeguarding lead in the first instance, except in emergency situations, as long as it does not increase the risk to the person.

- Do not discuss the concern with the person alleged to have caused harm, unless the immediate welfare of the adult at risk makes this unavoidable.
- If possible and safe to do so, the person who has allegedly been abused must be separated from the alleged perpetrator and other service users, as soon as possible.

Other things to consider / establish:

Whether advocacy may be required. Under the Care Act, the Local Authority must arrange for an Independent Advocate to be available to represent and support the person (or carer) if:

- There is no appropriate other person to support and represent them; and
- They feel that the person (or carer) would experience substantial difficulty being fully involved in the Care and Support process without support.
- Substantial difficulty applies to one or more of the following areas:
 - Understanding relevant information relating to the process or function taking place
 - Retaining that information
 - Using or weighing up that information as part of the process of being involved
 - Communicating their views, wishes or feelings (whether by talking, using sign language or any other means).
- Personal care and support arrangements.

Recording the incident:

Its good practice, as soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report. The written report will need to include:

- The date and time when the disclosure was made, or when you were told about / witnessed the incident/s.
- Who was involved, any other witnesses including service-users and other staff.
- Exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told.
- The views and wishes of the adult, including their consent to share information.
- The appearance and behaviour of the adult and/or the person making the disclosure.
- Any injuries observed.
- Any actions and decisions taken at this point.
- Any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- Include as much detail as possible.
- Make sure the written report is legible and is of a quality that can be photocopied.
- Make sure you have printed your name on the report and that it is signed and dated.
- Keep the report factual as far as possible. However, if it contains your opinion or an assessment. It should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
- Keep the report/s confidential, storing them in a safe & secure place until needed.

Full details of the incident must be recorded on an incident form (provided by the Care Home) usually by the Safeguarding Lead. It is essential that staff document the incident and any actions or decisions taken. It is possible that records may be required as part of a police investigation.

Include details of:

- The nature of the safeguarding concern/allegation
- The wishes and desired outcomes of the adult at risk and their consent to share information about the concern with the adult safeguarding team.
- The support and information provided to enable the adult at risk to make an informed decision
- Assessments of capacity, where indicated
- The decision of the organisation to raise a safeguarding concern (or not)

Mental Capacity:

The mental capacity of the adult at risk and their ability to give their informed consent to a safeguarding referral being made is a significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions:

- About a referral
- About actions which may be taken under multi-agency policy and procedures
- About their own safety, including an understanding of longer-term harm as well as immediate effects and.
- An ability to take action to protect themselves from future harm

Deciding not to refer:

It is inevitable that there will be times when a person who has capacity decides to accept a situation that you or others perceive as potentially abusive or neglectful. This is a decision that they are free to make, unless:

- It is an emergency or life-threatening situation, or the risk is unreasonably high
- Other people are being put at risk (e.g., letting friends who are abusive or exploitative into a shared living environment, where they may put other residents at risk) or a referral is in the public interest (e.g., where sharing it could help in detecting crime, apprehending offenders, maintaining public safety, and the administration of justice)
- A child is involved and / or potentially exposed to the abuse or an environment of abuse (whether they are a direct witness or not)
- The alleged perpetrator has care and support needs and may also be at risk
- A serious crime has been committed or sharing the information could prevent a serious crime
- Any staff member, volunteer, or person in a 'Position of Trust' is implicated
- Coercion is involved

In these circumstances, the person should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. You must assure yourself that the decision to withhold consent is not made under undue influence, coercion or intimidation and **all decisions not to refer must be discussed with the Safeguarding Lead.**

Making a safeguarding referral (or alert):

- If a decision is made to make a safeguarding referral, this must be made to the person's local authority within 24 hours of the abuse being suspected or disclosed. Each local authority has its own procedure. The staff member making the alert should locate this by carrying out an internet search i.e., "how to raise a safeguarding alert Cornwall".
- In most instances, a safeguarding alert form will be required. This will usually be available to download but can also be found in the Care Homes safeguarding folder within the policies and procedures. You will require the person's personal details, details of the alleged abuse and the person's wishes and mental capacity in relation to the alert.
- The referrer can also email: adultsafeguardingconcerns@cornwall.gov.uk
- or call the adult safeguarding service on **01872 326433**.
- The staff member must confirm receipt of the alert either by phone, a read receipt or email response and this must be recorded on the safeguarding monitoring spreadsheet.
- A regulatory body (e.g., Care Quality Commission, Health and Care Professions Council) must be informed if a regulated service (i.e. hospital, care home, care agency or any health or social care professional) is implicated.

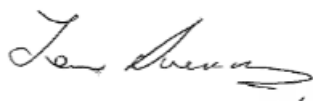
- Local authorities are responsible for investigating any safeguarding concerns raised with them about any adult who has care and support needs and deciding whether it is necessary to carry out an enquiry. This should include the person themselves, whose own wishes and preferences should be acted on as far as possible, in keeping with the principles set out in 'Making Safeguarding Personal'.
- The staff member or volunteer raising the alert should follow up the alert within 3 working days. In some circumstances, this timescale will be shorter, and this will be guided by the Safeguarding Lead. All outcomes of the alert must be communicated to the Safeguarding Lead and must be recorded as per procedure noted above.
- Any Information shared should be on a need-to-know basis and shared in a way in line with Care Homes Data Protection Policy and Procedure.

Managing allegations made against a member of staff or volunteer

- Each Care Home has a duty to ensure that any allegations made against volunteers or members of staff will be dealt with swiftly.
- Where a member of staff/volunteer is thought to have committed a criminal offence the Police will be informed. If a crime has been witnessed the Police should be contacted immediately.
- The safety of the adult at risk is paramount. A risk assessment must be undertaken immediately to assess the level of risk to all service users posed by the alleged perpetrator. This will include whether it is safe for them to continue in their role or any other role within the service whilst the investigation is undertaken. Any staff member or volunteer under investigation for alleged abuse will be suspended immediately by the Safeguarding Lead or another member of the Senior Management Team.
- If a staff member is suspected of abuse, this will be dealt with through the staff disciplinary procedure of the Care Home following the completion of social services and or any criminal investigations and may result in summary dismissal.
- The Disclosure and Barring Service must be informed if any staff member or volunteer is implicated as well as the Health and Care Professions Council (HCPC) if that staff member is a regulated health or social care professional.

REVISED AND APPROVED BY TRUSTEES: 20 December 2023

Review DATE: 20 December 2025



Tom Sneddon

Chair of Trustees

Care Now Volunteers

Registered Charity in England and Wales No 1204719

Appendix

Appendix 1 - Safeguarding Adults Concern Form

If you do not have access to a Safeguarding Concern form for the Home you are volunteering at, please complete this form with as much information as possible if you have concerns regarding an adult.

If it is safe to do so, it is important to inform the adult about your concerns and that you have a duty to pass the information onto the safeguarding lead of the Care Home, who will then look at the information and assess.

Section 1 – Details of the person completing this form / Your details	
Name	
Contact phone number(s)	
Email address	
Line manager / main contact	
Name of organisation	
Your Role in organisation	

Section 2 – Details of the adult (you have concerns about)			
First name of adult	Surname of adult	D.O.B. / Age	Gender
Address			
Telephone number(s)		Ethnicity	
Preferred language		Interpreter required? Give detail	
Communication needs		NHS Number	

Section 3 – Details of the concern	
<p><i>Please explain why you are concerned. Give details about what you have seen / been told / other that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc.)</i></p>	
Date/ Time	What happened

Section 4 – Details of the person thought to be causing harm (if known)	
Name	
Address	
Date of Birth/Age	
Relationship / connection to adult	
Role in organisation	
Do they have contact with other adults at risk in another capacity?	<i>E.g. in their work/family/as a volunteer</i>

Section 5 - Have you discussed your concerns with the adult?
<i>What are their views, what have they stated about what they want to happen and what outcomes they want?</i>
Section 5A – Reasons for not discussing with the adult
Discussion would put the adult or others at risk. Please explain:
Adult appears to lack mental capacity. Please explain:
Adult unable to communicate their views. Please explain:

Section 6 – Risk to others
Are any other adults at risk Yes / No / Not known – <i>*delete as appropriate. (If yes please fill in another form)</i>

Section 7 – What action have you taken if any /agreed with the adult to reduce the risks?
Any emergency services contacted, welfare agencies or consultation with the Safeguarding Lead.

Section 8: Contact with Welfare Officer/others within the club	
Who else has been informed of this issue? – and what was the reason for information sharing	
Consultation with Safeguarding Lead	Dates and times
Completed Form copied to Safeguarding Lead; Date and time	
Signed:	
Date:	

Appendix 2

Glossary

Adult	A person over the age of 18
Adult at risk	Definition used in legislation (different in each home nation) for adults who the Local Authority has a responsibility to support to prevent them from experiencing (further) harm caused by abuse and neglect.
Abuse	A violation of a person's physical, emotional or mental integrity by any other person.
CNV	Care Now Volunteers
Case Management Group	A group created by a sports organisation to ensure the organisation carries out its role/s in individual cases of abuse or neglect AND to maintain an overview of the implementation of the organisation's safeguarding functions.
Harm	Damage done to a person's well-being.
MASH	Multi-Agency Safeguarding Hubs are used as a one point of contact/safeguarding referrals in some areas. Where they exist a referral to MASH benefits from the information held by and the expertise of various agencies e.g. Local Authority, Police and Health.
Mental Capacity	The ability to consider relevant information, make and communicate a decision.
Safeguarding	Work to prevent and to stop abuse and neglect.
Safeguarding Lead	The person at the Care Home who is appointed safeguarding lead or appointed point of contact for the shift you are on.
Safeguarding Adult Team	A team set up to manage the safeguarding of adults at risk within an organisation or more commonly across a Local Authority district.
Safeguarding Adults Board (SAB) (England and Wales)	A statutory body set up in line with national legislation. Statutory membership includes the Local Authority, Police and NHS. Representatives from the voluntary sector and of 'citizens' e.g. a representative from a disabled people's forum are often also included. Their role is to coordinate safeguarding work across the Local Authority district.

Useful Contact information

Adult Safeguarding Triage Team	01872 326433
Request help for an Adult (County Council)	0300 123 4131
Email of Adult Safeguarding Triage Team	adultsafeguardingconcerns@cornwall.gov.uk
Cornwall Council Safeguarding Adults -information	https://www.cornwall.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults/
Community Safety	https://www.cornwall.gov.uk/fire-and-rescue-service/keeping-safe/community-safety/
Police - Non urgent Crime	101

Safer Cornwall – Community Safety in your Area

Community Safety in Your Area

Safer Cornwall is a statutory partnership of public, voluntary, community and private organisations who come together to do all that they can to make Cornwall's communities safer. We provide a co-ordinated response to community safety issues, drawing together all those organisations and people that can make a difference.

If you would like to raise a concern or find out more about the support available in your area, please contact your Community Safety Team at community.safety@cornwall.gov.uk

www.safercornwall.co.uk

Worried about a child?

The Multi-Agency Referral Unit (MARU) provides a multi-disciplinary response to concerns about the welfare or safety of a child or young person in line with statutory guidance from Our Safeguarding Children Partnership for Cornwall and the Isles of Scilly.

The multi-disciplinary team also provides advice and guidance to parents and professionals about the wide range of services available to children and families in Cornwall.

If you have immediate concerns or are worried about a child or young person's safety please contact the MARU on 0300 123 1116.

Worried about an adult?

Everyone has the right to live their life free from violence, fear and abuse, but not everyone can protect themselves.

If you're an adult experiencing abuse or neglect, or if you're concerned about an adult possibly experiencing abuse or neglect, contact us on:

Telephone 0300 1234 131 (out of hours number 01208 251300)

Email acessteam.referral@cornwall.gov.uk

Online www.cornwall.gov.uk/safeguardingadults

Domestic Abuse and Sexual Violence

Anyone can experience domestic abuse or sexual violence – it affects people of all ages, regardless of gender, sexuality, ethnicity and background.

There are specialist services available to support you.

If you or anyone else is in danger please call the police on 999 immediately. If you ring 999 but can't talk, make sure the police know you are there by coughing or tapping the handset, or by dialling 55.

In a non-emergency please call 101.

You can also text 67101 or email: 101@dc.police.uk

If you are deaf, hard of hearing or have any speech impairment, in an emergency please dial **Minicom/Textphone 18001**. If it's not an emergency, dial 18001 101.

What is domestic abuse?
Domestic abuse is defined as controlling, coercive or threatening behaviour, violence or abuse. Our services are delivered to children and young people who are, or have been, intimate partners or are family members. It can take many forms and includes psychological, physical, sexual, financial and emotional abuse, stalking, so-called 'honour'-based abuse, forced marriage and the illegal practice of Female Genital Mutilation.

Sexual violence and abuse
Sexual violence and abuse is a broad term describing all sexual offences against adults and children. It occurs when the person is forced, coerced or deceived into sexual acts against their will or without their consent. Sexual violence and abuse can happen to anyone in our community. It does not have to be a single act, but can occur as part of a continuum of attitudes and actions.

If you think you or someone you know is experiencing Domestic Abuse...

0300 777 4777

SAFER FUTURES Ending Abuse in Cornwall & Isles of Scilly

Safer Futures provides support, safety planning, advice, therapy and recovery in domestic abuse and sexual violence.

We can help if you have experienced sexual assault, abuse or rape and need support in your recovery. Services are provided to women, men, young people and children.

Online www.saferfutures.org.uk
Email saferfutures@firstlight.org.uk

If you or someone you know has been raped or sexually assaulted...

0300 303 4626

Devon & Cornwall SARC
Sexual Assault Referral Centres

The Devon and Cornwall Sexual Assault Referral Centre (SARC) provides safety, support, forensic medical facilities and assessments, sexual health advice and counselling to women, men, young people and children.

Online www.sarchelp.co.uk
(secure online referral).

SAFER CORNWALL
Kernow Salwa

Community Safety in Your Area



www.safercornwall.co.uk

Report Anti-Social Behaviour

Anti-social behaviour covers a wide range of acts that can include verbal abuse, vandalism, joyriding, noise nuisance, criminal damage, throwing missiles, underage drinking, engaging in threatening behaviour in groups or harassment of residents or passers-by.

To report incidents of anti-social behaviour visit www.dc.police.uk where you can access the police's online contact methods – WebChat and Crime Reporting Form.

These are available to use 24 hours a day, 7 days a week. If it's not an emergency, you can also report it to the police using 101.

Email 101@dc.police.uk
Telephone 101
(In an emergency always call 999)

Report noise nuisance or a licensing complaint

Noise Nuisance
Neighbour noise (e.g. loud music, barking dogs) can constitute a statutory nuisance if it causes an unreasonable interference to the use and enjoyment of your home. Visit www.cornwall.gov.uk/noise for further details, including how to make a complaint to the Cornwall Council's Community Protection team.

Telephone 0300 1234 212
Email publicprotection@cornwall.gov.uk

Licences
To find out more about alcohol and entertainment licences or report a licensing complaint please visit:
Online www.cornwall.gov.uk
Email licensing@cornwall.gov.uk

Report a Crime

Call 999 if you or someone else is in immediate danger, or if the crime is happening right now.

To report non-emergency crime or queries visit www.dc.police.uk where you can access the police's online contact methods – WebChat and Crime Reporting Form. These are available to use 24 hours a day, 7 days a week.

If it's not an emergency, you can also report it to the police using 101.

Email 101@dc.police.uk
Telephone 101

If you are unsure which service you need AskNED the online non-emergency directory can help.

Visit www.dc.police.uk/AskNED enter your question, select your location and AskNED will provide you with the answer.

Remember, in an emergency always call 999.

If you have information about a crime you can also contact **Crimestoppers** anonymously on 0800 555 111.

Tell us if someone is sleeping rough

If you see someone sleeping rough you can contact Streetlink via www.streetlink.org.uk or 0300 500 0914 (or 999 if they need urgent medical assistance).

If you are sleeping rough and need help, contact the Cornwall Housing Options Team on 0300 1234 161 or drop into a Cornwall Council Information Service Office (formerly called One Stop Shop).

Report Drug Litter, Rubbish & Graffiti

If you find discarded needles or drug related litter, do not attempt to pick it up. Please report the location to Cornwall Council's Waste Management Team via the webpage www.cornwall.gov.uk/needs or telephone 0300 1234 141.

To report graffiti, fly tipping, littering, abandoned vehicles and dog fouling please use the "Report It" pages on the Cornwall Council website www.cornwall.gov.uk/report-it

Report Hate Crime

Hate crime is the term used to describe an incident or crime against someone because of hostility or prejudice towards their disability, race or ethnicity, religion or belief (which includes non-belief), sexual orientation and gender identity. It's important to report it so that the police can take action.

If you or someone else is in danger, injured or offenders are nearby, ring 999.

In a non-emergency please call 101. You can also text 67101 or email: 101@dc.police.uk

If you are deaf, hard of hearing or have any speech impairment, in an emergency dial **Minicom/Textphone 18001**. If it's not an emergency, dial 18001 101

For more ways to report hate crime go to www.devon-cornwall.police.uk/hate-crime or www.stophateuk.org

Info

If you or someone you know needs help or support with alcohol or drugs issues

0333 2000 325

addaction

Addaction support adults, children, young adults and older people to make positive behavioural changes. Whether that's with alcohol, drugs, or mental health and wellbeing, we're here to help people improve their lives in ways they never thought possible.

Online www.addaction.org.uk
YZUP (young people)
www.addaction.org.uk/services/young-addaction-yzup