



## OLDHAM ADULTS SAFEGUARDING BOARD

### Part Three: Procedures for Responding to and Reporting Allegations, Concerns or Suspicions of Adult Abuse

#### Safeguarding Adults from Abuse and Neglect

Author: Oldham Safeguarding Adults Board  
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## Contents

3.1	Introduction .....	3
3.2	Who Should You Contact? .....	3
3.3	Responsibility for Reporting a Concern .....	3
3.4	Host Local Authority Responsibility .....	5
3.5	Timescales.....	6
3.6	Responsibility of Providers Managers in the Safeguarding process.....	7
3.7	Wellbeing of Employees.....	7
3.8	The Prevention of Abuse and Promotion of Standards for a Safer Service .....	8
3.9	Levels of Harm.....	8
3.10	Guidance on Levels of Harm .....	9
3.11	Provider Services Delivering Care in Another Provider Service Setting.....	10
3.12	Descriptions of the levels of harm .....	10
3.13	Safeguarding Process Flow Chart.....	13

## 3.1 Introduction

### 3.1.1 Overview

This section is intended as guidance for all external organisations and individuals whether in a paid or unpaid capacity who have a reasonable belief that an adult may be being harmed or at risk of harm. It sets out the actions to be taken immediately in order to safeguard or prevent further harm and clarifies the process for referring the adult to the Local Authority for further action under this Multi- Agency Safeguarding Adults Policy and Procedure. The precise actions necessary in any individual case will vary according to the circumstances and therefore stages may overlap depending on how the investigation develops.

### 3.1.2 Duty to report

Once a disclosure or allegation of abuse has been made, the receiver of this information, has a duty to report his/her concerns immediately.

## 3.2 Who Should You Contact?

### 3.2.1 Whether you are raising a concern on behalf of yourself or on behalf of another:

- You should speak with any of the agencies known to be involved in yours or the persons care or telephone the **Oldham Multi Agency Safeguarding Hub (MASH): 0161 770 7777**

Professionals must follow up any telephone referral with a written referral via the [Online Referral Form](https://www.oldham.gov.uk/forms/form/270/en/make_a_professional_referral) (https://www.oldham.gov.uk/forms/form/270/en/make\_a\_professional\_referral)

- Please contact the police immediately if you think a crime has been committed.
- In an emergency telephone 999
- For all other non-urgent police matters telephone 101

## 3.3 Responsibility for Reporting a Concern

3.3.1 It is the responsibility of any individual or organisation who is affiliated to this policy and procedures to take action if they suspect abuse of an adult subject to the safeguarding concern. Once a concern of abuse of an adult has been made, the receiver of this information, has a duty to report their concerns immediately. This should be to their manager or volunteer organiser, with responsibility for the service. (If the manager or volunteer organiser is the alleged or suspected abuser, the matter should be reported to a more senior manager within the organisation (see your own internal Whistleblowing guidance).

### 3.3.2 Action for those raising concerns

Additionally, it is the responsibility of those raising concerns or their manager, either before or immediately after raising the concern to take the following steps when they first become aware of an abusive situation. Consider whether the adult is able to give his/her consent to you before you raise your concerns in line with making safeguarding personal, with the relevant person or organisation, and always ensure the person is safe.

## Safe, Preserve, Inform, Record and Encourage (SPIRE) Guidance

The following guidance applies to all organisations and their personnel who are engaged in any type of provision to adults regardless of whether this is on a statutory, voluntary, independent or private arrangement:

**Step 1 – Safe:** Make sure the person is safe – this may mean calling emergency services if the person is in danger or requires medical treatment.

**Step 2 – Preserve:** Any evidence (if applicable) should be preserved e.g. DO NOT disturb or destroy any articles that could be used as evidence, DO NOT wash the person unless this is associated with any first aid treatment that may be necessary. Similarly, any clothing, bedding etc. should not be disturbed or washed.

**Step 3 – Inform:** Your manager, if you have not already done so, or someone more senior if the allegation is against your manager. If there is evidence of a criminal act e.g. a physical assault, theft or sexual assault the manager should contact the police being careful to record and preserve evidence.

**Step 4 – Record:** Any conversations or descriptions in the person's own words, date time and sign the record. If appropriate complete a body map recording any injuries to the individual.

**Step 5 – Encourage:** Reassure the adult subject to the safeguarding concern that you are taking his/her concerns seriously. Advise him/her that you will be informing your manager immediately.

### 3.3.3 Action for managers

Once the allegation or suspicion has been raised with the manager of an organisation, she/he must decide without delay the most appropriate course of action

#### Address, Clarify, Escalate (ACE) Guidance

Three steps the manager should take when aware of an abuse situation.

##### Step 1 – Address the immediate needs of the situation

- On receipt of any report or concern about possible abuse, ensure the immediate safety of the adult subject to the safeguarding concern or others.
- Ensure that forensic evidence is preserved.
- Contact the police if you think a crime may have been committed.
- Ensure accurate records of the allegation or suspicion are obtained and recorded appropriately. These should be as contemporaneous as possible.
- Obtain the view of the adult subject to the safeguarding concern in respect of both his/her understanding of the situation and the action he/she would like taken in line with making safeguarding personal. Managers must be mindful that if the adult subject to the safeguarding concern does not consent to the enquiry under this policy, this may be over- ridden where there are implications for other adults.
- Ensure a member of staff is allocated to attend to the needs of the person alleged to have caused harm if he/she is also an adult subject to the safeguarding concern.
- Contact the Care Quality Commission (CQC) if the concern relates to a regulated service.

##### Step 2 - Clarify

- Establish the facts and gather further information to inform the process.
- Deal with any Human Resources (personnel) issues i.e. suspension. If the person alleged to have caused harm is a member of staff refer to your own HR policy and procedure.
- Establish information sharing and confidentiality issues.

- Record further actions taken following the disclosure. Complete a body map if appropriate.
- If you are the manager in a regulated service complete the necessary regulation requirements and inform CQC.

### Step 3 – Escalate to formal safeguarding concern

- To raise a concern telephone the **Oldham Multi-Agency Safeguarding Hub (MASH): 0161 770 7777** (Office hours 9:00-17:00, Monday-Friday)  
Or submit a written professional's referral via the [Online Referral Form](https://www.oldham.gov.uk/forms/form/270/en/make_a_professional_referral) (https://www.oldham.gov.uk/forms/form/270/en/make\_a\_professional\_referral)

Professionals must follow up any telephone referral with a written referral.

- **Out of Hours Service, known as Emergency Duty Team: 0161 770 6936** (operates when day offices are closed)

If the safeguarding concern involves a commissioned service, it is important that information is also shared with appropriate commissioner's quality team at the same time this is reported to MASH as a safeguarding concern. The details must be emailed to:

- [quality@oldham.gov.uk](mailto:quality@oldham.gov.uk) for Local Authority commissioned care or dual funded care.
- [oldccg.qualityteam@nhs.net](mailto:oldccg.qualityteam@nhs.net) for NHS funded care or dual funded care.

## 3.4 Host Local Authority Responsibility

- 3.4.1 You should contact Oldham Adult Social Care Services if the person is a resident in Oldham even if the persons care is paid for by another local authority. CCG or self-funded, this should also be reported to the 'funding' authority. The responsibility to lead the subsequent enquiry will be with the authority where the alleged abuse took place, in partnership with the funding authority.

The Association of Directors of Adult Social Services (ADASS) provides [Guidance for Inter-Authority Safeguarding Adults Enquiry and Protection Arrangements](https://www.adass.org.uk/media/5414/adass-guidance-inter-authority-safeguarding-arrangements-june-2016.pdf) (https://www.adass.org.uk/media/5414/adass-guidance-inter-authority-safeguarding-arrangements-june-2016.pdf).

### 3.4.2 Information Adult Social Care/Police/CQC could ask when making a Safeguarding referral

- Personal details of adult subject to the safeguarding concern (name, address, and date of birth, NHS number, ethnicity, current whereabouts, and language spoken).
- Who you are and why you are involved?
- What happened, when and where?
- Details of the person alleged to have caused harm (name, address, date of birth) and relationship to adult(s) involved.
- Are there any other people at risk including any children?
- Details of any other agencies involved.
- Is the adult subject to the safeguarding concern aware of the referral and has he/she consented?
- Remember – do not start the enquiry until a strategy discussion takes place

## 3.5 Timescales

### 3.5.1 Raising a concern stage

- Managers/person in charge should respond to all concerns on the same day once they are brought to their attention by making contact with **Oldham Multi-Agency Safeguarding Hub: 0161 770 7777** (Office hours 9.00am-5pm Monday to Friday)

Or submit a written professional's referral via the

[Online Referral Form](https://www.oldham.gov.uk/forms/form/270/en/make_a_professional_referral)

([https://www.oldham.gov.uk/forms/form/270/en/make\\_a\\_professional\\_referral](https://www.oldham.gov.uk/forms/form/270/en/make_a_professional_referral))

Professionals must follow up any telephone referral with a written referral.

- **Out of Hours Service, known as Emergency Duty Team: 0161 770 6936** (operates when day offices are closed)

When a concern is received by Oldham MASH, if the person subject to the concern is known to an existing Adult Social Care Team, the concern will be passed on the same day to the relevant team.

### 3.5.2 Safeguarding adults – the 6 steps

The purpose of the safeguarding adult's procedure is to safeguard people from abuse and neglect. Where actions are no longer needed within this procedure, it should be discontinued. The safeguarding procedure can be ended at any point where it is appropriate to do so, for example where risks have been reduced or at the adult's request or where there are no risks to others.

The safeguarding stages that will be covered within this Multi-agency policy and procedure are as follows: -

#### 1. Raising a Safeguarding concern

This is the first contact between a person concerned about the abuse or neglect of an adult at risk and the Local Authority. Following receipt of the concern, the Safeguarding Adult Manager will make a decision on the same working day, whether or not immediate action is required and if it requires an enquiry under this policy and procedure. If the concern does not meet the criteria for an enquiry, the person raising the concern should be notified of the decision.

#### 2. Safeguarding concern and Information gathering

The local authority needs to establish whether there is a statutory duty to make safeguarding enquiries in accordance with section 42 of the Care Act 2014. If the duty applies, then safeguarding enquiries **MUST** take place. Other enquiries or responses will be at the discretion of the Local Authority. You could be asked to provide further information to establish whether an enquiry is needed.

#### 3. Strategy discussion or meeting

You may be involved in a strategy discussion or asked to attend a strategy meeting within five working days of the local authority receiving the initial concern. You could be asked to provide documentation i.e. statements and care plans relating to the concern.

#### 4. Safeguarding enquiry

This refers to any actions or activity made or instigated by the Local Authority **AFTER** receiving a safeguarding concern. The time scale for the enquiry is within 28 consecutive days from the strategy

meeting/discussion, to allow time for the collation of enquiry information. At this meeting a further date will be set, if required, for completion. If it is agreed that you are to undertake the internal enquiry, you will be asked to produce a report detailing your findings and outcomes.

This is a Section 42 enquiry under the Care Act and it is the duty of the local authority to make enquiries, carry out investigations, or cause other agencies, such as NHS Trusts to establish whether action is needed to prevent abuse, harm, neglect, or self-neglect.

## **5. Case conference**

Following a statutory enquiry, a case conference may be needed to review the findings, risk assessments and safeguarding plan for the adult at risk. You will be informed of the date at the above meeting.

## **6. Case conference review**

Where risks of abuse are ongoing, a review case conference may be required to review the risks assessment and safeguarding plan. You will be informed of the date at the above meeting

### **Safeguarding Adult Review (SAR)**

Section 44 of the Care Act 2014 requires the Safeguarding Adult Board (SABs) to arrange a Safeguarding Adult Review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. The purpose of a SAR is to learn the lessons about how professionals and organisations work together and to consider how the learning can be used to improve practice for others in the future. You may be asked to participate in a Safeguarding Adult Review if appropriate.

## **3.6 Responsibility of Providers Managers in the Safeguarding process**

- 3.6.1 CQC registered providers and managers, where they are not implicated in the alleged abuse, will be proactively involved as partners in addressing the alleged abuse. The registered manager of the service (where not implicated) will be expected to take the lead regarding any internal enquiry process. The registered manager/senior manager will be required to comment on the mental capacity of the alleged victim and/or person alleged to have caused harm. It is the responsibility of the registered manager/senior manager to inform CQC and report on any issues.
- 3.6.2 In regulated provision of care, the registered managers/senior manager will need to provide any relevant additional information regarding the alleged victim and/or person alleged to have caused harm. It is the responsibility of the registered manager/senior manager to take the lead in interviewing all staff who may be relevant to the investigation. This may include those implicated, witnesses or those with particular knowledge of the alleged adult at risk and/or the person alleged to have caused harm. It is the responsibility of the registered manager/senior manager to provide a formal report for consideration at case conference. It is the responsibility of the registered manager/senior manager to refer to the DBS where appropriate.

## **3.7 Wellbeing of Employees**

- 3.7.1 Involvement in adult safeguarding work may be stressful for staff who need to empathise with alleged adult at risk and carers, confront abuse issues, resolve conflict and establish support and protection. It is important that the impact on staff is recognised and that they have appropriate opportunities for support through management or clinical supervision. Providers should refer to their policy in relation to well-being of employees.

## 3.8 The Prevention of Abuse and Promotion of Standards for a Safer Service

3.8.1 A safer service will be provided if all agencies/organisations address the following standards:

- Rigorous recruitment and selection which will facilitate effective intervention to recruit the best staff and prevent the recruitment of abusers. Disclosure and Barring Scheme checks will also form part of this.
- Services that are person centred, reflective, pro-active and open to question, observation and change.
- Safeguarding adults is embedded in the culture of all organisations.
- Enquiries of concerns of abuse are immediate, consistent and transparent.
- Disciplinary Procedures are compatible with the responsibility to protect adults at risk.
- Procedures exist for reporting to the police when allegations of criminal behaviour are made against staff.
- Internal policies and procedures for adult safeguarding which relate to this Multi- Agency Safeguarding Adults Policy and Procedure.
- Commissioners and purchasers of services ensure that adherence to the standards of a safer service are part of the contract.
- A 'whistleblowing policy' to support and protect staff making complaints, allegations or expressing concerns about abuse.
- Operational guidelines ensuring best evidence-based practice to deal with:
  - Challenging behaviour
  - Personal and intimate care
  - Physical intervention (control & restraint)
  - Sexuality
  - Medication
  - Handling of money
  - Risk Assessment and Management
  - Mental Capacity Act
- A code of conduct that sets unambiguous boundaries for staff/service user relationships and states that a sexual relationship that develops between a service user and a member of staff will always be regarded as abuse.
- A policy for dealing with staff who behave in a way in their personal life that may have an effect on their ability to work with adults who are at risk.
- Ensuring that users, carers and the public are aware of this Multi-Agency Safeguarding Adults Policy and Procedure through a variety of different communication mechanisms.
- All staff receive on-going personal training and development and are regularly supervised.
- All staff to receive specific training in relation to adult safeguarding.

## 3.9 Levels of Harm

3.9.1 The safeguarding procedures should be used in a proportionate way that reflects the principles of the Care Act and the significance of the harm and risk identified.

3.9.2 **Where regulated is provided, poor practice can lead to harm.**

This should always be reported to the Local Authority. However, in the case of residential and nursing care providers it is helpful to make a distinction between:

- incidents which require action by the **residential care and nursing care providers** reporting to the Local Authority through regular reporting to its Quality Team, but may not require a safeguarding investigation, (level 1 and 2) and



- incidents where the impact is significant or recurring and a safeguarding enquiry and multi-agency investigation will be required. (levels 3,4,5)

This section outlines the difference and what **residential care and nursing care providers** must do in each circumstance, with levels 1 and 2 falling requiring reporting to the local authority Quality Team, while levels 3, 4 and 5 are safeguarding enquiries requiring a Section 42 enquiry

- 3.9.3 Oldham Safeguarding Adults Board recognises that responding to safeguarding issues can be complex. This guidance is intended for **residential care and nursing care** provider services in Oldham to support them in deciding the most appropriate pathway to address an adult safeguarding situation. The Safeguarding Adults Board recognises that **residential care and nursing care providers** are in some instances best placed to deal with many issues regarding allegations of abuse, neglect or poor practice to give a proportionate response. Usually referred to as level 1 and 2. Oldham Safeguarding Adults Board has a zero tolerance of all abuse, and all allegations or instances of abuse need to be addressed with an appropriate and proportionate response.
- 3.9.4 The guidance is a recognition that all provider services engaged in regulated activity as defined by the Disclosure and Barring Service, are affiliated to the Multi-Agency Safeguarding Adults Policy and Procedures that requires them to safeguard adults to whom they provide services.
- 3.9.5 Section 42 of the Care Act requires the Local Authority to ‘make enquiries (or carry out enquiries) or cause others to do so if they believe that an adult is experiencing or at risk of abuse’. This guidance outlines the circumstances in which a **residential care or nursing care** provider service would be expected to make a single agency response for Harm levels 1, 2 and 3 (see 3.17 below). Additionally, the guidance outlines the expectations of a provider service to report through to the Quality Team on the outcome of any Single Agency response to safeguarding issue.
- 3.9.6 A single agency response should not in any way be seen as giving a lesser response to the safeguarding concern but rather ensuring an appropriate and proportionate response.
- 3.9.7 In the first instance the **residential care or nursing care** provider service should determine the appropriate harm level response.
- 3.9.8 Please note that the Local Authority retains the lead role in Safeguarding (Care Act section 42) and will be the ultimate arbiter where there are differing views about the harm level response required.

## 3.10 Guidance on Levels of Harm

### 3.10.1 Aims

The aims of the guidance are:

- To create a consistent approach across Oldham to the response and enquiries of safeguarding concerns.
- To determine harm levels where an internal enquiry by a residential care or nursing care provider service is appropriate as opposed to multi-agency response
- To create a proportionate response to the safeguarding concerns in Oldham that, as far as possible, enables the views of the adult subject to the safeguarding concern and/or their representative to remain central to the process in line with Making Safeguarding Personal.

3.10.2 The guidance draws on the thresholds guidance (ADASS North East) & National Patient Safety Guidance (NHS England) and outlines five levels of harm and the appropriate response to each level.

3.10.3 The five levels of harm should be viewed as a continuum rather than five separate categories. They give an indicator of the most appropriate response and all reports of suspicions or concerns should be approached

with an open mind and could give rise to action under the policy and procedures. There must be a consideration of the risks of reoccurrence when assessing the harm levels.

### 3.11 Provider Services Delivering Care in Another Provider Service Setting

- 3.11.1 A provider service going into another provider service e.g. NW Ambulance Service, District Nurses etc., would NOT be expected to do an internal investigation or keep a log of concerns about the delivery of care of another provider service. In these instances, individual internal policy should be followed for making safeguarding referrals as appropriate.
- 3.11.2 Please note that the response to a particular safeguarding issue within a level may vary depending upon the likelihood and dangers associated

### 3.12 Descriptions of the Levels of Harm

The following examples illustrate the levels of harm, but this list is not exhaustive and is for guidance only

#### 3.12.1 Harm level 1

- One off incidents of poor practice that cause little or no harm
- One off incidents or service user on service user abuse that cause no harm and measures put in place to reduce risk of repeat incident
- Staff error causing no/little harm, e.g. skin friction mark due to ill-fitting socks on one occasion
- One off incident of money not recorded appropriately by a professional e.g. receipt not retained
- Adult is not assisted with a meal/drink on one occasion and no harm occurs
- Temporary environment restrictions but action to resolve is in place e.g. temperature, lighting, access to outside or communal areas

#### 3.12.2 Harm level 2

- Poor quality of care rather than issues of abuse e.g. low staffing levels, issues relating to the environment, adherence to the care plan in the delivery of care etc.
- Disputes between service users quickly resolved that cause little or no harm and risk assessment and plan put in place.
- Adult does not receive prescribed medication (missed/wrong dose) on one occasion - no harm occurs

#### 3.12.3 Harm level 3

- Non adherence to the Mental Capacity Act particularly the application of the five principles in the delivery of care or treatment
- Service user on service user incident that is either recurring or results in actual injury
- Any error that causes a high risk of harm
- Recurring treatment that undermines dignity
- On-going denial or failing to recognise an adult's choice or opinion

#### 3.12.4 Harm level 4

- Significant impact on an adult subject to the safeguarding concern resulting in fear, humiliation, injury, loss or neglect
- One –off incident that causes significant harm to an adult subject to the safeguarding concern
- On-going treatment that undermines dignity

- Re-occurring errors in a service setting that impact on one or more adults at risk at a level that moves from poor practice into abuse
- Institutional abuse where more than one adult subject to the safeguarding concern is affected e.g. issues relating to moving and handling, medication, care plans, cultural issues in hospitals, care homes, day care settings etc.

### 3.12.5 Harm level 5

- An adult subject to the safeguarding concern has been abused and a crime is suspected to have taken place (e.g. sexual abuse, threats to injure/kill, hate crime, theft/fraud)
- An adult subject to the safeguarding concern has sustained a potentially life-threatening injury through abuse
- An adult subject to the safeguarding concern is being exploited, ill-treated or wilfully neglected by a person in trust in a professional capacity
- An adult subject to the safeguarding concern dies and abuse is suspected to be a factor in their death with the risk from abuse. Therefore, all reports of suspicions or concerns should be approached with an open mind and could give rise to action under the policy and procedures.

3.12.6 If you are in any doubt about whether a concern constitutes a safeguarding matter, then you should:

- Submit a concern to the **Oldham Multi Agency Safeguarding Hub (MASH): 0161 770 7777** (Office hours 9:00-17:00, Monday-Friday)

Professionals must follow up any telephone referral with a written referral via the

[Online Referral Form](#)

([https://www.oldham.gov.uk/forms/form/270/en/make\\_a\\_professional\\_referral](https://www.oldham.gov.uk/forms/form/270/en/make_a_professional_referral))

- **Out of Hours Service, known as Emergency Duty Team: 0161 770 6936** (operates when day offices are closed)

3.12.7 The following table and flow diagram provide guidance on what to do and ensure the response is appropriate and proportionate to the level of concern.

Level of Harm	What to do
Level 1	<p>Record harm occurrence on weekly log (provided by Local Authority Quality Team). This log does not replace any internal processes.</p> <p>Ensure adequate and proportionate safeguards in place to manage future recurrence.</p> <p>Send logs to the Local Authority Quality Team weekly for review. <a href="mailto:Quality@oldham.gov.uk">Quality@oldham.gov.uk</a> Documentation may be requested. Any actions must be documented and accessible.</p>
Level 2	<p>Record harm occurrence on weekly log (provided by Local Authority Quality Team This log does not replace any internal processes.</p> <p>Ensure adequate and proportionate safeguards in place to manage future recurrence.</p> <p>Complete or update safeguarding plans or care plans. (These must be made available if requested)</p> <p>Send logs to the Local Authority Quality Team weekly for review <a href="mailto:Quality@oldham.gov.uk">Quality@oldham.gov.uk</a></p>
Level 3	<p>Make referral to MASH who will then ensure the information goes to the appropriate team.</p> <p>MSP completed by the local authority and strategy discussion/meeting held.</p>

	<p>If it is agreed that the concern you are reporting is that of a level 3 you may be asked to complete an internal enquiry.</p> <p>Ensure adequate and proportionate safeguards are in place to prevent reoccurrence.</p> <p>Email enquiry report to team you have been informed has been allocated the enquiry, being mindful of data protection.</p> <p>Consider contact with partner agencies</p>
Level 4 & 5	<p>Make referral to MASH who will then ensure the information goes to the appropriate team.</p> <p>Multi Agency response required and strategy discussion/meeting held.</p> <p>The Local Authority will cause enquiries to be made and have oversight of the enquiry.</p> <p>Consider contact with partner agencies</p> <p>Consider response needed by emergency services</p>

- 3.12.8 This is an outline of the actions required to respond to safeguarding concerns. Professional judgement and accountability should be applied when determining the level of harm and the action required.
- 3.12.9 Please be aware that Level 4 and 5 require a multi-agency response and outcomes will be recorded by Adult Social Care and partner agencies as outlined in this Multi-Agency Safeguarding Adults Policy and Procedures.
- 3.12.10 The incidences reported in the logs will NOT be investigated according to the Safeguarding Adults Policy and Procedures. Therefore, NO incidences where alleged abuse has occurred, and which requires investigation should be reported on the logs. The logs are not to be used as a method of informing Adult Social Care of safeguarding concerns but rather a tool used to support quality assurance.
- 3.12.11 The logs will be reviewed weekly by the Local Authority Quality Team to ensure that providers are logging level 1 and 2 incidences and will be used as part of the annual monitoring process. The logs will not be reviewed under the safeguarding policy and procedures and by recording an incident on the logs, providers are accountable for that incident not to be investigated under the Safeguarding policy and procedures.

### 3.13 Safeguarding Process Flow Chart

#### **SAFEGUARDING WORKFLOW (PROVIDER)**

