

**Nottingham Muslim Women’s Network (NMWN)**

Safeguarding Vulnerable Adults Policy and Procedures

**1. Aim of this Policy**

The aim of this policy is to outline the practice and procedures for staff, Trustees, and volunteers to contribute to preventing abuse of vulnerable adults, raise awareness and provide a clear framework for action when abuse is suspected.

The policy covers all Trustees, staff and volunteers whose role involves regular contact with service users who may be considered vulnerable adults. Nottingham Muslim Women’s Network considers it the duty of staff, Trustees, and volunteers to protect vulnerable adults with whom they meet, from abuse.

Six safeguarding principles:

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

**Prevention**  
It is better to take action before harm occurs.

**Proportionality**  
The least intrusive response appropriate to the risk presented.

**Protection**  
Support and representation for those in greatest need.

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

**Accountability**  
Accountability and transparency in safeguarding practice.

## 2. Introduction

2.1 We provide services for a wide range of people. Some of these people are likely to be ‘vulnerable adults.’

2.2 This policy is based on the new Care Act 2014, the national guidance which replaced ‘No Secrets’ in April 2015 on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

2.3 We have obligations to strive to protect vulnerable adults who we believe to have been abused or at risk of abuse or neglect.

2.4 The policy and procedures have been developed to assist staff and volunteers in acting on reported or suspected abuse.

2.5 Depending upon the nature of particular services or the requirements of funders, or partner agencies, the policy and procedures may be supplemented by local procedures.

## 3. Definitions

3.1 The Care Act 2014 defines a vulnerable adult as a person:

* “Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

3.2 [**'Adult safeguarding and domestic abuse'**](https://www.local.gov.uk/adult-safeguarding-and-domestic-abuse-guide-support-practitioners-and-managers-second-edition) is a comprehensive guide that supports practitioners and managers in making decisions about how to respond to individual situations. It is a key resource in promoting more effective support for people who need an adult safeguarding service because of domestic abuse. It emphasises the need to:

* develop a good relationship with the adult at risk and put their views and wishes at the forefront of all discussions
* be alert to patterns of coercive or controlling behaviour, and be aware that an adult at risk may refuse to report abuse because of fear
* consider any additional likely impact of abuse on an adult with care and support needs
* understand how local safeguarding services and Multi-Agency Risk Assessment Conferences (MARACs) fit together
* be aware of the legislative options and local resources that are available both to safeguarding teams and to MARACs, so that practitioners know the full range of responses available to them when supporting an adult with care and support needs.

## 4. Categories of Abuse

4.1 Types of abuse:

* Physical abuse
* Domestic violence or abuse
* Sexual abuse
* Psychological or emotional abuse
* Financial or material abuse
* Modern slavery
* Discriminatory abuse
* Neglect or acts of omission
* Neglect or Self-neglect
* Coercive control
* Organisational Abuse

4.2 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
* Involuntary isolation or confinement
* Misuse of medication (e.g. over-sedation)
* Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
* Strangulation
* Forcible feeding or withholding food
* Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

4.3 Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

* psychological
* physical
* sexual
* financial
* emotional.

Domestic violence and abuse include 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.

4.4 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.

4.5 Types of sexual abuse

* Rape, attempted rape or sexual assault
* Inappropriate touch anywhere
* 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

4.6 Types of psychological or emotional abuse

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

4.7 Types of financial or material abuse

* Theft of money or possessions
* Fraud, scamming
* Preventing a person from accessing their own money, benefits, or assets
* Employees taking a loan from a person using the service
* Undue pressure, duress, threat, or undue influence put on the person in connection with loans, wills, property inheritance, or financial transactions
* Denying assistance to manage/monitor financial affairs
* Denying assistance to access benefits
* Misuse of benefits or direct payments in a family home
* False representation, using another person's bank account, cards, or documents

4.8 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

4.9 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](http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/protected-characteristics-definitions/))
* 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

4.10 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
* 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

4.11 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

## 5. Responsibilities of Staff and Volunteers

5.1 Paid staff and volunteers have a responsibility to be aware and alert to signs that all is not well with a vulnerable person. However, they are not responsible for diagnosing, investigating, or providing a therapeutic response to abuse. In addition, not all concerns relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what is known about the vulnerable person and her circumstances. No action should be taken without discussion with NMWN’s designated safeguarding lead (DSL).

Supervision is fundamental to good safeguarding practice [across a range of settings](https://www.scie.org.uk/publications/guides/guide50/files/guide50.pdf), and should therefore lead to better outcomes for people who need care and support. It is an integral part of NMWN’s culture, recognising that the culture is what establishes the tone, values and behaviours that are expected from every employee.

The focus of supervision should be on good outcomes for adults in need of care and support. Managers are responsible for the standard of safeguarding practice within their team. They should make sure that supervision is used as an opportunity to challenge practice constructively, and to identify any barriers to effective practice – not simply to check compliance with procedures. Sessions may be one-to-one or in groups.

While supervision sessions should be flexible enough to allow supervisees to raise the issues they are most immediately concerned about, it might be useful to have safeguarding as a constant agenda item at every session, so that managers can be assured that staff are handling any potential safeguarding situations appropriately.

Managers should encourage reflective, critical thinking about safeguarding practice with specific people and situations. They should take notes to record discussions, and make sure that any decisions made during supervision about an adult at risk are recorded accurately, signed and logged on the person’s case file.

As well as regular, scheduled sessions, managers should try to maintain an ‘open door’ environment, so that practitioners feel able to discuss any individuals or situations they are concerned about at any time. The aim should be for managers to build an emotionally ‘safe’, supportive relationship with the people they supervise, so that difficult decisions are fully discussed, and practitioners are able to seek advice.

## 6. Disclosure of Abuse

6.1 If a vulnerable person discloses that they are being abused or any service user discloses that they are involved in abuse of a vulnerable person, action should continue as in Section 8.

The procedure route will depend upon the urgency of the situation and whether it is merely a suspicion of abuse or an actual disclosure. Concerns for the safety and well-being of the vulnerable adult could arise in a variety of ways and in a range of different settings.

The person receiving information should not:

* panic,
* allow their shock or distaste to show,
* probe for more information than is offered,
* speculate or make assumptions,
* make negative comments about the alleged abuser,
* approach the alleged abuser,
* discuss the issue with anyone other than the (DSL) or a Trustee.

The role of the Committeewill ensure that:

* a member of the Trustees is responsible for championing safeguarding issues. This person liaises with the NMWN’s DSL and provides information to the Committee;
* there is a senior member of the NMWN team who is designated to take lead responsibility for dealing with safeguarding issues. This person must have undertaken appropriate training and attended refresher training every 3 years;
* NMWN operates safe recruitment practices, including appropriate use of references and checks on new staff;
* there are procedures for dealing with allegations of abuse against members of staff and regular visitors and these are in line with Local Authority procedures;
* all staff undertake appropriate training which is kept up to date by refresher training at three-yearly intervals; and temporary staff who work within NMWN are made aware of the safeguarding arrangements;
* any deficiencies or weaknesses that are brought to the attention of the Trustees are rectified.

**7. Suspicion of Abuse**

7.1 There may be circumstances when a volunteer or member of staff suspects that a vulnerable adult is being abused or neglected.

7.2 It is vital that any anyone who suspects a vulnerable adult is being neglected or abused discusses the situation immediately with her line manager or another member of the management team. Action should continue as in Section 8.

## 8. Action on Disclosure or Suspicion of Abuse

8.1 There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, managers, and other agencies, but:

* Never delay emergency action to protect a vulnerable adult
* Always record in writing concerns about a vulnerable adult’s welfare, whether or not further action is taken
* Always record in writing discussions about a vulnerable adult’s welfare.
* At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

Good record-keeping is central to effective safeguarding, even if 'safeguarding' is not the explicit theme. It is particularly important when you are assessing a person's capacity to make their own decisions. People benefit from records that promote good communication and high-quality care.

Failing to keep accurate records of decisions you have made and actions you have taken can put people at risk. It also puts the organisation you work for in a difficult position and risks its reputation.

The term 'records' covers various types of documents, including:

* case notes
* any statements that the person has made about their wishes
* support plans
* risk and other assessments (such as Mental Capacity Act 2005 assessments)
* incident reports
* safeguarding referrals and enquiries
* medication records and administration sheets
* referrals to other organisations and professionals
* handover documents
* staff supervision and training records
* complaints.

All records must be written clearly, and in a manner that can be easily understood by others. They must be accessible to everyone who needs to see them. Any records that contain personal information should be kept in secure storage that is only accessible to those who have authorisation to access these records. Case notes should always be written in a way that respects the person's dignity. Records that are no longer needed should be disposed of confidentially, in line with NMWN’s policy on this matter.

You should record decisions and actions that you decided not to take, as well as ones that you did, and explain your rationale in each case. You should also make very clear what is factual information and what is your own opinion or the opinion of other people.

Records should be kept of routine staff supervision, with written evidence that actions are followed up. Record-keeping practice should be reviewed regularly, with input from frontline staff.

How complaints are handled is an important aspect of an NMWN’s record-keeping, and your records should show that complaints are used to improve quality and practice. All complaints should be taken seriously, recorded fully and followed up. Where complaints highlight problems with a service, changes should be made, and outcomes monitored.

8.3 A staff member or volunteer informed of abuse should remind the service user that the NMWN cannot guarantee confidentiality where a vulnerable person is at risk of abuse or further abuse.

8.4 Volunteers should consult with the DSL before taking any action.

8.5 Additionally, all action taken following a disclosure of abuse should be discussed in advance with a member of the management team.

8.6 It is important for staff and volunteers to make written records of any incidents or concerns that they have as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also important to make a record of conversations with the vulnerable person

using the same language, the vulnerable person used especially names used for body parts or sexual acts.

8.7 Full written records must be maintained of all disclosures and actions following disclosure.

## 9. Action on Suspicion of Abuse

9.1 There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, managers, and other agencies, but:

* Never delay emergency action to protect a vulnerable adult
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* Always record in writing discussions about a vulnerable adult’s welfare.
* At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

9.2 Volunteers should consult with the DSL before taking any action.

9.3 Additionally, all action taken following suspicion of abuse should be discussed in advance with a member of the management team.

9.4 In all cases of suspected abuse the manager and staff member should discuss whether issues relevant to different cultures and lifestyles have any bearing on the matter.

9.5 NMWN welcomes the fact that people and lifestyles are diverse and does not make judgements about the acceptability or otherwise of lifestyles. However, it is important that this philosophy does not stand in the way of the organisation's responsibility to protect vulnerable people from harm.

9.6 Any staff member may report a suspicion of abuse to social services irrespective of the opinion of other staff.

9.7 Full written records must be maintained of all disclosures and actions following disclosure as defined in Section 8. 3 to 8.7 above.

## 10 Making a Referral

10.1 Social services departments have been designated as the lead agencies with responsibility for co-ordinating a response to allegations or concerns of abuse.

10.2 NMWN managers have the responsibility of informing the relevant social services department of concerns over the abuse or neglect of vulnerable adults. Detailed referral arrangements may differ between localities and, therefore, managers should ensure that they have up-to-date referral information for their locality.

10.3 Managers should work within the following timescales for reporting allegations or suspicions of abuse:

* Immediate if the vulnerable person is at risk of serious physical harm, or a serious criminal act has taken place, and evidence will need to be kept safe. **Remember, if it's an emergency, dial 999**
* Within 24 Hours if it relates to a specific incident which is, or may be still going on, or may happen again
* Within 7 Days if it is a more general concern, which does not indicate

immediate harm.

## 11 Support to Staff and Volunteers

11.1 We will support staff and volunteers in these circumstances. If social services need further involvement from staff or volunteers following a report of abuse, the designated safeguarding lead will discuss with the social services department the nature of their needs and how they might be met.

**12 Allegation of Abuse Made Against a Staff Member or Volunteer**

12.1 Staff and volunteers may be subject to abuse allegations. We will offer support in these circumstances, but social services will be assisted in their investigation and the disciplinary procedure may be implemented.

12.2 It is important to maintain an open culture where, employees, volunteers, elected members, or partnerships feel able to express concern about issues of dealing with vulnerable adults.

12.3 Any person working on behalf of NMWN who suspects that a colleague may be abusing a vulnerable adult must act on their suspicions. Action should also be taken if it is felt that colleagues are not following the codes of conduct. This action will serve not only to protect the vulnerable person but also colleagues from false accusations:

Employees are often the first to realise that there may be something seriously wrong within their own working environment. However, they may not express their concerns because they feel that speaking up would be disloyal to their colleagues or NMWN and that there is a possibility that their concerns are unfounded. They may also fear harassment or victimisation. In these circumstances it may be easier to ignore the concern rather than report what may be a suspicion of malpractice.

NMWN acknowledges that this is an extremely sensitive issue and assures all employees and persons working on its behalf that it will fully support and protect anyone, who in good faith reports a concern or an allegation that a colleague is, or may be, abusing a vulnerable adult.

*Types of investigation*

Where there is a complaint of abuse against a member of staff, there may be three types of investigation:

* criminal
* vulnerable adult safeguarding
* disciplinary (to be treated as gross misconduct)

Civil proceedings could also be instigated by the person/family of the person who alleged the abuse. The results of any Police and Adult Duty Service (Social Care) investigation may influence a disciplinary investigation by NMWN, but not necessarily.

12.4 *Poor practice*

If, following consideration by the DSL and appropriate external adult safeguarding agencies, the allegation is clearly about poor practice, the relevant manager may wish to invoke an investigation in accordance with NMWN’s Disciplinary and Dismissals Procedure.

12.5 *Suspected abuse*

Where it is suspected that abuse has taken place:

* Any suspicion that a member of staff has abused a vulnerable adult should be reported to the DSL immediately. The manager informed should inform the DSL.
* The DSL will take such steps as they feel appropriate to ensure the safety of the vulnerable adult in question and any other vulnerable person who may be at risk.
* The DSL will report the incident to the relevant Trustee where consideration will be given to the next steps. These steps may include suspension on full pay, whilst the matter is investigated further.
* The DSL will follow advice from the Local Authority Safeguarding Team and, in line with statutory requirement; no investigation will take place until such a time as the Local Authority requests it. This ensures that any criminal investigation is not compromised
* The DSL will initiate an investigation in line with NMWN’s Disciplinary and Dismissal Procedure and seek guidance from a Human Resources specialist who will oversee the internal investigation.
* If the DSL is the subject of the suspicion/allegation, the report must be made directly to a Trustee who will assume their role in the above procedure.

**13. Confidentiality:**

13.1 Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need-to-know basis only. This is required to:

* Protect the vulnerable person;
* Facilitate enquiries;
* Avoid victimisation;
* Safeguard the rights of the person about whom the allegation has been made and others who might be affected;
* Manage disciplinary/complaints aspects.

13.2 It is expected that those involved on a need-to-know basis would include the following:

* Members of the team overseeing any investigation;
* The next of kin of the person alleged to have been abused;
* The person making the allegation;
* Nottingham City Local Area Designated Officer (LADO);
* Nottingham Duty Service (Social Care) and the Police;
* The alleged abuser.

13.3 Any information will be stored in a secure place with access limited to the investigation team and in line with the General Data Protection Regulations principles.

**14. Internal inquiries and suspension:**

14.1 Irrespective of the findings of the Nottingham Duty Service (Social Care) or of police inquiries, NMWN will assess all individual cases under its own disciplinary procedures to decide whether a member of staff can be reinstated and how this can be sensitively handled.

14.2 The NMWN will reach a decision based on the available information and decide on a balance of probability basis whether an allegation is true. The welfare of the vulnerable adult will always remain paramount.

**15. Notification to Social Services:**

15.1 A copy of the Incident Report form should be submitted to the Nottingham Duty Service (Social Care) without delay. This is the responsibility of the DSL.

15.2 Any further inquiries from the Nottingham Duty Service (Social Care) or any other interested third party should be passed immediately to the disciplinary investigation team to deal with. A written record should be kept of any such conversations.

**16. Support to the Subject of Allegations:**

16.1 Subject to the specific procedures the subject of the allegations should be:

* Advised at the outset to contact her Union representation if a member;
* Treated fairly and honestly and helped to understand the concerns expressed, processes involved and possible outcomes;
* Kept informed of the progress of the case and of the investigation;
* Clearly informed of the outcome of any investigation and the implications for disciplinary or related processes;
* Provided with appropriate support (via Occupational Health).

**17. Allegations of previous abuse:**

17.1 Allegations of abuse may be made some time after the event (e.g., by an adult who was abused whilst using the service by a member of staff who is still currently working at NMWN). Where such an allegation is made, the procedures as detailed above should be used and the matter reported to the police by the DSL. This is because other vulnerable adults may be at risk from this person.

17.2 Anyone who has a previous criminal conviction for offences related to abuse is automatically excluded from working with vulnerable adults.

**18. Misuse of the Procedure:**

18.1 Malicious complaints about an employee and /or serious and/or persistent abuse of these adult safeguarding procedures will not be tolerated and will be dealt with through the disciplinary process.

18.2 Employees may not discuss any allegation of abuse, whether substantiated or not, with:

• Anyone within NMWN, other than the manager who they consulted and the DSL;

• Any member of any external agency, other than as part of the formal reporting procedure as set out in this policy or as part of the investigative process; and

• Any other interested party, including relatives of the vulnerable adult without the express permission of the person with overall responsibility for the investigation.

18.3 This does not exclude the employee from the need or right to consult with a solicitor, trade union representative, or other *bona fide* legal adviser.

18.4 Any enquiries from the media concerning an allegation of abuse must be referred to the Trustees. Any direct question must be answered with the phrase “No comment.”

18.5 This procedure and guidance applies whenever it is alleged that a member of staff or volunteer has:

* Behaved in a way that has or may have harmed a vulnerable adult;
* Possibly committed a criminal offence against or related to a vulnerable adult;
* Behaved towards a vulnerable adult in a way which indicates they are unsuitable to work with vulnerable people.

**19. Use of the procedure:**

19.1 These procedures apply to situations when:

* There are suspicions or allegations of abuse by a person who in NMWN works with vulnerable adults in either a paid or unpaid capacity – as a permanent, temporary or agency staff member, contract worker, consultant, or volunteer;
* It is discovered that an individual known to have been involved previously in adult abuse, is or has been working with vulnerable adults.

19.2 Any employee, or other person reporting concerns under this Policy is assured that their concerns will be taken seriously and treated sensitively. Every effort will be made to respect the anonymity of the person making the report, although it is not possible to guarantee this, particularly if to do so would adversely affect the welfare of the vulnerable adult, or one or more legal authorities become involved.

19.3 NMWN will not tolerate harassment of any employee, or person who raises concerns of adult abuse. Such harassment will be dealt with under the NMWN Disciplinary and Dismissal Procedures, and the NMWN will robustly support any ensuing investigation by any recognised authority.

19.4 False allegations do occur. However, if a vulnerable adult indicates that they are being abused, or information is obtained which gives concern that a vulnerable adult is being abused; this should never be ignored. Any allegation of abuse must be reported to the DSL.

**20. Preventing Abuse by Staff and Volunteers**

20.1 It is important that any staff or volunteers who are likely to be working alone with vulnerable people are thoroughly vetted before being employed. This means as well as references being checked there will also be a requirement for offences to be declared and a Disclosure and Barring Service (DBS) check undertaken before staff or volunteers are employed.

20.2 It should be noted that having a criminal record does not prevent someone from being recruited as a staff member or volunteer in all circumstances. Trustees will use their discretion in such cases.

20.3 It may be very hard for staff to report a concern about a colleague to a line manager but, as with all the other difficulties people will come across, the safety and protection of a vulnerable person must be the priority in any decision that is made.

**21 Recruitment:**

21.1 All staff will be appointed in line with the NMWN’s Recruitment and Selection policies and procedures to ensure that all necessary checks are conducted on individuals expected to work with vulnerable adults.

Preselection checks include the following:

* Completion of an application form including a self-disclosure about criminal records.
* Consent to obtain information from the DBS to check for convictions for criminal offences against vulnerable adults in accordance with current legislation.
* Receipt of two references in accordance with NMWN recruitment and selection procedures.
* Substantiation of qualifications.
* Substantiation of identity.

21.2 An enhanced DBS check will be carried out for all persons being recruited to work directly with vulnerable adults. Periodic screening by the DBS will be undertaken on all staff that work with vulnerable adults as part of their normal duties.

**22. Training:**

22.1 In addition to the pre-selection checks, the adult protection and safeguarding process includes training after recruitment. NMWN is committed to ensuring that all employees and other staff that work directly or indirectly with vulnerable adults have a clear understanding of their roles and responsibilities and the requirement for reporting suspected poor practice or concerns of possible abuse.

22.2 Training needs and opportunities relating to safeguarding issues will be identified and addressed through the Performance Management Review procedures and in response to any changes in legislation. Training may include internal courses/workshops, externally accredited courses/seminars or workshops, or workshops organised by adult safeguarding protection agencies.

**23. Information Sharing and Partnerships:**

23.1 The NMWN is committed to working with partners in the Nottingham Safeguarding Board and other key Partnerships to ensure the continued safeguarding of vulnerable adults.

Signed:

Position: Marsha Brown Co Chair

Date 12th December 2022

Review Date: December 2023