

## RECORD OF DECISION MADE UNDER DELEGATED AUTHORITY

### \*PART 1 – PUBLIC DOCUMENT

Any interest to declare/ or conflict and any dispensation granted [*if applicable*] N/A

**SERVICE DIRECTORATE:** Legal and Community

#### 1. **DECISION TAKEN**

To update the Safeguarding Children and Safeguarding Adults at Risk policies to ensure consistency with the latest legislation and statutory obligations for both safeguarding areas.

#### 2. **DECISION TAKER**

Cllr Judi Billing, Executive Member for Community Engagement in consultation with the Service Director – Legal and Community

#### 3. **DATE DECISION TAKEN:**

16 June 2022

#### 4. **REASON FOR DECISION**

4.1 The previous safeguarding policies for children and adults at risk were approved in October 2019. Minor amendments are now required to ensure both policies reflect changes in relevant legislation.

4.2 The policies are available on the Council's website.

#### 5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 None considered appropriate.

#### 6. **CONSULTATION (INCLUDING THE EFFECT ON STAKEHOLDERS, PARTNERS AND THE PUBLIC)**

The Service Director- Legal and Community and the Community Protection Manager have been consulted on policy amendments. As the amendments are minor to ensure consistency with statutory requirements it was not considered necessary to consult with members of the public or partners, however the policy amendments are consistent with updates made to the procedures issued by the Hertfordshire Safeguarding Children Partnership (HSCP) and Hertfordshire Safeguarding Adults Board (HSAB).

#### 7. **FORWARD PLAN**

7.1 This decision is not a key Executive decision and has not been included on the forward plan.

#### 8. **BACKGROUND/ RELEVANT CONSIDERATIONS**

8.1 Section 11 of the Children Act 2004 places a duty on all statutory agencies working with children and young people to 'safeguard and promote their welfare'. The duty means that key people and bodies must make arrangements to ensure their

functions are discharged with full regard to the need to safeguard and promote the welfare of children. This also includes responsibility to monitor sufficient arrangements in services they contract out to others.

- 8.2 The Care Act 2014 came into effect on 1<sup>st</sup> April 2015 and places a statutory duty on top tier local authorities to provide services to meet the needs of adults who require care and support. A duty to establish a Safeguarding Adults Board in every local authority area was introduced and a duty placed on Districts Councils and other local organisations to cooperate fully with the board.
- 8.3 The Council first developed and approved a policy for 'Safeguarding Children and Adults at Risk' in 2016. In 2019, in recognition of the expansion of the safeguarding agenda and diverse range of issues now being covered by this area (Radicalisation, Domestic Abuse, Modern Slavery, County Lines), new separate policies for children and adults were approved.
- 8.4 The core principles and organisational procedures supporting these policies remain the same but amendments have been made to reflect additional legislation now relevant to this area.

## **9. LEGAL IMPLICATIONS**

- 9.1. The Council Constitution delegates to Cabinet Executive Members as set out in 14.6.17 (w) (Matters of General Delegation), the responsibility for 'making minor amendments to adopted strategies, policies and procedures'. The Constitution identifies that the Executive Member for Community Engagement is responsible for safeguarding which shall include 'promoting the Council's position in regard to safeguarding responsibilities across the district (14.6.8 (b) Service Responsibilities (xvii)).
- 9.2 The relevant legislation includes the Children Act 2004, the key points of which are:-  
  
Section 11 places a statutory duty on key people and bodies – including district councils to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.  
  
Section 10 outlines the duty to promote inter-agency cooperation between named agencies (including district councils).
- 9.3 The Care Act 2014 came into effect on 1<sup>st</sup> April 2015 and places a statutory duty on local authorities to provide services to meet the needs of adults who require care and support. A duty to establish a Safeguarding Adults Board in every local authority area was introduced and a duty has been placed on Districts Councils alongside other local organisations to cooperate fully with the local board (Hertfordshire Safeguarding Adults Board).
- 9.4 The Modern Slavery Act 2015 places specific duties on local authorities under sections 43 and 52 of the Act, to refer child victims or consenting adult victims through to the National Referral Mechanism (NRM), or to make a duty to notify referral (DtN) to the Home Office for a Single Competent Authority (SCA) assessment. The Council currently works alongside local organisation Survivors Against Domestic Abuse (SADA) to provide expert case management support for consenting suspected modern slavery victims.
- 9.5 Section 26 of the Counter Terrorism and Security Act 2015 places a duty on local authorities to have due regard to the need to prevent people from being drawn into terrorism.

- 9.6 The Domestic Abuse Act (DAA) 2021 places a duty on local authorities in relation to safe accommodation, homelessness assistance and additional support services for victims of domestic abuse. Whilst most of these duties are specific to county or unitary authorities, district and borough council's have been given new housing duties in relation to domestic abuse and safer accommodation. The Domestic Abuse Act 2021 also requires Community Safety Partnerships to send final copies of any Domestic Homicide Review to the Domestic Abuse Commissioner. The Domestic Violence, Crime and Victims Act 2004 places a duty on local authorities to participate in Domestic Homicide Reviews.

## **10. FINANCIAL IMPLICATIONS**

- 10.1 There are no financial implications to this delegated decision/ the updates made to the Policies.

## **11. RISK IMPLICATIONS**

- 11.1 The Council's safeguarding policies and procedures outline the various steps taken to reduce the risk to employees, children and adults at risk of abuse and harm accessing our services, including procedures for safe recruitment, learning and development for employees and reporting procedures for employees with concerns.
- 11.2 These policies and procedures are now established throughout the organisation, with processes in place to monitor, review and report ongoing implementation as a business-as-usual activity.

## **12. EQUALITIES IMPLICATIONS**

- 12.1 In line with the Public Sector Equality Duty, public bodies must, in the exercise of their functions, give due regard to the need to eliminate discrimination, harassment, victimisation, to advance equality of opportunity and foster good relations between those who share a protected characteristic and those who do not.
- 12.2 Due to their age, development and dependency on adults including in the delivery of services, children are vulnerable and therefore often more open to abuse. They have a legal right to be protected and for organisations to take appropriate action to prevent and report suspected abusive behaviour. The Equality Act supports the Children Act 2004 to provide this protection to vulnerable children.
- 12.3 Equally, adults who are more vulnerable, either through decreased mental capacity/age related dementia, learning difficulties, or their personal domestic situation i.e. changing from one residential care home to another, have a legal right to be protected and for organisations to take appropriate action to prevent and report suspected abusive behaviour.

## **13. SOCIAL VALUE IMPLICATIONS**

- 13.1 The Social Value Act and "go local" policy do not apply to this decision.

## **14. ENVIRONMENTAL IMPLICATIONS**

- 14.1 There are no known environmental impacts or requirements that apply to this decision/ amendments to the Policies.

## **15.1 HUMAN RESOURCE IMPLICATIONS**

- 15.1 There are no additional human resource implications to this report.

## 16. BACKGROUND PAPERS

- 16.1 North Hertfordshire District Council Safeguarding Children policy and Safeguarding Adults at Risk policy (October 2019)  
[Safeguarding children and child protection | North Herts Council \(north-herts.gov.uk\)](#)  
[Safeguarding and protecting adults | North Herts Council \(north-herts.gov.uk\)](#)
- 16.2 Safeguarding Adults at Risk Issue 15: June 2021 – Hertfordshire Safeguarding Adults Board  
<https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/hertfordshire-safeguarding-adults-board/hertfordshire-safeguarding-adults-board.aspx#procedure>
- 16.3 Hertfordshire Safeguarding Children Partnership Procedures Manual last updated September 2021  
<https://hertsscb.proceduresonline.com/index.htm>
- 16.4 Delegated Decision Notice – To replace the adopted Safeguarding Children and Adults at Risk Policy (October 2019)  
<https://www.north-herts.gov.uk/sites/default/files/Child%20and%20Adult%20safeguarding%20policy.pdf>

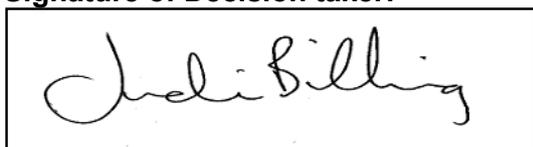
## 17. APPENDICES

- 17.1 Appendix A – Safeguarding Children policy 2022 [for MIS purposes available on the Delegated decision page] <https://www.north-herts.gov.uk/delegated-decisions-2022>
- 17.2 Appendix B – Safeguarding Adults at Risk policy 2022 [for MIS purposes available on the Delegated decision page] <https://www.north-herts.gov.uk/delegated-decisions-2022>

## NOTIFICATION DATE

17 June 2022

Signature of Decision taker:



Cllr Billing, Executive Member for Community Engagement  
Date: 16.06.22

Signature of Service Director consulted:



Jeanette Thompson, Service Director: Legal and Community

**Please Note:** that *unless urgency provisions apply* EXECUTIVE decisions cannot be implemented until 5 clear working days have elapsed after the decision has been taken to allow for scrutiny call-in.

**Call-in does not apply to NON-EXECUTIVE DECISIONS**



# **Safeguarding Children Policy**

June 2022

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## **1.0 Introduction**

### **1.1 Values and principles**

Everyone has the right to live a life free from harm and abuse. The purpose of this policy is to develop and embed a safeguarding ethos and outline North Herts Council's ("The Council") commitment to ensure North Hertfordshire is a safe place for *all* children to live in.

### **1.2 Policy and partnership**

North Herts Council is a partner of the Hertfordshire Safeguarding Children Partnership (HSCP), a multi-agency partnership led by Hertfordshire County Council (the local authority), the East and North Herts and Herts Valleys Clinical Commissioning Groups and Hertfordshire Constabulary.

The Council shares HSCP's vision that multi-agency arrangements to safeguard children in Hertfordshire must be:

- of the highest quality;
- keep the child at their heart;
- continuously improve; and
- evolve to reflect changing needs and circumstances.

The Council's Safeguarding Children Policy has been developed in line with the HSCP county wide guidance, *Hertfordshire Safeguarding Children Partnership Procedures Manual (Sept 2021)*.

It must be followed by all staff, volunteers and Councillors working with children.

### **1.3 Aims of child safeguarding**

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- Upholding children's rights as set out in the United Nations Convention for the Rights of the Child; and
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

## **2.0 The law protecting children**

### **2.1 The Children Act 1989**

The Children Act 1989 introduced the concept of 'Significant Harm' as the threshold which justifies compulsory intervention in family life in the best interests of children. Under Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002:

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

**'Development'** means physical, intellectual, emotional, social or behavioural development;

**'Health'** means physical or mental health; and

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

There are no absolute criteria on which to rely when judging what constitutes 'Significant Harm'. Consideration of the severity of ill-treatment may, for example, include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, the degree of threat, coercion, sadism, and the occurrence of bizarre or unusual elements in child sexual abuse.

Sometimes a single traumatic event may constitute 'Significant Harm', for example, a violent assault, suffocation or poisoning. More often, 'Significant Harm' is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For these children, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting 'Significant Harm'. In each case, it is necessary to consider any ill-treatment alongside the family's strengths and support network.

## **2.2 The Children Act 2004**

In accordance with the Children Act 2004, a child is defined as anyone under the age of 18 years old.

Section 11 of the Children Act 2004 places a duty on all statutory agencies working with children and young people to 'safeguard and promote their welfare' and includes responsibility to monitor sufficient arrangements in services they contract out to others.

Section 10 outlines the duty to promote inter-agency cooperation between named agencies (including district councils).

## **2.3 The Modern Slavery Act 2015**

The Modern Slavery Act 2015 places specific duties on local authorities under sections 43 and 52 of the Act, to refer child victims or consenting adult victims through to the National Referral Mechanism (NRM), or to make a duty to notify referral (DtN) to the Home Office for a Single Competent Authority (SCA) assessment. The Council currently works alongside local organisation Survivors Against Domestic Abuse (SADA) to provide expert case management support for consenting suspected modern slavery victims.

## **2.4 The Counter Terrorism and Security Act 2015**

Section 26 of the Counter Terrorism and Security Act 2015 places a duty on local authorities to have due regard to the need to prevent people from being drawn into terrorism.

## **2.5 Domestic Abuse legislation**

The Domestic Abuse Act 2021 places a duty on local authorities in relation to safe accommodation, homelessness assistance and additional support services for victims of domestic abuse. In accordance with the Children Act, children who form part of a household in which domestic abuse is taking place, whether present or not when the abuse occurs, are automatically referred to children's social care for safeguarding irrespective of whether the adult victim wishes to seek support.

The Domestic Violence, Crime and Victims Act 2004 places a duty on local authorities to participate in Domestic Homicide Reviews.

## **3.0 What is abuse?**

Abuse and neglect are forms of maltreatment of a child. They can be caused by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or much more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

### **3.1 Categories of abuse**

The following definitions have been taken from '*Working Together to Safeguarding Children 2018*' (see reference section for URL):

#### **3.1.1 Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

#### **3.1.2 Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying causing children to feel frightened or in danger or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of children, though it may occur in isolation.

### **3.1.3 Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.

The activities may involve physical contact, including penetrative (i.e. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **3.1.4 Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance misuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food and clothing, shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);and
- ensure access to appropriate medical care or treatment.

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

### **3.1.5 Modern Slavery**

There are a number of different types of exploitation that victims of modern slavery may be subjected to, and victims may experience more than one type of exploitation at the same time. The most common forms of exploitation are:

- Sexual exploitation
- Labour exploitation
- Forced Criminality
- Organ Harvesting
- Domestic Servitude

Other forms of exploitation include:

- Forced Marriage
- Financial Exploitation

Victims of modern slavery have often been promised a better life or legitimate job before they are exploited, and by the time they find out the job doesn't exist they are already enslaved.

Some victims might not see they have been exploited or feel that the life they are living is better than the one they might have lived at home. Others might be too scared to seek help due to fear, involvement in criminal activity, immigration status, or due to loyalty to the perpetrators.

The victims may have been given a prepared story by the traffickers/modern slavery facilitators to use when talking to the authorities. They may also be aggressive or hostile to the authorities or have difficulties in recalling what they've experienced as a result of trauma. They may be threatened with or have experienced violence, may be controlled through debt, or have been groomed.

Perpetrators of modern slavery can be serious and organised crime groups, but may also be an individual close to the victim, such as family members, friends, individual employers or partners.

### **3.1.6 County Lines and Gangs**

County Lines is the name given to describe drug dealing by criminal gangs from urban areas expanding their activities into smaller towns and rural areas.

It often involves the exploitation of children, as gangs use young people and those with mental health or addiction problems to transport drugs and money. These gangs establish a base in the location they are targeting, often taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'. Dealers typically use a single phone line to facilitate the supply of Class A drugs to customers. The phone line is highly valuable and is protected through violence and intimidation.

#### **Signs to look out for in your local community**

- Lone children from outside the area.
- Individuals with multiple mobile phones or 'SIM cards'.
- Unknown or suspicious looking characters coming and going from a neighbour's house.
- Young people with more money, expensive clothing, or accessories they cannot account for.
- Suspicious smells coming from the property.
- Windows covered or curtains closed all of the time.
- Cars pulling up to or near to the house for a short period of time.
- An increase in anti-social behaviour around the property.

### **3.1.7 Radicalisation**

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

Extremism is defined as the holding of extreme political or religious views.

There are a number of behaviours which may indicate an individual is at risk of being radicalised or exposed to extreme views. These include;

- Spending increasing time in the company of other suspected extremists.

- Changing their style of dress or personal appearance to accord with the group.
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- Possession of materials or symbols associated with an extremist cause.
- Attempts to recruit others to the group/cause.
- Communications with others that suggests identification with a group, cause or ideology.
- Using insulting to derogatory names for another group.
- Increase in prejudice-related incidents committed by that person including; physical or verbal assault, provocative behaviour, damage to property, derogatory name calling, possession of prejudice-related materials, prejudice related ridicule or name calling, inappropriate forms of address, refusal to co-operate, attempts to recruit to prejudice-related organisations and condoning or supporting violence towards others.

### **3.1.8 Domestic Abuse**

Domestic abuse is defined as 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.

If children are involved in the household where domestic abuse is taking place, a safeguarding children referral must be made.

Further signs and symptoms and guidance on referral pathways can be found in appendices A and B.

## **4.0 How does North Herts Council safeguard children?**

### **4.1 Multi agency partnership arrangements**

Legislation to reform multi-agency safeguarding arrangements for children formed part of the Children and Social Work Act 2017, which set out new safeguarding duties. Local Safeguarding Children's Boards (LSCB's) were abolished and new requirements placed on top tier local authorities, the police and health to make arrangements for safeguarding children in their local area. In Hertfordshire, the Hertfordshire Safeguarding Children Partnership (HSCP) has been established, led by the local authority, police and health with partnership engagement from other organisations including the District and Borough Councils.

The Council is a member of the Hertfordshire District Safeguarding Group, which brings together the ten district and borough councils with HSCP and the Hertfordshire Safeguarding Adults Board (HSAB) four times a year.

The district and borough council's are also represented at the Hertfordshire Domestic Abuse Partnership (HDAP) and a key partner in the delivery of the Hertfordshire Domestic Abuse Strategy 2022-2025<sup>1</sup>.

The Council currently works alongside local organisation Survivors Against Domestic Abuse (SADA) to provide expert case management support for consenting suspected domestic abuse victims and is part of the SADA Domestic Abuse Strategy 2020-2023.

#### **4.2 Named Safeguarding Officer**

The Named Safeguarding Officer (NSO) is the designated lead for overseeing all safeguarding activity within the Council. The NSO sits within the leadership team and ensures safeguarding concerns are recognised, recorded and referred. The NSO is responsible for not only embedding safeguarding practice but also evolving this practice in line with local and national developments. The Named Safeguarding Officer is the Service Director - Legal and Community.

#### **4.3 The Community Protection Team**

Operational support for safeguarding is provided by the Community Protection Team who fulfil the following functions:

- Managing the corporate safeguarding inbox into which copies of all incidents and referrals are sent;
- Maintaining the central database of all incidents and referrals;
- Responding to safeguarding freedom of information requests, section 17, 47 and 42 enquiries;
- Organising all corporate safeguarding training;
- Completion of the Annual Safeguarding Review and presentation at the Overview and Scrutiny Committee;
- Ensuring senior managers and members of the Executive are kept up to date about any safeguarding developments; and
- Coordinating new campaigns about prevalent issues.

#### **4.4 Designated Safeguarding Officers (DSOs) and Corporate Safeguarding Group**

There are Designated Safeguarding Officers (DSOs) across the Council who support staff with their concerns and assist them in deciding whether or not a referral is to be made. A list of these staff can be found on the Intranet under 'Designated Safeguarding Officers'.

DSOs are responsible for working with staff to consider the options available to safeguard the child's wellbeing depending on the nature of the concern.

DSOs and the Named Safeguarding Officer form the Corporate Safeguarding Group and meet twice a year to discuss issues being cascaded from the Herts

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<sup>1</sup> [Hertfordshire Domestic Abuse Strategy 2022-2025](#)

Safeguarding Children Partnership and procedural issues concerning all departments.

#### **4.5 Elected Members**

Members are involved in reviewing and approving policy. The Council's safeguarding function currently sits with an Executive Member who is regularly briefed on developments within safeguarding.

In addition, Members can review and scrutinise the decisions and functions of the Council and the Cabinet and can produce reports or recommendations on matters affecting the authority's area and residents.

An annual report on safeguarding developments and actions is circulated to Members.

#### **4.6 Training**

All staff and Councillors must be trained appropriately according to their level of contact with children to recognise signs of abuse and neglect, as well as how to raise concerns using the internal reporting procedures. This is identified for every post using a corporate learning needs analysis.

There are three different levels of safeguarding children awareness training:

- Introductory e-learning - to accommodate staff with no external contact;
- Basic - to accommodate staff who have reduced contact
- Advanced – for those staff members who have regular or intensive contact

Staff and Councillors are encouraged to refresh safeguarding training every three years.

All new staff receive a safeguarding briefing document to discuss with their manager during their first day welcome and a safeguarding presentation is delivered as part of the corporate induction day.

#### **4.7 Record keeping**

It is vital that any incident that causes concern is written up within 24 hours using the Council's Safeguarding Incident Form (available on the Intranet). This record provides a detailed history of the interaction between the individual and staff member, action taken to make referrals if concerns meet threshold or help and guidance provided when concerns do not reach the level required for a referral. All incident forms are sent to [safeguarding@north-herts.gov.uk](mailto:safeguarding@north-herts.gov.uk) along with copies of referral forms to external agencies.

All incidents and referrals sent to the safeguarding inbox will be recorded centrally on a secure database so they can be monitored and updated when actions are taken.

#### **4.8 Information sharing**

Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR, 2018). There are local

agreements in place setting out the principles for sharing information between organisations.

Staff dealing with concerns must never promise confidentiality and always report safeguarding concerns in line with procedures.

Whilst consent is not required to make a safeguarding child referral, it is good practice to notify the family of the decision to share information as long as it does not increase the risk to the child, alert a potential perpetrator or lead to the destruction of evidence. The family should not be informed when the concern relates to sexual abuse due to the possibility of evidence destruction.

## **4.9 Whistleblowing**

The Council's Whistleblowing policy can be used to support safeguarding when:

- A staff member or Councillor has not responded appropriately to a safeguarding concern e.g did not make a referral.
- A staff member is suspected to be the perpetrator of abuse.

The Council's Whistleblowing policy can be found on the internet<sup>2</sup>.

## **4.10 Managing allegations against staff**

Where a member of staff is accused of being the perpetrator of abuse, the Monitoring Officer and Corporate Human Resources manager will be notified immediately and corporate procedures followed. Contact will be made with the Hertfordshire Local Authority Designated Officer (Hertfordshire DO).

## **4.11 Recruitment procedures and DBS checks**

The Council is committed to safer recruitment and will take reasonable steps to ensure that staff working with children are safe to do so. Posts will be appropriately assessed to determine their level of contact with children. Where required, potential employees will be vetted using the Disclosure and Barring Service (DBS) to support safer recruitment decisions and prevent unsuitable people from working with at risk groups.

All disclosures for unsupervised work with children that meet the definition of regulated work will be at an enhanced level. Additionally, all individuals recruited to the Council undergo pre-employment referencing covering a three year period.

Existing employees in receipt of a new DBS check will be encouraged to sign up to the DBS Update Service.

Further information on the Recruitment Process and pre-employment checks can be

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<sup>2</sup> <https://www.north-herts.gov.uk/whistleblowing-policy>

found in the Recruitment and Selection policy and DBS Employment Checks policy on the intranet.

#### **4.12 Contracted Services**

In line with the core standards set out by the HSCP, the Council has a responsibility to ensure that safeguarding children standards are in place in any services it commissions.

When commissioning services where safeguarding children is a relevant issue, potential contractors are required to evidence a safeguarding children policy that meets the requirement of the HSCP, as well as procedures for undertaking relevant DBS checks.

The Council continually monitors the ability of the successful contractor to meet these standards through the contract compliance monitoring process. This includes ensuring that:

- Commissioned services know about and adhere to relevant safeguarding children at risk guidance;
- Senior managers of commissioned services are aware of their leadership role in ensuring the quality of the service provided, appropriate supervision and support of staff and responding to concerns about a child; and
- Services are providing service users and carers with relevant safeguarding information.

#### **4.13 Official visits**

The Council also has a duty to protect children when organising visits from official visitors, VIPs and celebrities. All official visits shall be pre-arranged and overseen by a member of staff at all times. Staff or members arranging and supervising official visits should follow guidance in *Appendix C: Safeguarding guidance for managing official visits*

## 5.0 References:

Children Act 1989 (last updated September 2019)  
<http://www.legislation.gov.uk/ukpga/1989/41/contents>

Children Act 2004 (last updated September 2019)  
<http://www.legislation.gov.uk/ukpga/2004/31/contents>

Hertfordshire Domestic Abuse Strategy 2022-2025 [Domestic abuse posters, leaflets and strategy \(hertssunflower.org\)](#)

Hertfordshire Safeguarding Children Partnership Procedures Manual last updated September 2021 <https://hertsscb.proceduresonline.com/index.htm>

The Child and Social Work Act 2017 [Children and Social Work Act 2017 \(legislation.gov.uk\)](#)

The Counter-Terrorism and Security Act 2015 [Counter-Terrorism and Security Act 2015 \(legislation.gov.uk\)](#)

The Domestic Abuse Act 2021 [Domestic Abuse Act 2021 \(legislation.gov.uk\)](#)

The Domestic Violence, Crime and Victims Act 2004 [Domestic Violence, Crime and Victims Act 2004 \(legislation.gov.uk\)](#)

The Modern Slavery Act 2015 [Modern Slavery Act 2015 \(legislation.gov.uk\)](#)

Working together to safeguard children: Statutory guidance on inter-agency working to safeguard and promote the welfare of children (Department for Education, 2019)  
<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

## ***Appendix A: Signs and symptoms of abuse in children***

### **Recognising Physical Abuse**

Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children may be symptomatic of physical abuse. It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental and that referrals are made so that expert medical advice can be used to determine the cause of an injury. The following may be signs of physical abuse:

- Bruising
- Fractures
- Injuries to joints
- Mouth injuries
- Internal injuries
- Poisoning
- Bite marks
- Burns and scalds
- Scars

### **Recognising emotional abuse**

Emotional abuse may be hard to recognise as the signs are often behavioural rather than physical. The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- A child scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self esteem and lack of confidence;
- Withdrawn or seen as a 'loner' - difficulty relating to others.

### **Recognising Sexual Abuse**

The most common presentation of child sexual abuse is with a statement by the child that (s)he has been victimised. Such a statement is usually made to a friend or an adult in the first instance before any professional involvement occurs. The child's statement may be supported by the occurrence of certain behavioural symptoms and/or medical findings. Only very rarely is the abuse witnessed by a third party.

In a sizeable minority of sexually abused children there are no overt behavioural changes. Furthermore, most sexually abused children show no physical evidence of

their victimisation. Hence, for the majority of sexually abused children, recognition is dependent on the child's account alone.

Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Possible causes of concern and behavioural/physical indicators are:

- Something the child says;
- Something that the adults say about the child;
- The child's behaviour - which may cause suspicion either because of its sudden change because of its type, e.g. sexualised behaviour;
- The child's physical condition may create suspicion e.g. genital warts, scratches or other injuries, sexually transmitted infections or pregnancy.
- Inappropriate sexualised conduct;
- Sexual knowledge inappropriate for the child's age;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self mutilation and suicide attempts;
- Running away from home;
- Poor concentration and learning problems;
- Loss of self-esteem;
- Involvement in prostitution or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties);
- Pain or itching of genital area;
- Recurrent pain on passing urine or faeces;
- Blood on underclothes;
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted infections, presence of semen on vagina, anus, external genitalia or clothing.

## Recognising neglect

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Child neglect is recognised through:

- History - preferably from more than one source;
- Direct observations of the neglect of the child; and
- Observations of the effects of neglect on the child's development.

The following are examples of how child neglect might be evidenced, although each of these may have other causes besides neglect:

- Failure to thrive or, in older children, short stature;
- Severe nappy rash;
- Dirty, unkempt condition;
- Inadequately clothed;
- Frequent infections/ recurrent diarrhoea;
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold;
- Swollen limbs with sores that are slow to heal, usually associated with cold injury;
- Abnormal voracious appetite at school or nursery;
- Dry, sparse hair;
- General delay, especially speech and language delay;
- Inadequate social skills and poor socialisation;
- Attachment disorders;
- Absence of normal social responsiveness;
- Indiscriminate behaviour in relationships with adults;
- Emotionally needy;
- Aggressive and impulsive behaviour;
- Disturbed peer relationships;
- Self harming behaviour.

## **Appendix B: Safeguarding Children Referral Pathway for staff, volunteers and Councillors:**

Staff, volunteers and Councillors with a concern about a child should visit the 'Safeguarding Children' page on the intranet and use the referral procedure in '*Guidance on how to refer concerns about a child*'. This procedure provides a referral pathway for children at risk from physical, emotional and sexual abuse and neglect. It must also be used if children are present in a household where domestic abuse is thought or known to be taking place EVEN if the child has not been witness to the abuse.

Alternative referral pathways are available for the following situations:

- If you believe the child is showing signs of radicalisation, search for "Guidance on how to refer concerns about radicalisation."

If you believe the child could be a victim of modern slavery, search for "Guidance on how to refer modern slavery."

- If you believe the child could be involved in county lines or gangs, search for 'County Lines' and follow the guidance provided.
- If you believe domestic abuse is present in the household, also refer to additional procedures and search for 'Domestic Abuse'.

As and when changes are made to the referral processes at North Herts Council, in Hertfordshire or nationally, these page and procedures are updated.

## **Appendix C: Safeguarding guidance for managing official visits**

All officers and members are responsible for implementing this guidance and managing visitors to services operated by North Herts Council. All officers and members have a responsibility to ensure that visitors are welcomed and managed safely. The guidance applies to all visitors equally.

### **1.0 Guidance objectives**

- Ensure there is no risk to the safety of adults and children at risk arising from visits by approved or invited visitors such as VIPs, celebrities or media representatives;
- Ensure staff and visitors are aware of their responsibilities;
- Ensure systems are in place to effectively manage risks and to ensure that any issues arising are learnt from;
- Ensure the Council or hosting organisation meets its safeguarding responsibilities.

### **2.0 Types of visitor**

There are a number of different types of legitimate visitors to services operated by North Herts Council.

- Employees of partner organisations such as funders including the lottery, Sport England etc;
- Visitors in connection with the building, grounds or equipment i.e. builders, contractors, maintenance contractors;
- Staff working for the local media including journalists or photographers;
- VIPs – Very Important People including celebrities.

### **3.0 Procedures for ALL visitors**

- Wherever possible visits should be pre-arranged.
- All visitors must report to reception or a main entrance first or where visits involve an outdoor space, a meeting point should be agreed.
- All visitors should explain the purpose of their visit and who has invited them.
- All visitors should be ready to produce formal identification.
- All visitors will be asked to sign the visitors' record book where available.
- All visitors should be accompanied by a member of staff at all times. Visitors should not be alone with children / adults at risk.
- On departing, visitors should leave via reception, sign out and return their visitors badge where applicable and be seen to leave the premises / site.

### **4.0 VIPs**

A VIP is usually an external visitor of importance or influence who commands special treatment, including:

- Royalty and Royal Representatives

- Government (Members of Parliament, including government ministers and politicians)
- Diplomats and Senior Public Servants
- Chairpersons/ Chief Executives Officers of major companies and organisations
- Senior Officers from Charitable Trusts
- Religious leaders
- Civic and local community leaders
- Notable academics, Olympians, Authors, high profile prize winners and those with celebrity status in particular fields such as sport, music, the arts, media including celebrities and who are likely to inspire others.

## **5.0 Important considerations for VIP visits**

An invitation to a VIP should be made in advance with sufficient time to enable appropriate planning for a safe and successful visit recognising how the visit will be hosted and importantly who will be escorting and supervising the visitor at all times.

In general terms VIPs should be treated in a very similar way to any other visitor but a degree of common sense should prevail e.g it is unlikely that the Queen or another senior member of the Royal Family would be expected to show or wear ID. Members of their entourage though should be expected to follow normal procedures.

All VIPs and any entourage should be accompanied at all times by a member of staff.

All visits by media, VIPs, celebrities or other high profile partners must involve the communications team and the Managing Director. Any requests for celebrity or VIP visits must be referred to the Communications team. Discussions as to the appropriateness of the visits to certain locations should then take place with the Named Safeguarding Officer and Managing Director and approval sought. Visit supervision may be delegated to service teams, if appropriate.



# **Safeguarding Adults at Risk Policy**

June 2022

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## **1.0 Introduction**

### **1.1 Values and principles**

Everyone has the right to live a life free from harm and abuse. The purpose of this policy is to develop and embed a safeguarding ethos and outline North Herts Council's commitment to ensure North Hertfordshire is a safe place for *all* adults to live and work in.

All organisations involved in adult safeguarding should underpin their work with the 6 key principles outlined in the Care Act 2014:

#### **Empowerment**

People being supported and encouraged to make their own decisions and provide informed consent.

#### **Prevention**

It is better to take action before harm occurs.

#### **Proportionality**

The least intrusive response appropriate to the risk presented.

#### **Protection**

Support and representation for those in greatest need.

#### **Partnership**

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

#### **Accountability**

Accountability and transparency in delivering safeguarding.

### **1.2 Policy and partnership**

North Herts Council ("The Council") is an extended partner of the Hertfordshire Safeguarding Adults Board (HSAB), a multi-agency partnership with representation from the organisations that work with and support adults at risk in the Hertfordshire community.

The Council shares HSAB's vision that all adults at risk should live in an environment free from abuse, harassment, violence or aggression. HSAB coordinates the activity of the various partner organisations in Hertfordshire to safeguard and promote the welfare and well-being of adults at risk.

The Council's Safeguarding Adults at Risk policy has been developed in line with the HSAB county wide guidance, *Safeguarding Adults at Risk: The multi-agency policy, procedure and practice for working with adults at risk of abuse and neglect in Hertfordshire. Issue 15: June 2021*

It must be followed by all staff, volunteers and Councillors working with adults at risk.

### **1.3 Aims of adult safeguarding**

Adult safeguarding means:

- protecting an adult's right to live in safety free from abuse or neglect (see Appendix A for examples)
- working in partnership to prevent and stop both the risks and experience of abuse and neglect; and
- ensuring the adult's well-being is promoted whilst having due regard for their wishes, views, feelings and beliefs in deciding any action.

### **1.4 Who is an adult at risk?**

An adult at risk is a person aged 18 years or older who has care and support needs (whether these are met or unmet) due to mental or other disability, age or illness and who are, or may be, unable to take care of themselves against significant harm or exploitation.

These adults have a right to be safeguarded from abuse through the existing statutory frameworks.

However, all adults have a right to be protected from other forms of harm (domestic abuse, modern slavery, extremism) whether care and support needs are present or not, and other referral routes are in place to do as outlined in this policy.

### **1.5 The Council's commitment to making safeguarding personal**

The Council will endeavour to make safeguarding personal so that it is person led and outcome focused. This will be done by engaging with the adult in the decision making process to improve their quality of life, wellbeing and safety.

The Council will also work with adults at risk of abuse and neglect to ensure they are aware of the support options available to them, taking care to consult with them fully before any action is taken. The only situation where consultation will not take place is where reasonable justification is evidenced to suggest that the adult may not have capacity to make decisions or take actions in their own best interest. Capacity will always be presumed unless proven otherwise and every step will be taken to maximise the opportunity for an adult to demonstrate capacity. The Council will also ensure that any support offered is carried out in partnership with relevant agencies and that a collective approach is taken to provide this.

If an adult with capacity refuses intervention, their wishes will be respected unless there is:

- a public interest concern where not acting will put others at risk;
- a duty of care to intervene, for example where a crime has been or may be committed.

In these circumstances immediate action must be taken to ensure the safety and wellbeing of those adults at risk.

## **2.0 The law protecting adults**

### **2.1 The Care Act 2014**

The Care Act 2014 sets out a clear legal framework for local authorities and other statutory agencies on how to protect adults with care and support needs from abuse or neglect.

The Care Act 2014 encompasses the need for professionals to prevent care needs becoming serious, inform and advise adults on making good decisions about their care and support, and outlines the duty for professionals to cooperate with each other in order to protect adults. It ensures multi-agency collaboration as directed by the HSAB. This gives Hertfordshire County Council (as the top tier local authority) responsibility for:

- promoting individual well-being;
- preventing needs for care and support;
- promoting integration of care and support within health services;
- providing information and advice; and
- promoting diversity and quality in provision of services.

As a partner of Hertfordshire County Council, the Council must cooperate with any enquiries they make into an adult at risk where the Council is providing them with a service.

### **2.2 The Mental Capacity Act 2005**

The Mental Capacity Act 2005 provides a framework to empower and protect people who may lack capacity to make some decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity. Someone who lacks capacity due to an illness or disability (such as a mental health problem, dementia or a learning disability) may have one or more of the following issues:

- cannot understand information given to them to make a particular decision;
- cannot retain that information long enough to be able to make the decision;
- cannot use or weigh up the information to make the decision;
- have difficulty in communicating their decision.

The Mental Capacity Act 2005 defines who can take decisions, when they can take them and how they should go about this. This is regardless of whether it is a major decision; such as those about personal finance, social care or medical treatment or an everyday decision, such as what an individual has to eat or wear. The underlying philosophy of the Mental Capacity Act 2005 is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests and protects them from harm. People may go through stages where they have capacity and then may lack capacity at other times depending on their circumstance. Some people may also have the capacity to make particular decisions in some areas of their life but not in others, for example being able to decide what to eat and wear but not being able to decide what medical treatment to take.

Deprivations of Liberty Safeguards (DoLS) will protect people who need to be cared for in a restrictive way and cannot make decisions about their care or treatment. DoLS must be used if people need to have their liberty taken away in order to receive care and/or treatment that is in their best interests and protects them from harm.

### **2.3 The Modern Slavery Act 2015**

The Modern Slavery Act 2015 places specific duties on local authorities under sections 43 and 52 of the Act, to refer child victims or consenting adult victims through to the National Referral Mechanism (NRM), or to make a duty to notify referral (DtN) to the Home Office for a Single Competent Authority (SCA) assessment. The Council currently works alongside local organisation Survivors Against Domestic Abuse (SADA) to provide expert case management support for consenting suspected modern slavery victims.

### **2.4 The Counter Terrorism and Security Act 2015**

Section 26 of the Counter Terrorism and Security Act 2015 places a duty on local authorities to have due regard to the need to prevent people from being drawn into terrorism.

### **2.5 Domestic Abuse legislation**

The Domestic Abuse Act (DAA) 2021 places a duty on local authorities in relation to safe accommodation, homelessness assistance and additional support services for victims of domestic abuse. Whilst most of these duties are specific to county or unitary authorities, district and borough councils have been given new housing duties in relation to domestic abuse and safer accommodation. The Domestic Abuse Act 2021 also requires Community Safety Partnerships<sup>1</sup> to send final copies of any Domestic Homicide Review to the Domestic Abuse Commissioner.

The Domestic Violence, Crime and Victims Act 2004 places a duty on local authorities to participate in Domestic Homicide Reviews.

## **3.0 What is abuse?**

Abuse can take many forms, follow different patterns and can occur in different circumstances. Professionals should not limit their view of what constitutes abuse or neglect as the individual case should always be considered. The list below is not exhaustive but gives an indication as to the types of behaviours to look for.

### **3.1 Categories of adult abuse**

The following definitions have been taken from government guidance 'Care and Support Statutory Guidance' October 2018:

**Physical Abuse** – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

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<sup>1</sup> In accordance with the Crime and Disorder Act, 1998, the Council is a 'Responsible Authority' that has a statutory duty to work with other Responsible Authorities to address crime and disorder and community safety issues

**Domestic violence or ‘mate crime’** – including psychological, physical, sexual, financial, emotional abuse, including honour based abuse and female genital mutilation.

**Sexual abuse** - including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts or indecent exposure.

**Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern slavery** – encompasses slavery including human trafficking, forced labour, debt bondage, sexual exploitation, criminal exploitation, cuckooing and domestic servitude.

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse** - including neglect and poor care practice within an institution or specific care setting such as within a hospital or care home, or in relation to care provided in one’s own home.

**Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Self-neglect** – a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

### **3.2 County Lines and Gangs**

County Lines is the name given to describe drug dealing by criminal gangs from urban areas expanding their activities into smaller towns and rural areas.

It often involves the exploitation of children, as gangs use young people and those with mental health or addiction problems to transport drugs and money. These gangs establish a base in the location they are targeting, often taking over the homes of local vulnerable adults by force or coercion in a practice referred to as cuckooing.

Dealers typically use a single phone line to facilitate the supply of Class A drugs to customers. The phone line is highly valuable and is protected through violence and intimidation.

### **Signs to look out for in your local community**

- Individuals with multiple mobile phones or 'SIM cards'.
- Unknown or suspicious looking characters coming and going from a neighbour's house.
- Young people with more money, expensive clothing, or accessories they can't account for.
- Suspicious smells coming from the property.
- Windows covered or curtains closed all of the time.
- Cars pulling up to or near to the house for a short period of time.
- An increase in anti-social behaviour around the property.

### **3.3 Radicalisation**

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

Extremism is defined as the holding of extreme political or religious views. There are a number of behaviours which may indicate an individual is at risk of being radicalised or exposed to extreme views. These include;

- Spending increasing time in the company of other suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- Possession of materials or symbols associated with an extremist cause.
- Attempts to recruit others to the group/cause.
- Communications with others that suggests identification with a group, cause or ideology.
- Using insulting to derogatory names for another group.
- Increase in prejudice-related incidents committed by that person including; physical or verbal assault, provocative behaviour, damage to property, derogatory name calling, possession of prejudice-related materials, prejudice related ridicule or name calling, inappropriate forms of address, refusal to co-operate, attempts to recruit to prejudice-related organisations and condoning or supporting violence towards others.

Further signs and symptoms and guidance on referral pathways can be found in appendices A and B.

### **3.4 Where and how does abuse happen?**

Abuse and harm can be experienced in any setting in a person's home (including in supported housing schemes, nursing and care homes), in hospital, at work or in community areas. Adults can experience abuse by a number of people known to them in varying capacities. Perpetrators of abuse may include family members, friends, neighbours, paid or unpaid professionals, volunteers, other adults at risk and strangers who set out to deliberately exploit people. It is essential that in any case where abuse is suspected, the concern is treated seriously and action is taken to investigate and prevent abuse from occurring.

## **4.0 How does the Council safeguard adults?**

### **4.1 Multi agency working arrangements**

The Care Act 2014 introduced a duty for top tier local authorities and health to establish a Safeguarding Adults Board in every local authority area and a duty on district councils alongside other local organisations to cooperate fully with the board. The Council is represented on the Hertfordshire Safeguarding Adults Board alongside the other Hertfordshire district and borough councils.

The Council is a member of the Hertfordshire District Safeguarding Group, which brings together the ten district and borough councils with the Hertfordshire Safeguarding Children's Partnership (HSKP) and the Hertfordshire Safeguarding Adults Board (HSAB).

The Council currently works alongside local organisation Survivors Against Domestic Abuse (SADA) to provide expert case management support for consenting suspected domestic abuse victims and is part of the SADA Domestic Abuse Strategy 2020-2023. The district and borough council's are also represented on the Hertfordshire Domestic Abuse Partnership and a key partner in the delivery of the Hertfordshire Domestic Abuse Strategy 2022-2025 <sup>2</sup>.

The Council also has a Modern Slavery and Prevent lead who works with various countywide fora to assist with the Council fulfilling its statutory duties and working with others to raise awareness, support and tackle these issues.

### **4.2 Named Safeguarding Officer**

The Named Safeguarding Officer (NSO) is the designated lead for overseeing all safeguarding activity within the Council. The NSO sits within the leadership team and ensures safeguarding concerns are recognised, recorded and referred. The NSO is responsible for not only embedding safeguarding practice but also evolving this practice in line with local and national developments. The Named Safeguarding Officer is the Service Director - Legal and Community.

### **4.3 The Community Protection Team**

Operational support for safeguarding is provided by the Community Protection Team who fulfil the following functions:

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<sup>2</sup> [Hertfordshire Domestic Abuse Strategy 2022-2025](#)

- Managing the corporate safeguarding inbox into which copies of all incidents and referrals are sent;
- Maintaining the central database of all incidents and referrals;
- Responding to safeguarding freedom of information requests, section 17, 47 and 42 enquiries;
- Organising all corporate safeguarding training;
- Completion of the Annual Safeguarding Review and presentation at the Overview and Scrutiny Committee;
- Ensuring senior managers and members of the Executive are kept up to date about any safeguarding developments; and
- Coordinating new campaigns about prevalent issues.

#### **4.4 Designated Safeguarding Officers (DSOs) and Corporate Safeguarding Group**

There are Designated Safeguarding Officers (DSOs) across the organisation who support staff with their concerns and assist them in deciding whether or not a referral is to be made. An list of these staff can be found on the Intranet under 'Designated Safeguarding Officers'.

DSOs are responsible for working with staff to consider the options available to safeguard the adult's wellbeing depending on the nature of the concern.

DSOs and the Named Safeguarding Officer form the Corporate Safeguarding Group and meet twice a year to discuss issues being cascaded from the Herts Safeguarding Adults Board and procedural issues concerning all departments.

#### **4.5 Elected Members**

Members are involved in reviewing and approving policy. The safeguarding function currently sits with the Executive Member for Community Engagement who is regularly briefed on developments within safeguarding.

In addition, Members can review and scrutinise the decisions and functions of the Council and the Cabinet and can produce reports or recommendations on matters affecting the authority's area and residents.

An annual report on safeguarding developments and actions is circulated to Members.

#### **4.6 Training**

All staff must be trained appropriately according to their level of contact with adults to recognise signs of abuse and neglect, as well as how to raise concerns using the internal reporting procedures. This is identified for every post using a corporate learning needs analysis.

There are three different levels of safeguarding adults at risk awareness training:

- Introductory - to accommodate staff with no external contact;
- Basic – to accommodate staff who have reduced contact

- Advanced – for those staff members who have regular or intensive contact

Staff and Councillors are encouraged to refresh safeguarding training every three years.

All new staff receive a safeguarding briefing document to discuss with their manager during their first day welcome and a safeguarding presentation is delivered as part of the corporate induction day.

#### **4.7 Record keeping**

It is vital that any incident that causes concern is written up within 24 hours using the safeguarding incident form (available on the Intranet). This record provides a detailed history of the interaction between the individual and staff member, action taken to make referrals if concerns meet threshold or help and guidance provided when concerns do not reach the level required for a referral. All incident forms are sent to [safeguarding@north-herts.gov.uk](mailto:safeguarding@north-herts.gov.uk) along with copies of referral forms to external agencies.

All incidents and referrals sent to the safeguarding inbox will be recorded centrally on a secure database so they can be monitored and updated when actions are taken.

#### **4.8 Information sharing**

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances, including where:

- The person lacks the mental capacity to make that decision;
- Other people are, or may be, at risk, including children;
- Sharing the information could prevent a crime;
- The alleged abuser has care and support needs and may also be at risk;
- Staff are implicated;
- The person has the mental capacity to make that decision but they may be under duress or being coerced;
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference;
- A court order or other legal authority has requested the information;
- Information needs to be shared without consent in response to an emergency or life-threatening situation.

Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), 2018. There are local agreements in place setting out the principles for sharing information between organisations.

Staff dealing with concerns must never promise confidentiality and always report safeguarding concerns in line with safeguarding procedures.

It is good practice to try to gain the person's consent to share information as long as it does not increase risk. Staff should endeavour to inform the person if they need to share their information without consent. Decisions and discussions concerning consent will always be recorded during the referral process.

#### **4.9 Whistleblowing**

The Council's Whistleblowing policy can be used to support safeguarding when:

- A staff member or Councillor has not responded appropriately to a safeguarding concern e.g did not make a referral.
- A staff member or Councillor is suspected to be the perpetrator of abuse.

The Whistleblowing policy can be found on the internet<sup>3</sup>.

#### **4.10 Managing allegations against staff**

Where a member of staff is accused of being the perpetrator of abuse, the Monitoring Officer and Corporate Human Resources manager will be notified immediately and corporate procedures followed.

#### **4.11 Recruitment procedures and DBS checks**

The Council is committed to safer recruitment and will take reasonable steps to ensure that staff working with adults are safe to do so. Posts will be appropriately assessed to determine their level of contact with adults at risk. Where required Human Resources will vet potential employees using the Disclosure and Barring Service (DBS) to support safer recruitment decisions and prevent unsuitable people from working with at risk groups.

All disclosures for unsupervised work with adults at risk that meets the definition of regulated work will be at an enhanced level. Additionally, all individuals recruited undergo pre-employment referencing covering a three year period.

Existing employees in receipt of a new DBS check will be encouraged to sign up to the DBS Update Service.

Further information on the Recruitment Process and pre-employment checks can be found in the Recruitment and Selection policy and DBS Employment Checks policy on the intranet.

#### **4.12 Contracted Services**

In line with the core standards set out by the HSAB, the Council has a responsibility to ensure that safeguarding adults' standards are in place in any services it commissions.

When commissioning services where safeguarding adults is a relevant issue, potential contractors are required to evidence a safeguarding adult policy that meets the requirement of the HSAB, as well as procedures for undertaking relevant DBS checks.

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<sup>3</sup> <https://www.north-herts.gov.uk/whistleblowing-policy>

The Council continually monitors the ability of the successful contractor to meet these standards through the contract compliance monitoring process. This includes ensuring that:

- Commissioned services know about and adhere to relevant safeguarding adults at risk guidance;
- Senior managers of commissioned services are aware of their leadership role in ensuring the quality of the service provided, appropriate supervision and support of staff and responding to concerns about an adult at risk; and
- Services are providing service users and carers with relevant safeguarding information.

#### **4.13 Official visits**

The Council also has a duty to protect adults at risk when organising visits from official visitors, VIPs and celebrities. All official visits shall be pre-arranged and overseen by a member of staff at all times. Staff or members arranging and supervising official visits should follow guidance in *Appendix C: Safeguarding guidance for managing official visits, VIP's and celebrities*.

## 5.0 References:

Safeguarding Adults at Risk Issue 15: June 2021 – Hertfordshire Safeguarding Adults Board <https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/hertfordshire-safeguarding-adults-board/hertfordshire-safeguarding-adults-board.aspx#procedure>

Care and Support Statutory Guidance  
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

Domestic Abuse Act 2021 [Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2021/27/contents/enacted)

Domestic Violence, Crime and Victims Act 2004  
<https://www.legislation.gov.uk/ukpga/2004/28/contents/enacted>

Hertfordshire Domestic Abuse Strategy 2022-2025 [Domestic abuse posters, leaflets and strategy \(hertssunflower.org\)](https://www.hertssunflower.org/strategy)

The Care Act 2014 [http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted](https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted)

The Counter-Terrorism and Security Act 2015 [Counter-Terrorism and Security Act 2015 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2015/22/contents/enacted)

The Mental Capacity Act [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9/contents/enacted)

The Modern Slavery Act 2015 [Modern Slavery Act 2015 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted)

Multi-agency Statutory Guidance for the conduct of Domestic Homicide Reviews (December 2016)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575273/DHR-Statutory-Guidance-161206.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf)

## ***Appendix A: Signs and symptoms of abuse in adults***

### **Physical abuse**

#### **Types of physical abuse**

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

#### **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 frequent changes of GP

### **Domestic violence or abuse**

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

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- Acts of assault, threats, humiliation and intimidation
- Harming, punishing or frightening the person
- Isolating the person from sources of support
- Exploitation of resources or money
- Preventing the person from escaping abuse
- Regulating everyday behaviour

## **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

## **Sexual abuse**

### **Types of sexual abuse**

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

### **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

## **Psychological or emotional abuse**

### **Types of psychological or emotional abuse**

- Enforced social isolation – preventing someone from accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

### **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

## **Financial or material abuse**

### **Types of financial or material abuse**

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

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

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

### **Modern slavery**

#### **Types of modern slavery**

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

## **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

## **Discriminatory abuse**

### **Types of discriminatory abuse**

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

### **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

## **Organisational or institutional abuse**

### **Types of organisational or institutional abuse**

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

### **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

## **Neglect and acts of omission**

### **Types of neglect and acts of omission**

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

### **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

## **Self-neglect**

### **Types of self-neglect**

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

### **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

## **Radicalisation**

Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity.

### **Possible indicators of radicalisation**

- Isolating themselves from family and friends
- Talking as if from a scripted speech
- Unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use.

Individuals who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family.

## **Appendix B: NHDC Safeguarding adults referral pathways**

Use the pathways below to determine which referral procedure you should use and search the intranet for the relevant guidance.

1. Does your concern involve anyone under the age of 18 years old?  
If yes, search for “Guidance on how to refer concerns about a child.”
2. Is the individual 18 years or over with care and support needs, is experiencing or is at risk of abuse or neglect and unable to protect themselves from abuse due to their care and support needs?  
If yes, search for “Guidance on how to refer concerns about an adult at risk.”
3. Does the individual have an unmet mental health need or do you have a safeguarding concern about someone with a mental health condition?  
If yes, search for “Guidance on how to refer concerns about an adult at risk.”
4. Are there signs of radicalisation?  
If yes, search for “Guidance on how to refer concerns about radicalisation.”
5. Is there domestic abuse present?  
If yes, search for “Guidance on how to refer victims of domestic abuse”.
6. Are there signs that an individual is a victim of modern slavery?  
If yes, search for “Guidance on how to refer modern slavery.”
7. If you believe the adult could be involved in county lines or gangs, search for ‘County Lines’ and follow the guidance provided.
8. Do you believe the individual is being deprived of their liberty without the appropriate authorisation in place?

A person is considered to be deprived of their liberty if they lack capacity to consent to their care/treatment AND are under continuous supervision and control AND are not free to leave.

Inform the hospital or care home immediately that you believe are guilty of depriving someone’s liberty unlawfully and if they do not take appropriate action contact the Hertfordshire Supervisory Board on 01438 843800 or [dolsteam@hertfordshire.gov.uk](mailto:dolsteam@hertfordshire.gov.uk)

## **Appendix C: Safeguarding guidance for managing official visits**

All officers and members are responsible for implementing this guidance and managing visitors to services operated by the Council. All officers and members have a responsibility to ensure that visitors are welcomed and managed safely. The guidance applies to all visitors equally.

### **1.0 Guidance objectives**

- Ensure there is no risk to the safety of adults and children at risk arising from visits by approved or invited visitors such as VIPs, celebrities or media representatives;
- Ensure staff and visitors are aware of their responsibilities;
- Ensure systems are in place to effectively manage risks and to ensure that any issues arising are learnt from;
- Ensure the council or hosting organisation meets its safeguarding responsibilities.

### **2.0 Types of visitor**

There are a number of different types of legitimate visitors to services operated by the Council.

- Employees of partner organisations such as funders including the lottery, Sport England etc;
- Visitors in connection with the building, grounds or equipment i.e. builders, contractors, maintenance contractors;
- Staff working for the local media including journalists or photographers;
- VIPs – Very Important People including celebrities.

### **3.0 Procedures for ALL visitors**

- Wherever possible, visits should be pre-arranged.
- All visitors must report to reception or a main entrance first or where visits involve an outdoor space, a meeting point should be agreed
- All visitors should explain the purpose of their visit and who has invited them.
- All visitors should be ready to produce formal identification.
- All visitors will be asked to sign the visitors' record book where available.
- All visitors should be accompanied by a member of staff at all times. Visitors should not be alone with children / adults at risk.
- On departing, visitors should leave via reception, sign out and return their visitors badge where applicable and be seen to leave the premises / site.

## **4.0 VIPs**

A VIP is usually an external visitor of importance or influence who commands special treatment, including:

- Royalty and Royal Representatives.
- Government (Members of Parliament, including government ministers and politicians).
- Diplomats and Senior Public Servants.
- Chairpersons/ Chief Executives Officers of major companies and organisations.
- Senior Officers from Charitable Trusts.
- Religious leaders.
- Civic and local community leaders.
- Notable academics, Olympians, Authors, high profile prize winners and those with celebrity status in particular fields such as sport, music, the arts, media including celebrities and who are likely to inspire others.

## **5.0 Important considerations for VIP visits**

An invitation to a VIP should be made in advance with sufficient time to enable appropriate planning for a safe and successful visit recognising how the visit will be hosted and importantly who will be escorting and supervising the visitor at all times. In general terms VIPs should be treated in a very similar way to any other visitor but a degree of common sense should prevail e.g. it is unlikely that the Queen or another senior member of the Royal Family would be expected to show or wear ID. Members of their entourage though should be expected to follow normal procedures. All VIPs and any entourage should be accompanied at all times by a member of staff.

All visits by media, VIPs, celebrities or other high profile partners must involve the Communications team and the Managing Director because of the high profile attention they can attract. Any requests for celebrity or VIP visits must be referred to the Communications team. Discussions as to the appropriateness of the visits to certain locations should then take place with the Named Safeguarding Officer, the Managing Director and approval sought. Visit supervision may be delegated to service teams, if appropriate.