THE MAZE GROUP CIC

Safeguarding Adults at Risk Policy

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1. Introduction

Safeguarding is everyone's responsibility, and everyone has a duty to recognise abuse and take action to protect adults at risk of abuse or neglect.

The MAZE Group CIC ("MAZE") is committed to:

- Ensuring that the welfare of adults is paramount at all times.
- Maximising people's choice, control and inclusion and protecting their human rights.
- Working in partnership with others in order to safeguard adults.
- Ensuring safe and effective working practices are in place.
- Supporting staff, trustees, contractors and volunteers within the organisation (together to be referenced as "staff").

This policy should be read alongside:

- Safeguarding Children and Young People Policy
- Prevent Policy
- Whistleblowing Policy
- Complaints Policy
- Data Protection Policy
- Disciplinary Policy

2. Purpose

Aims

This policy provides the framework that ensures a robust and safe system is in place to safeguard adults who may be at risk from harm and abuse.

This policy sets out the roles and responsibilities of MAZE in working together with other professionals and agencies in promoting the welfare of adults at risk and safeguarding them from abuse and neglect.

This policy is intended to support staff working within MAZE; it does not replace, but is supplementary to the Southend, Essex and Thurrock (SET) Safeguarding Adults Guidelines.

This policy applies to all MAZE staff.

Principles

In May 2011 the Department of Health issued a statement on Safeguarding Adults which sets out six safeguarding principles which should underpin all safeguarding work.

Principle 1 – Empowerment: presumption of person led decisions and consent.

Principle 2 – Protection: support and representation for those in greatest need.

Principle 3 – Prevention: prevention of neglect harm and abuse is a primary objective.

Principle 4 – Proportionality: proportionality and least intrusive response appropriate to the risk presented.

Principle 5 – Partnerships: local solutions through services working with their communities.

Principle 6 – Accountability and transparency in delivering safeguarding.

3. Equality, Diversity and Inclusion

MAZE is committed to ensuring that safeguarding practice is inclusive, anti-discriminatory and person-centred, in line with the Equality Act 2010.

Safeguarding responses will actively consider the diverse needs of individuals, including protected

characteristics, and aim to reduce inequalities and barriers to accessing support.

All individuals will be treated with dignity, respect and fairness.

4. MAZE Strategic Vision

MAZE is committed to delivering safe and effective safeguarding services and to strengthening arrangements for safeguarding adults at risk. Our vision is to provide services to promote and protect individual human rights, independence and wellbeing and ensure that the welfare of adults at risk from harm and abuse is paramount at all times.

MAZE ensures safeguarding, protection, and promoting wellbeing features in all its activities with children and their parents, adults at risk and their carers/families and staff.

MAZE is committed to preventing harm and abuse of adults. Where we suspect or identify that harm, crime, neglect or abuse is happening, we will respond quickly to protect the person and those around them.

We work closely with the NHS, Essex Police and Essex Social Care to ensure we have a joined up, robust approach to safeguarding adults who may be at risk of harm or abuse.

5. Legal Framework

This policy is underpinned by relevant legislation and statutory guidance including, but not limited to:

- Care Act 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Equality Act 2010
- Domestic Abuse Act 2021
- Modern Slavery Act 2015
- Serious Crime Act 2015
- Female Genital Mutilation Act 2003 (as amended)
- Counter-Terrorism and Security Act 2015 (Prevent Duty)
- Data Protection Act 2018 and UK GDPR
- Working Together to Safeguard Children (2023)
- MAZE works in line with local safeguarding arrangements including:
- Suffolk Safeguarding Partnership (SSP)
- Essex Safeguarding Adults Board (ESAB)
- Southend, Essex and Thurrock (SET) Safeguarding Adult Guidelines

6. Definitions

Abuse

Abuse and neglect can take many forms, and the circumstances of the individual case should always be considered. It may be an isolated incident, a series of incidents or a long term pattern of behaviour and could affect one person or more, whether in someone's home, in public or in an institutional setting. It may be deliberate or the result of negligence or ignorance. Anyone can carry out abuse or neglect.

Categories of Abuse

- **Physical abuse** – The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment including; assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.
- **Domestic abuse** – This includes: psychological, physical, sexual, financial, emotional abuse; so

called ‘honour’ violence including Female Genital Mutilation (FMG), and forced marriage. For further information on domestic abuse, FMG, forced marriage and honour based violence see www.essexsab.org.uk and Appendix.

- **Sexual abuse** – Direct or indirect involvement in sexual activity without consent. Could include: rape, indecent exposure, sexual harassment including rape, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – Acts or behaviour which impinge on the emotional health of, or which causes distress or anguish to, individuals. Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – Unauthorised, fraudulent obtaining and improper use of funds, property or any resources of an adult at risk from 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, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. See Appendix 4 for more information.
- **Discriminatory abuse** – Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. Examples including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – Institutional abuse occurs where the culture of the organisation (such as a care home) places emphasis on the running of the establishment and the needs of the staff above the needs and care of the person including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home from domiciliary services. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **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** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect may or may not be a safeguarding issue, however agencies must assess concerns raised under their statutory duties; having consideration for an individual’s right to choose their lifestyle, balanced with their mental health or capacity to understand the consequences of their actions. Once identified as a situation that cannot be managed through regular case management, high risk or self-neglect situations will be managed through the safeguarding process. Self- neglect is characterised as the behaviour of a person that threatens his/her own health or safety.

PREVENT

The Prevent Duty, established under the Counter-Terrorism and Security Act 2015, requires organisations to safeguard individuals from being drawn into terrorism.

MAZE implements this duty in line with current national guidance, including updates following the Independent Review of Prevent (2023).

Refer to The MAZE Group CIC's Prevent Policy.

5. Safeguarding Roles and Responsibilities.

- MAZE has a clear line of accountability for safeguarding reflected in its governance arrangements.
- MAZE provides training to staff in recognising and reporting safeguarding issues.
- MAZE ensures that there are effective arrangements in place for information sharing on safeguarding.

MAZE is committed to:

- Ensuring that the welfare of adults at risk from harm and abuse is paramount at all times
- Maximising people's choice, control and inclusion and protecting their human rights
- Working in partnership with others in order to safeguard adults at risk.
- Ensuring safe and effective working practices are in place.
- Supporting staff within the organisation.

MAZE ensures that there are clear lines of accountability and systems in place for safeguarding within the structure of the organisation which take into account the mechanisms and policies recommended by the Local Safeguarding Boards.

MAZE will follow the People in Positions of Trust (PiPoT) guidance where concerns arise about individuals who may pose a risk to adults at risk through their professional or personal roles.

MAZE will work in partnership with Safeguarding Adults Boards (SABs) and contribute to:

- Safeguarding Adult Reviews (SARs)
- Domestic Abuse Related Death Reviews (DARDRs)
- Learning Disability Mortality Reviews (LeDeR)
- Other statutory or multi-agency reviews where required

The Executive Director has responsibility for ensuring the provision of high quality, safe and effective services within MAZE. He/she has overall responsibility and is accountable for ensuring a safe and effective response to adults experiencing and exposed to abuse and neglect in line with statutory duties.

All MAZE Staff

All MAZE staff will:

- Follow the safeguarding policies and procedures at all times, particularly if concerns arise about the safety or welfare of an adult at risk.
- Complete safeguarding adults training and maintain their working knowledge.
- Discuss any concerns about the welfare of an adult at risk with their line manager and /or the Safeguarding Adult Lead.
- Work collaboratively with other agencies to safeguard and protect the welfare of people who use services.
- Remain alert at all times to the possibility of abuse.
- Recognise the impact that diversity, beliefs and values of people who use services can have.

All staff are also required to:

- Participate in safeguarding enquiries and investigations where required
- Attend safeguarding meetings, case conferences and reviews as appropriate

- Contribute to multi-agency safeguarding processes
- Engage with supervision and reflective practice

6. Governance and Accountability

The Board of Directors has overall accountability for safeguarding within MAZE and is responsible for ensuring that effective systems, policies and processes are in place.

The Board will:

- Receive regular safeguarding updates and assurance reports
- Ensure compliance with statutory safeguarding duties
- Provide strategic oversight of safeguarding risks

The Executive Director is the organisational safeguarding lead and is responsible for:

- Ensuring safeguarding is embedded across all services
- Reporting safeguarding concerns, risks and incidents to the Board
- Ensuring appropriate action is taken in response to safeguarding concerns

MAZE will:

- Produce an annual safeguarding report
- Maintain clear lines of accountability
- Ensure safeguarding is integrated into organisational governance and risk management systems

7. Monitoring, Quality Assurance and Audit

MAZE will ensure the effectiveness of safeguarding arrangements through:

- Regular safeguarding audits and quality assurance reviews
- Monitoring safeguarding activity, themes and outcomes
- Review of training compliance and supervision
- Reporting through governance structures, including Board oversight

Safeguarding performance will be reviewed against local and national safeguarding requirements, including ICB safeguarding reporting expectations where applicable.

Learning from audits, incidents and reviews will be embedded into practice, policy and training.

8. Procedural Requirements

Reporting Safeguarding Adult concerns

All safeguarding concerns must be reported without delay.

Immediate risk:
If an adult is in immediate danger or a crime has been committed, contact the police on 999.

Medical emergency:
Call 999 or seek urgent medical attention.

Essex:
Safeguarding concerns must be reported via the Essex online portal:
Report a concern about an adult – Essex County Council

The SET SAF form is only applicable for Southend and Thurrock local authorities.

Suffolk:
Safeguarding concerns must be reported via the Suffolk Safeguarding Partnership:
www.suffolksp.org.uk

Staff must also report concerns internally to the Safeguarding Lead unless they are implicated, in which case the Whistleblowing Policy must be followed.

If concerns are not acted upon appropriately, staff must escalate concerns in line with local Safeguarding Partnership Escalation Policies.

Escalation of Concerns

Where there is professional disagreement or concerns are not acted upon, staff must escalate concerns in line with Suffolk Safeguarding Partnership and Essex Safeguarding Adults Board escalation procedures.

Duty to make enquiries

- Under the Care Act 2014, MAZE has a duty to make enquiries or ensure that an appropriate enquiry is made, if it has reasonable cause to suspect that an adult:
  - has needs for care and support (whether or not those needs are being met)
  - is experiencing, or at risk of, abuse or neglect, and
  - as a result of those needs, is unable to protect themselves from the abuse or neglect or the risk of it.
- An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so by whom. The scope of the enquiry, who leads it and its nature, will depend on the circumstances.

Choices and Risk

Where a member of staff has reason to believe that a service user's or carer's lifestyle choices are placing them at significant risk of abuse or neglect, the concern must be reported by using the SET SAF form and considered at a professionally constituted multi-agency meeting.

Decisions about risk at this level must not be made in isolation by individual staff. Risk management in such cases should involve appropriate safeguarding professionals and consider both the individual's right to autonomy and the duty to protect them from harm.

Capacity and Consent

The Mental Capacity Act 2005 (MCA) underpins all safeguarding practice. Staff must apply the five statutory principles of the MCA:

1. Presume capacity
2. Support individuals to make decisions
3. Recognise the right to make unwise decisions
4. Act in best interests
5. Choose the least restrictive option

Where an adult lacks capacity, decisions must be made in their best interests and appropriately recorded.

Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards (LPS)

Where a person is deprived of their liberty, this must be lawfully authorised. The "acid test" applies where a person is under continuous supervision and control and not free to leave.

Staff must escalate concerns regarding potential unlawful deprivation of liberty to the Safeguarding Lead.

Information Sharing

Where there are safeguarding concerns, staff have a duty to share relevant and proportionate information.

Information sharing must comply with the UK GDPR and the Data Protection Act 2018.

Confidentiality must be respected; however, it must never prevent sharing information where there is a safeguarding concern. The safety and wellbeing of the adult is the overriding priority.

Information may be shared without consent where:

- there is risk of serious harm
- others may be at risk
- a safeguarding enquiry is required
- it is in the public interest

Effective safeguarding requires strong multi-agency collaboration. MAZE will work in partnership with statutory and non-statutory agencies to ensure coordinated safeguarding responses.

Learning from Reviews, Serious Incidents and Safeguarding Practice

MAZE is committed to continuous learning and improvement in safeguarding practice.

This includes:

- Participation in and learning from:
    - Safeguarding Adult Reviews (SARs)
    - Domestic Homicide Reviews (DHRs)
    - Child Safeguarding Practice Reviews
    - Child Death Reviews where relevant
    - Prevent-related reviews, including outcomes from the Shawcross Review
- Ensuring that learning from reviews is:
    - Shared with staff
    - Embedded into policy, training and practice
- Serious incidents and organisational learning:
    - Any safeguarding incident meeting the threshold of a serious incident will be reported in line with regulatory requirements
    - Where errors or failings occur, these will be reported to appropriate governing bodies and safeguarding partnerships
    - Internal reviews will be undertaken to identify learning and improve practice

9. MAZE Staff

Training and Supervision

Safeguarding Adults training is mandatory for all staff.

Training will be delivered in line with:
Safeguarding Adults: Roles and Competencies for Healthcare Staff

Training levels will be appropriate to role, with regular refresher training and updates.

Compliance will be monitored through supervision, appraisal and organisational reporting.

Staff will also receive safeguarding supervision appropriate to their role to support reflective practice and decision-making.

Safer Recruitment

MAZE implements safer recruitment procedures in line with current best practice guidance, including advice from the Disclosure and Barring Service (DBS), the Department for Education, and relevant sector regulators, to ensure the protection of children and adults at risk.

MAZE ensures that, where disciplinary action is taken against an employee for conduct that may pose a risk to children or adults at risk, appropriate referrals are made to relevant professional bodies and the Disclosure and Barring Service (DBS) in accordance with the Safeguarding Vulnerable Groups Act 2006. This includes situations where an employee is dismissed or removed from regulated activity because they have caused harm or pose a risk of harm.

The DBS operates a national vetting and barring scheme for individuals working with children and adults at risk. It conducts background checks and maintains the barred lists for both groups. Individuals on these lists are prohibited from engaging in regulated activity, and it is a criminal offence for them to do so.

Allegation of abuse against a staff member

This section applies where a staff member may have:

- behaved in a way that has harmed, or may have harmed, an adult at risk;
- possibly committed a criminal offence against, or related to, an adult at risk; or
- behaved in a way that indicates they may be unsuitable to work with adults at risk, in either their professional or personal life.

Any staff member who becomes aware of an allegation or concern about the conduct of a MAZE employee, contractor or volunteer must report it immediately to the Safeguarding Lead

The Safeguarding Lead will consider the nature of the concern and consult with the Board.

Consideration must be given to the organisation's Disciplinary Policy, including possible suspension, and to whether a referral to the Disclosure and Barring Service (DBS) is required. A DBS referral is mandatory where an individual is removed from regulated activity due to harm or risk of harm to an adult at risk. Abuse is a serious matter and may lead to criminal prosecution.

If concerns about a MAZE staff member are raised by external agencies (such as Adult Social Care or the Police), MAZE must assess whether there are safeguarding implications for any other children or adults at risk the individual may work with. All such concerns will be reviewed in line with MAZE's safeguarding and disciplinary policies.

10. Policy Review

This policy will be reviewed annually or in response to:

- Changes in legislation, including Prevent updates following national reviews such as the Shawcross Review
- Learning from safeguarding incidents, audits or reviews
- Changes in local safeguarding arrangements

Appendix 1

Domestic Abuse, Honour-Based Abuse and Harmful Practices

This section outlines key forms of abuse that may present within safeguarding adults contexts, including domestic abuse, honour-based abuse and harmful practices.

A safeguarding referral flowchart and additional practical guidance can be accessed via the Suffolk Safeguarding Partnership and Essex Safeguarding Adults Board websites.

Domestic Abuse

The statutory definition of domestic abuse, as introduced under Section 1 of the Domestic Abuse Act 2021, is:

> *"Any incident or patter of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, between those aged 16 or over who are, or have been, intimate partners or family members. The abuse can be psychological, physical, sexual, financial, or emotional."*

Domestic abuse is fundamentally about power and control, and it can take many forms. It includes abuse between current or former partners, as well as between family members, regardless of gender or sexuality.

Whilst domestic abuse is often associated with intimate relationships, it is important to recognise that it can also occur between other family members. Much safeguarding work that takes place in the home may, in fact, involve domestic abuse. In such cases, safeguarding procedures and legal frameworks relating to domestic abuse should be applied appropriately.

Examples of domestic abuse include, but are not limited to:

- Constant criticism and belittling comment
- Verbal abuse and threats (including threats to harm children)
- Isolation and restriction of contact with family or friends
- Restriction entry to or exit from home
- Intimidation and harassment
- Controlling and coercive behaviour
- Denial of privacy
- Financial abuse, such as controlling money or withholding food
- Destruction of personal belongings or valued possessions

Any staff member with concerns about domestic abuse should follow the SET Safeguarding Adults and Child Protection Guidelines.

Further resources and information are available at www.setdab.org.

Domestic abuse should always be considered within safeguarding assessments, particularly where there are risks to adults at risk, children, or others within the household.

Controlling or Coercive Behaviour

The Serious Crime Act 2015 (Section 76) created a criminal offence of controlling or coercive behaviour in intimate or familial relationships. This offence applies where a perpetrator repeatedly or continuously engages in behaviour that causes a victim to fear serious harm or experience serious distress.

The offence applies to those in ongoing person relationships – including intimate partners, former partners living together, or close family members. It recognises the cumulative impact of coercion, the violation of trust, and the serious harm caused by ongoing patterns of abuse.

The offence carries a maximum sentence of five years' imprisonment, a fine, or both.

Honour Based Abuse

Honour Based Abuse (HBA) refers to a collection of abusive behaviours (including criminal acts) carried out to protect or defend the perceived honour of a family or community. It is often directed at women and girls but can also affect men and boys. Victims may be punished for perceived transgressions such as refusing a forced marriage, seeking divorce, or adopting a different lifestyle.

Behaviours that may constitute HBS include:

- Physical abuse
- Emotional and psychological abuse
- Financial abuse
- Sexual abuse
- Forced marriage
- Female genital mutilation (FGM)

Unlike many other forms of abuse, HBA is often carried out with the collusion or approval of multiple family or community members, both in the UK and abroad. Victims frequently have multiple perpetrators, and the abuse may be seen by some within the community as justified by cultural or religious beliefs.

Honour-based abuse can sometimes act as a precursor to forced marriage, and may occur in communities across the world, including but not limited to parts of Asia, the Middle East, Africa, and among some Roma, Gypsy, and Traveller populations. However, it is essential to emphasise that HBA is not confined to any one culture, ethnicity, or religion, and that cultural sensitivity must never override a commitment to safeguarding.

If you suspect someone is experiencing honour based abuse, you must report your concerns immediately to the police or the Designated Safeguarding Lead. **DO NOT** inform or consult the victim's family or community, as this could place them at further risk.

Support and advice

Karma Nirvana
www.karmanirvana.org.uk
Helpline: 0800 5999 247
Email: info@karmanirvana.org.uk

For more guidance visit: www.essexsab.org

Forced Marriage

Forced marriage is a violation of human rights. According to Article 16(2) of the Universal Declaration of Human Rights:

> *"Marriage shall be entered into only with the free and full consent of the intending spouses"*

In a forced marriage, one or both individuals do not or cannot give consent, and pressure, coercion, threats, or abuse are used. These marriages can happen in the UK or abroad.

Forced marriage is a criminal offence under the Anti-social Behaviour, Crime and Policing Act 2014. Victims may also be at risk or domestic abuse, honour-based abuse, and trafficking.

Support is available from the Forced Marriage Unit (FMU), which provides advice, protection, and safe accommodation.

Website: www.gov.uk/forced-marriage
Telephone: 0207 008 0151
Email: fmu@fco.gov.uk

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) refers to all procedures involving the partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons. It is typically carried out on girls between the ages of 4 and 13, but can occur at any age, including infancy or shortly before marriage or pregnancy.

The practice has no health benefits and can lead to severe physical and psychological harm. FGM is recognised internationally as a violation of human rights and is illegal in the UK under the Female Genital Mutilation Act 2003, which replaced the Prohibition of Female Circumcision Act 1985. It is also a criminal offence to take a girl abroad for the purpose of FGM.

There are 4 types of FGM, as classified by the World Health Organisation (WHO):

- **Type I – Clitoridectomy**: partial or total remove of the clitoris and/or the prepuce (the fold of skin surrounding the clitoris).
- **Type II – Excision**: partial or total removal of the clitoris and the labia minora, with or without removal of the labia majora.
- **Type III – Infibulation**: narrowing of the vaginal opening through the creation of a covering seal, formed by cutting and repositioning the labia, with or without removal of the clitoris.
- **Type IV – Other harmful procedures**: includes pricking, piercing, incising, scraping, cauterisation, or stretching of the clitoris or labia for non-medical reasons.

Agencies must work together to improve understanding of the harms caused by FGM and to strengthen preventative measures. Engaging and educating families and communities is vital to protecting girls and young women from this form of abuse.

Under the Serious Crime Act 2015, regulated professionals in healthcare, social care, and education have a legal duty to report to the police where they discover that a girl under the age of 18 has had FGM (either through disclosure or observed signs during care). Failure to report is a disciplinary matter.

Professionals must also assess the risk to other girls in the household or wider family, as FGM often occurs across generations.

The FGM Enhanced Dataset (SCCI2026) requires NHS Trusts, GPs, and clinicians to collect and report data about patients affected by FGM. Reporting became mandatory for acute trusts from 1 July 2015, and for GPs and mental health trusts from 1 October 2015. The dataset includes demographic information, type of FGM, and treatment details.

https://digital.nhs.uk/fgm

FGM Helpline – 0800 028 3550

Appendix 2

SAFEGUARDING CONCERN / INCIDENT REPORTING FORM

This form must be completed as soon as possible following any safeguarding concern, disclosure, allegation, incident, or observation involving an adult at risk and submitted to the Designated Safeguarding Lead (Sue Anderton – sue.anderton@themazegroup.co.uk) or in their absence the Deputy Designated Safeguarding Lead (Amanda Rowe – amanda.rowe@themazegroup.co.uk).

SECTION 1 – BASIC DETAILS

Date of Report:

Time of Report:

Name of Person Completing Report:

Role/Position:

Contact Number:

Email Address:

SECTION 2 – ADULT AT RISK DETAILS

Full Name:

Preferred Name:

Date of Birth / Age:

Gender:

Ethnicity:

Home Address:

Next of Kin / Carer / Representative (if applicable):

Contact Details:

Does the adult have care and support needs, communication needs, disabilities, or other relevant needs?

☐ Yes
☐ No

If yes, provide details:

Is the adult currently receiving support from:

☐ Adult Social Care
☐ Health Services
☐ Mental Health Services
☐ Supported Living / Residential Care
☐ Other support service
☐ Unknown

Details (if known):

SECTION 3 – DETAILS OF THE CONCERN

Date incident/concern occurred:

Time incident/concern occurred:

Location of incident/concern:

Nature of Concern
(Tick all that apply)

Abuse Categories

☐ Physical Abuse
☐ Psychological / Emotional Abuse
☐ Sexual Abuse
☐ Neglect / Acts of Omission

Additional Safeguarding Concerns

☐ Domestic Abuse
☐ Financial / Material Abuse
☐ Organisational Abuse
☐ Discriminatory Abuse
☐ Self-Neglect
☐ Modern Slavery / Trafficking
☐ Online / Cyber Abuse
☐ Hate Crime / Harassment
☐ Honour-Based Abuse
☐ Forced Marriage
☐ Female Genital Mutilation (FGM)
☐ PREVENT / Radicalisation
☐ Exploitation / Cuckooing
☐ Mental Health Concern
☐ Self-Harm / Suicide Risk
☐ Unsafe Home / Care Environment
☐ Other (please specify)

SECTION 4 – DETAILS OF INCIDENT / DISCLOSURE / OBSERVATION

Provide a factual account of what happened or what was observed.

Include:

- What was seen/heard
- Exact words used by the adult where possible
- Injuries/behaviours/presentation
- Who was present
- Dates/times if known

(Do not include opinion or assumptions.)

SECTION 5 – IMMEDIATE RISK

Is the adult currently at immediate risk of harm?

☐ Yes
☐ No
☐ Unsure

If YES, explain:

Was emergency action taken?

☐ Ambulance called
☐ Police contacted
☐ Adult Social Care / Safeguarding Team contacted
☐ Designated Safeguarding Lead / Deputy informed
☐ Other

Details:

Date/Time emergency action taken:

SECTION 6 – DISCLOSURE INFORMATION

Did the adult make a direct disclosure?

☐ Yes
☐ No

If yes:

- Record the adult's words exactly where possible.
- Do not ask leading questions.

SECTION 7 – INFORMATION SHARING / CONSENT

Was consent sought to share information?

☐ Yes
☐ No
☐ Not appropriate due to safeguarding risk

If consent was not sought, explain why:

(e.g. immediate risk, serious crime, risk to others, coercion/undue influence, public interest, or other

lawful safeguarding reason.)

Are there concerns about the adult's mental capacity to understand the safeguarding process and relevant decisions?

☐ Yes
☐ No
☐ Unsure

If there are concerns, record the specific decision, any capacity assessment known, and whether advocacy / best-interests processes are required:

SECTION 8 – ACTIONS TAKEN

Who was informed?

Name	Role/Agency	Date/Time Contacted

Referral Made To:

☐ Adult Social Care / Local Authority Safeguarding Team
☐ Police
☐ Health / NHS Service
☐ PREVENT Team
☐ Advocacy Service
☐ Other

Details/reference numbers:

SECTION 9 – SAFEGUARDING LEAD REVIEW

Name of Designated Safeguarding Lead / Deputy Designated Safeguarding Lead:

Date Reviewed:

Outcome / Decision:

☐ Monitor / Review
☐ Refer to Adult Social Care / Safeguarding Team
☐ Refer to Police
☐ Refer to Health / NHS Service
☐ Safeguarding Enquiry / Multi-Agency Discussion Required
☐ No Further Action
☐ Other

Details:

SECTION 10 – FOLLOW-UP ACTIONS

Required Actions:

Person Responsible:

Review Date:

SECTION 11 – CONFIDENTIALITY

This form contains confidential safeguarding information and must be stored securely in accordance with:

- UK GDPR
- Data Protection Act 2018
- The MAZE Group CIC Safeguarding Policies

Information must only be shared on a need-to-know basis in line with safeguarding procedures.

KEY SAFEGUARDING CONTACTS

MAZE Designated Safeguarding Lead (DSL)

MAZE Designated Safeguarding Lead (DSL)
Sue Anderton – Executive Director
sue.anderton@themazegroup.co.uk

Deputy Designated Safeguarding Lead (DDSL)
Amanda Rowe – Head of Programmes
amanda.rowe@themazegroup.co.uk

Essex County Council – report a concern about an adult
Report a concern about an adult | Essex County Council

Suffolk Safeguarding Partnership – Adult Safeguarding
www.suffolksp.org.uk

Essex Safeguarding Adults Procedures / Referral Pathway
Safeguarding Adults Decision Support Framework | Essex SAB

This form has been developed in accordance with:

- Care Act 2014 and Care and Support Statutory Guidance
- Mental Capacity Act 2005 (where relevant)
- The MAZE Group CIC Safeguarding Adults / Adults at Risk Policy