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Adult Safeguarding Procedures (2016)
Amended May 2017
Adult Social Care Team



**St Helena
Government**

Safeguarding Adults Procedures

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How these procedures have been drawn up?

I have been employed by St Helena Government (SHG) since September 2015 having also worked as a Social Worker for 3 months the year previous. As well as utilising my own knowledge as well of those of my colleagues both in St Helena and the UK, I have gathered the data for this document by observation and focus groups with local staff. These procedures have been drawn up in partnership with St Helenian (I refer to as Saints) people, it is my view that Saints are passionate about supporting the most vulnerable members of their community to be both safe and active. It is intended that these procedures are both user friendly and effective in helping to keep vulnerable adults safe on St Helena.

St Helena is a relatively small but visually stunning volcanic island situated in the South Atlantic Ocean just under half way between Namibia, Africa and Salvador, Brazil with a population of around 4,500 people. St Helena has a rich cultural background that has been influenced by many different worlds. The St Helena, Ascension and Tristan da Cunha Constitution Order 2009 (Part 2, s5) clearly makes provision to protect the **Fundamental rights and freedoms of the individual**. This includes that every individual should have right to be treated fairly, have privacy, freedom, to be treated with dignity and respect, be able to express their views and believe in whichever religion they wish.

Purpose of these procedures

The purpose of these procedures is to clarify what role people and professionals have in **safeguarding** adults and although the emphasis is on adults we should always “**Think Family**” and consider if anyone else is at risk from abuse.

It is important to note that “**Safeguarding**” is everybody’s responsibility and that the overarching principles of these procedures are:

- The safety and protection of vulnerable adults is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect.
- Everyone has the right to live his or her life free from violence, fear and abuse.
- Everyone has the right to be protected from harm and exploitation.
- Everyone has the right to independence, which carries with it a degree of risk.
- Ensuring that Safeguarding Adults procedures are widely available and easily understood, especially by those people they are designed to help.
- Promoting best practice to minimise abuse across all our organisations.

- Promoting effective partnership working between partner agencies.
- Ensuring that there is a consistent and effective response to any concerns, allegations or disclosure of abuse.
- Supporting staff in reporting and investigating allegations of adult abuse.
- Ensuring that any risk of harm to children that is identified through the Safeguarding Adults procedures is referred to the relevant agency.

2 WHAT IS ABUSE?

It should be recognised that the term “**abuse**” can be subject to wide interpretation and that, when determining whether abuse is taking place, consideration will need to be given to a range of factors.

The following statement provides a basis on which to proceed:

“Abuse is a violation of an individual’s human rights by any other person or persons”

Abuse of a vulnerable adult may consist of a single act or repeated acts over time. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be physical, psychological, or an act of neglect also self-neglect, or occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of the individual.

2.1 Who is included under the heading ‘vulnerable adult’?

On St Helena we would consider a vulnerable adult when;

“an individual who, because of physical, emotional or Mental health reasons, is less able to protect her/himself from harm than adults who are not so affected”.

An “adult” refers to a person aged 18 years and over.

People with learning disabilities, mental health problems, older people and people with disability or impairment will be included within this definition, particularly when their situation is complicated by additional factors, such as physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

It has been decided to use the terminology of **vulnerable adult** as being regarded in St Helena as an eligible adult in relation to adult safeguarding procedures.

St Helena Government defines vulnerable adults as those who:

- (a) *are unable to safeguard their own well-being, property, rights or other interests,*
- (b) *are at risk of harm, and*
- (c) *because they are affected by disability, mental disorder, illness or physical or mental condition, are more vulnerable to being harmed than adults who are not so affected.*

An adult is at risk of harm if:

- (a) *another person's conduct is causing (or is likely to cause) the adult to be harmed, or*
- (b) *the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.*

CATEGORIES OF ABUSE

St Helena Government has defined the following main types of abuse and these definitions are endorsed for use on St Helena:

- **Physical abuse** – including hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions or domestic abuse.
- **Sexual abuse** – including rape and sexual assault or sexual acts to which the adult has not consented, or could not consent or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material abuse** – including theft, fraud, exploitation, pressure in connection with wills property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect and acts of omission** – ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Discriminatory abuse** - Discriminatory abuse is where people are inappropriately treated because of their race, disability, gender, age or sexual orientation. Signs include being withdrawn and fearful as a result of verbal or physical harassment, or from being shunned or denied cultural needs.

- **Institutional Abuse** – adults within a communal setting such as residential, nursing home, day services and hospitals. Institutional abuse can be difficult to identify and may include: Not responding to individuals, and their needs in relation to their race, culture, sexuality etc. or systems, routines and practice based on the needs of the organisation and staff and not to the needs of the individual.

Apart from the main categories of abuse there are other areas of concern that are now being reported more often, and although this procedure may not deal with them directly we should always respond and take the details of any vulnerable adult who appears to be at risk from harm.

Domestic Abuse

Domestic violence can happen in any relationship and for any reason regardless of age, race, gender, sexuality, disability, wealth, geography and lifestyle. Domestic violence is more common than people realise, it is rarely a one off event and is usually a pattern of abuse which apart from physical attacks may include financial abuse, destructive criticism, isolation and harassment. Abuse generally becomes more severe over time. Breaking the chain of domestic violence is a job for everyone and we all have a vital role in supporting victims and helping the Police and other agencies to reduce violent and controlling behaviour.

Bullying / Harassment

St Helena's definition of abuse covers discrimination, including racist or sexist behaviour or harassment and bullying based on a person's age, culture, disability, ethnicity, gender, race and sexual orientation. A focus on "individual or family vulnerability, regardless of eligibility or presenting need for specific care services" can be more likely to trigger a safeguarding response. These procedures expect effective responses to individuals or families subject to significant community pressures.

Think Family

In recent years there has been a shift in policy which is now placing greater emphasis on the local implementation of the "think family" approach. This calls for adult and children's services to work closely together and take a whole family approach to ensure better outcomes for children and adults from families with complex needs. This approach is essential on St Helena where family relationships are often closely inter-twined.

Self-neglect

Self-neglect is characterised by an inability to meet one's own basic needs and is an increasingly common problem. It is important to differentiate self-neglect as intentional or non-intentional.

The complexity and multidimensional nature of self-neglect means it is difficult to detect and diagnose.

Accurate, comprehensive assessments, including mental capacity and risk assessment and a multidisciplinary approach are critical in managing these cases.

An adult will be considered under this procedure where they are unable to provide adequate care for themselves and one or more of the following situations apply:

- They are unable to obtain necessary care to meet their needs.
- They are unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury.
- They are unable to protect themselves adequately against potential exploitation or abuse. □ They have refused essential services without which their health and safety needs cannot be met.

Often, the cases which give rise to the most concern are those where an adult refuses help and services and is seen to be at grave risk as a result. If an agency is satisfied that the adult has the capacity to make an informed decision, *then that person has the right to refuse services.*

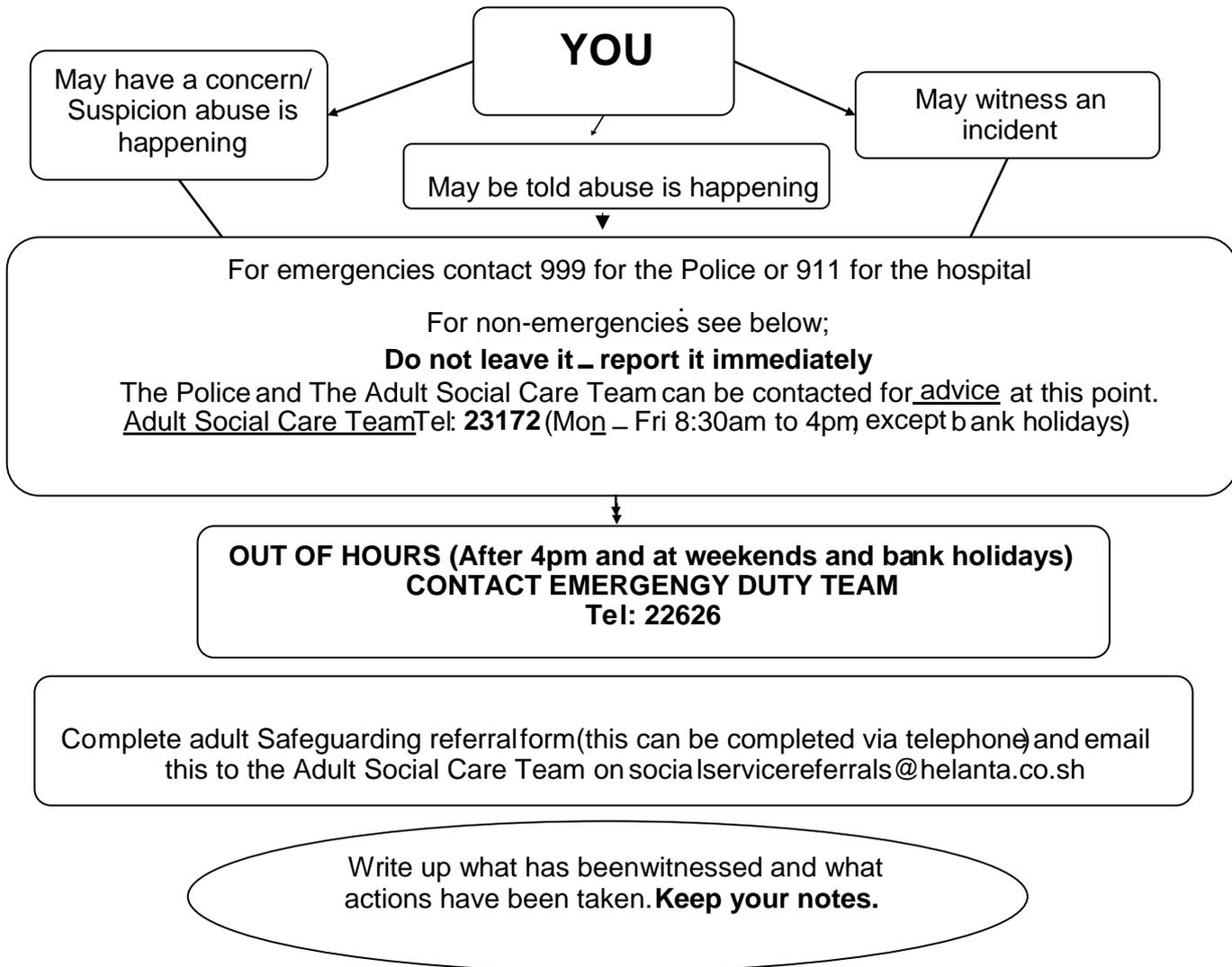
In these circumstances, agencies must discuss their concerns at a review meeting convened under this procedure where information can be shared with the adult. Exclusion of the adult from this process is to be the exception, and then only with good reason.

Where the adult continues to refuse all assistance, this decision, together with any reasons, should be fully recorded and maintained on the person's social services file, with a full record of the efforts and actions taken by the agencies to assist the adult.

Safeguarding Adults Boards (SAB)

The Safeguarding Adults Board is being developed on island and is primarily involved in providing some strategic support and oversight in relation to the support SHG provide to its vulnerable clients.

1. Alerting Stage



When to make an alert

An alert should always be made if you have been told of or witnessed abuse, or if you have a concern or suspicion about a potential abusive situation.

The person who reports alleged abuse is known as the **alerter**.

These will include staff across all agencies and service providers who come into contact with vulnerable adults.

An alerter could also be someone in the community e.g. family, friend, neighbour, member of the public in these instances contact Adult Social Care Team on **23172**, the hospital on **22500 or 911 (in an emergency)** or the Police direct on **22626 or 999 (In an emergency)**.

Your Responsibility as an Alerter

Anyone who suspects or knows that abuse has taken place (or is still occurring) has a duty of care to report immediately to their own line manager or if not appropriate, a manager higher up in the organisation should be contacted. If a manager is not available the alert should be made directly to the Adult Social Care Team or the Police *as soon as possible*.

All allegations of abuse must be taken seriously

- An alerter is not expected to prove abuse has happened.
- The alerter is being asked to report and record concerns as soon as possible.

What a Worker Should Do

When receiving a disclosure

Listen – Explain – Alert – Record

Confidentiality

Always remind the person about the limits of confidentiality as soon as possible and explain what you are going to do next.

It should always be explained what confidentiality means and in what circumstances it may have to be broken. An adult should understand that:

- Under UK law, any information given to staff belongs to the organisation not to the individual worker
- If a worker suspects that an adult is being harmed in some way they have a duty to report this to their line manager.

Adult Safeguarding Procedures (2016)

Amended May 2017

Adult Social Care Team

Clear explanations should be given to the alleged victim about:

- What the worker is going to do with the information they have been given or with the knowledge they have gained through witnessing an incident. The fact that a worker has a particular concern about the person's situation and, well-being.
- What will happen next
- When the next contact will be (either by telephone or visit)
- Written records which are kept.

Recording at Alert Stage

It is absolutely vital that all workers record what has been said and done after receiving an alert.

- Make notes if you need to do so when talking to an adult that captures the who, what, when and how
- Never throw the notes away; these are contemporaneous notes and can be used as evidence

It is essential to gain enough quality information at the alert stage to talk to the line manager but not to go into investigation or problem-solving mode.

Basic information needed

- Who the alleged victim is
- Who the alleged perpetrator is
- What has happened
- When abuse has happened
- Where abuse has happened
- How often is it happening
- Who witnessed it

Information needs to be recorded as it was told to the alerter and not summarised

Preserving evidence

The worker must think about safety in the first instance. In some circumstances it will be necessary to Dial 999 (Police) / 911 (hospital) immediately, for example, when:

- an adult is seriously injured
- a serious criminal act has taken place and when evidence needs to be preserved.

What Alerters Can and Cannot Do

You can:-

- Obtain consent wherever possible before making alert
- Consider your own safety
- Gather information
- Immediately take copies of any relevant documents
- Explain about confidentiality and information sharing
- Explain what you will do next and that you will be reporting to your manager
- Report to your line manager.
- Professionals: Must not leave a vulnerable adult in a position of further risk or harm. There is an expectation that professionals will challenge poor practice

You cannot:-

- Start the investigation yourself
- Contact the alleged perpetrator
- Touch or move anything which could be used as evidence

Witnessing an incident/observing injuries

If you see an abusive act, it must be reported. A worker must always think about their own safety and the safety of others. However, if possible s/he should be open and honest with the person/s concerned about what will happen next i.e. the worker has to make an alert.

In many settings violence and aggression between adults can take place and there may be doubt about whether an alert is needed. In such circumstances, a manager together with staff should firstly undertake an assessment with a view to assessing

Adult Safeguarding Procedures (2016)

Amended May 2017

Adult Social Care Team

the risk of significant harm to others. Public protection issues have to be of paramount importance and if the public interest is at risk then an alert must be made.

If there are any serious injuries immediate help must be sought via an ambulance/GP and the Police should always be contacted.

If the worker has seen injuries, it is necessary to complete a body map and give as much detail as possible.

Describing and Diagramming

Sometimes the results of abuse or neglect can be subtle and not easily recognisable. The alerter should note bruises, burns, fractures, abrasions that might indicate restraints, dehydration, hygiene issues and weight loss, any of which may be an indicator of neglect

A written description of physical injuries must be made. Precision is important; describe size, shape, appearance and location on the body map.

Managers' Roles

When a manager receives an alert, this must be documented and a plan of action agreed.

All notes should be retained and stored in a secure location.

The alerter should make a referral to the

Adult Social Care Team

Tel: 23172

Or

Out of Hours

Emergency Duty Team

Tel: 22626

Where the alleged victim refuses consent or there is any uncertainty surrounding the allegation, the individual should seek advice from the Adult Social Care Team for further advice.

When the alleged perpetrator is a member of staff

If the allegation is about a member of staff abusing an adult (in whatever setting) the manager must give consideration to immediate suspension of that member of staff, in consultation with the relevant Director/ Adult Social Care Team Manager and Human Resources. In some cases of abuse, a range of investigations may need to take place (e.g. disciplinary procedures, criminal investigations etc). *These procedures do not set out to guide or instruct employers around their own internal procedures, however once an alert has been received the alleged victim is of*

Adult Safeguarding Procedures (2016)

Amended May 2017

Adult Social Care Team

paramount importance and any potential risk of further abuse must be immediately addressed.

Internal Staff (Health and Safeguarding employees):- should consult corporate polices and contact the Adult Social Care Team or Human Resources.

External Staff: - *should* consult with their own polices or own HR staff to safeguard person(s).

Criminal investigations always take precedence and are led by Police.

Organisations should not start their own abuse investigations. All abuse allegations must be reported to the appropriate agency.

While the health, safety and well-being of the alleged victim(s) is paramount, the possibility of vexatious, malicious or false reports must also be considered and the principles of natural justice should apply at all times. The alleged perpetrator(s) must also be afforded appropriate protection, with due regard to confidentiality provisions, to avoid any risk of inadvertent reputational damage or retribution by other parties, this is of high importance on a tightknit community such as ours.

When the alleged perpetrator is a vulnerable adult.

A manager must consider the risk of harm to others. Some action may need to be taken immediately to remove the alleged abuser if other adults could also be at risk of abuse, and an interim protection plan must be put in place. The Adult Social Care Team will be able to offer advice and support.

An Interim Protection plan should consider:

- Being led by the alleged victim as to what actions are required.
- Mental Capacity/Mental health
- Medical assessments
- Risk assessments
- GP and/or District Nurse Involvement
- Police Involvement
- Involvement of family/friends
- Increase in service provision
- Place of safety

INVESTIGATION PROCESS

RECEIPT OF AN ALERT BY ADULT SOCIAL CARE TEAM

On receipt of an alert by the team a strategy meeting/discussion will be held to decide whether the alert is referred for investigation or the next course of action. Further information may be needed at this stage before a decision is made.

The Adult Social Care team manager/Senior Social Worker will arrange a strategy meeting/discussion; generally the responsible manager making the alert will be involved in this process and if the case goes to investigation will also be required at the case conference.

The case will be allocated to an investigating officer, one from the appropriate service area and usually led by a Senior Social Worker from the Adult Social Care Team, however it may also be led by another senior member of staff within SHG. *Important to note that if after any stage the situation has been made safe (meaning the vulnerable adult is no longer at risk from the specific concern) the investigation can be completed, this decision will need a degree of professional judgement and where necessary collaboration with professionals, service users and their families.*

- Alert received
- Strategy discussion/meeting and plan
- Allocation of case
- Investigation
- Review meeting/case conference

ALERT

An alert (**See Appendix B**) can be made by telephone and data will be input by the Adult Social Care Team. Alternatively the team can be emailed, spoken to in person or contact can be made by another person whom has become aware of potential abuse.

STRATEGY MEETING/DISCUSSION

A strategy meeting/discussion is convened by the Adult Social Care Team Manager once information has been gathered and this may need to be convened urgently depending on the circumstances. The alleged victim, the alerter, the responsible manager and other agencies may be asked to attend. An interim protection plan is required to be completed to ensure that risks are addressed. A risk assessment may be completed if appropriate.

CASE ALLOCATION

If the case is going to be investigated it will be allocated to an appropriate official. Some cases may call for joint working with the police and this will be decided at the strategy stage.

THE SAFEGUARDING ADULT ENQUIRY

The main purpose of an enquiry is to protect, support and empower the alleged victim. Officers will gather information from a variety of sources. This may include interviews, meetings and accessing relevant documentation.

If it is decided that this investigation is to be criminal then it will be led by a Police official who will feed back once his investigation has been completed.

Review meeting

Where there has been an adult abuse investigation there must be a review meeting to present the findings if the vulnerable adult remains at risk.

Review meetings are usually chaired by either a Senior Social Worker, Adult Social Care Manager or Director, however they may also be chaired by a senior member of SHG who has relevant expertise.

The main purpose in the convening of a review meeting is to draw some conclusions from the evidence which has been obtained during the investigation and to determine the level of risk of the vulnerable adult.

All participants may be expected to:

- Support the alleged victim, if attending
- Share the findings of the investigation via written and verbal reports.
- Offer professional opinion
- Make and contribute to recommendations - set time scales
- Develop and contribute to protection plans
- To decide on the balance of probabilities whether abuse has happened
- Decide who needs to be informed of the outcome e.g. Safeguarding
- Share de-identified information / learnings with relevant agencies

Written reports

Attendees may be expected to provide a written report which they will present to the case conference. All reports will be collected at the end of the conference for record keeping.

Investigation Outcomes

If it is felt that the allegations are not criminal, then the burden of proof falls under the **balance of probabilities – categories**

Definition of balance of probabilities:-

Adult Safeguarding Procedures (2016)
Amended May 2017
Adult Social Care Team

The standard of proof required in civil law cases, i.e. it is more probable than not that what the person says happened is true

Substantiated: the allegations of abuse have been proven

Partly Substantiated: it is possible to prove some but not all the allegations made. This may be relevant to cases where there is investigation into more than one category of abuse.

Not Substantiated: the allegation of abuse has not been proven or it was deemed to be malicious.

Not determined/Inconclusive: This would apply to cases where it is not possible to record an outcome against any of the other categories.

Recommendations and decision-making

Once the outcome has been established there may be actions that are needed to reduce any further risk. These might include:

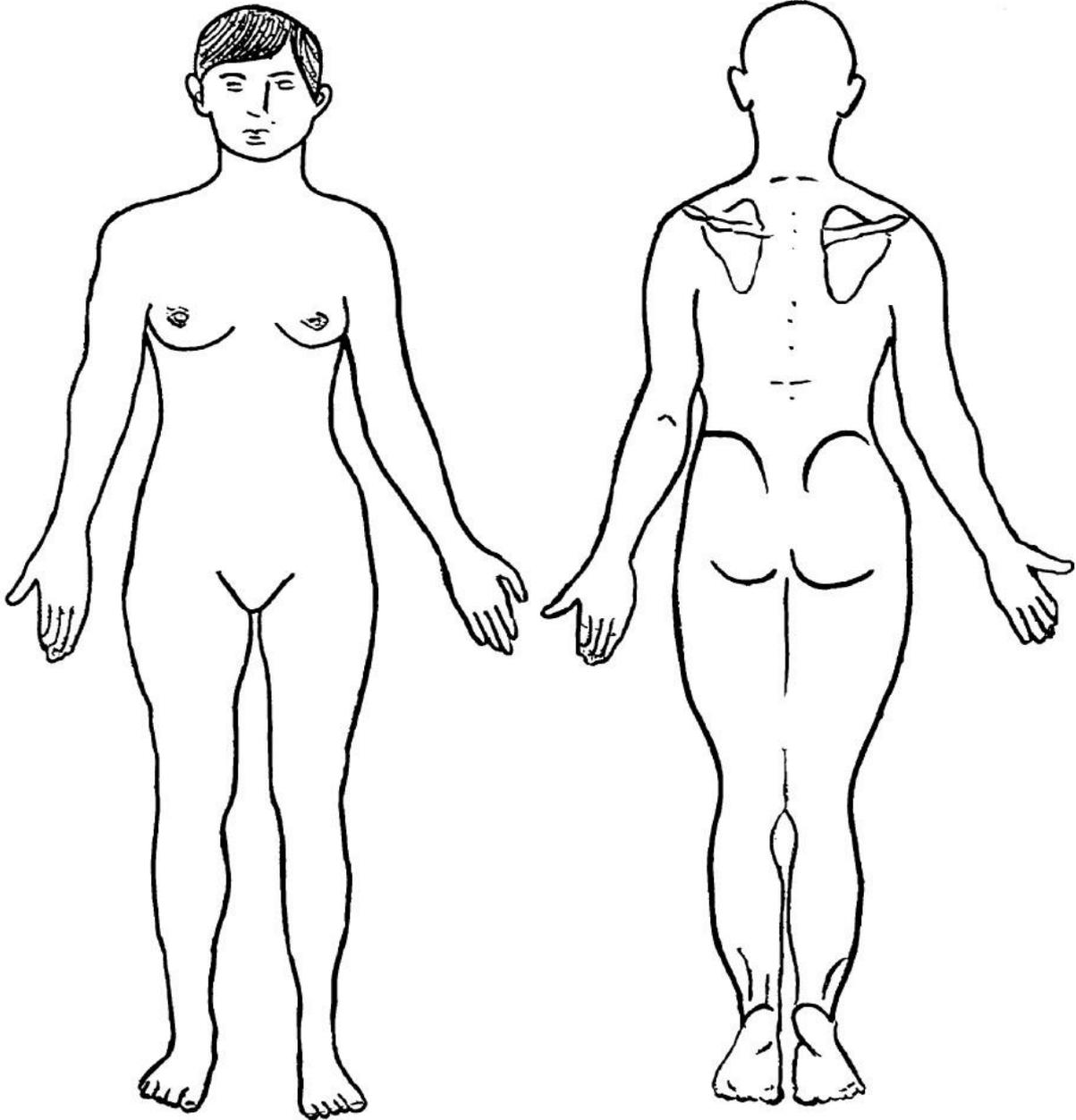
- Disciplinary action
- Contract default or termination notices
- Specific training for staff
- Revisiting the Whistle Blowing policy
- Shadowing staff
- Policies or procedures may need revisiting
- Current practice may need changing
- Referral to another agency

Any recommendations made at a review meeting should be given a timescale and a lead person responsible for overseeing the execution of the action.

- Presumption of innocence should clearly underpin all dealings and proceedings with regard to those against whom a complaint or allegation has been made, until there is evidence to the contrary and it is proved otherwise.
- Staff should be clearly advised of their rights under employment legislation and internal disciplinary procedures and should be allowed to be represented by an advocate. (HR must be involved in any process involving SHG staff).
- Members of the public should be similarly advised taking into account appropriate legislation and other regulatory frameworks.
- Alleged perpetrators who are also vulnerable adults themselves, in that they are mentally disordered or are mentally incapable of understanding the significance of questions put to them or their replies should be assured of their rights to the support of an 'appropriate' adult whilst they are being questioned by the police,
- Those subject to unfounded vexatious or malicious complaints or allegations made against them should be advised how to seek redress.

Appendix A - Body Maps

BODY MAPS- FRONT & BACK VIEWS



DOB or ID code: completed:

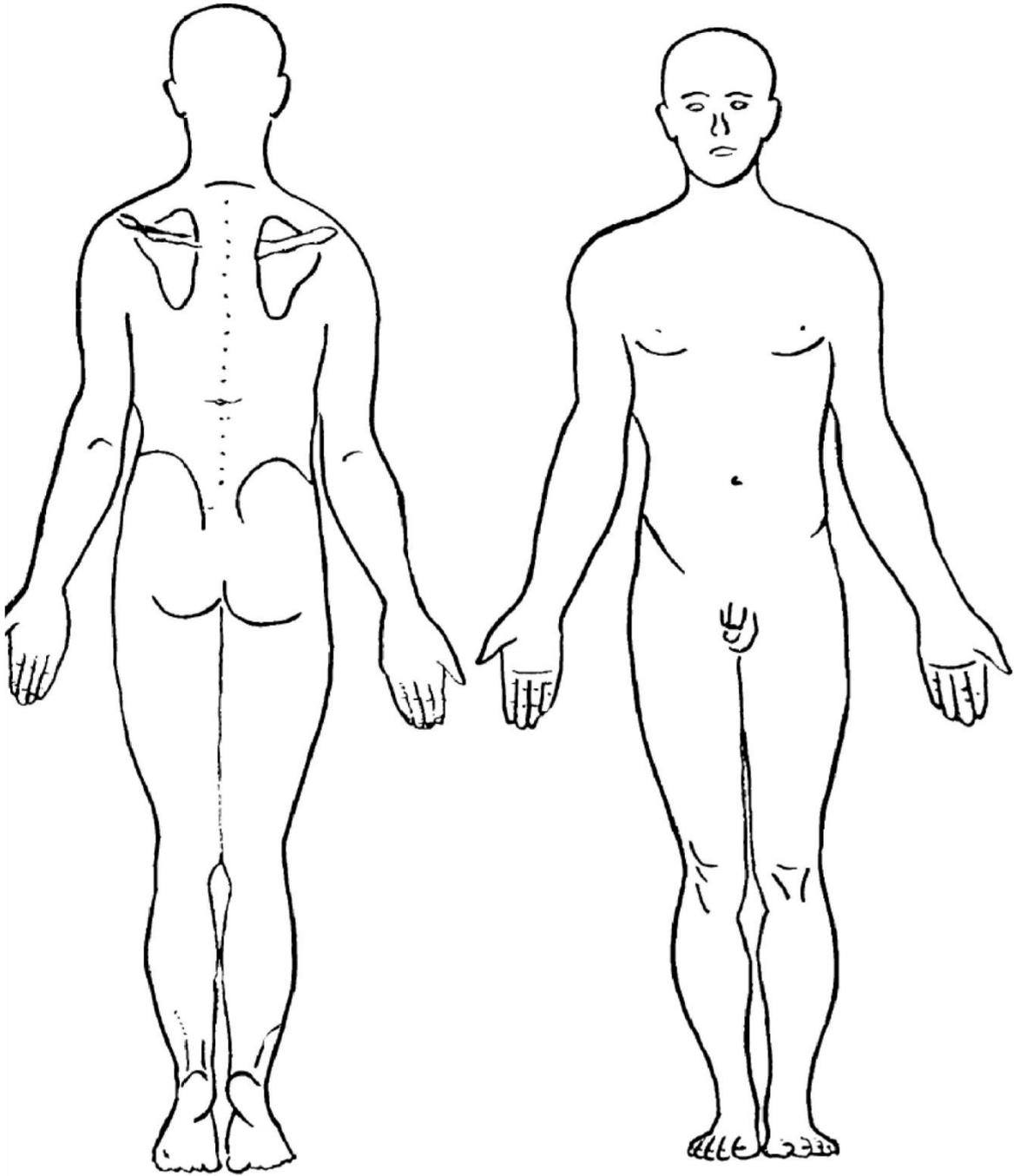
Date and time injury witnessed:

Name of worker(s):

Description of injury:

Signature(s):

BODY MAPS- FRONT & BACK VIEWS



Name of adult:

Job title(s):

DOB or ID code:
completed:

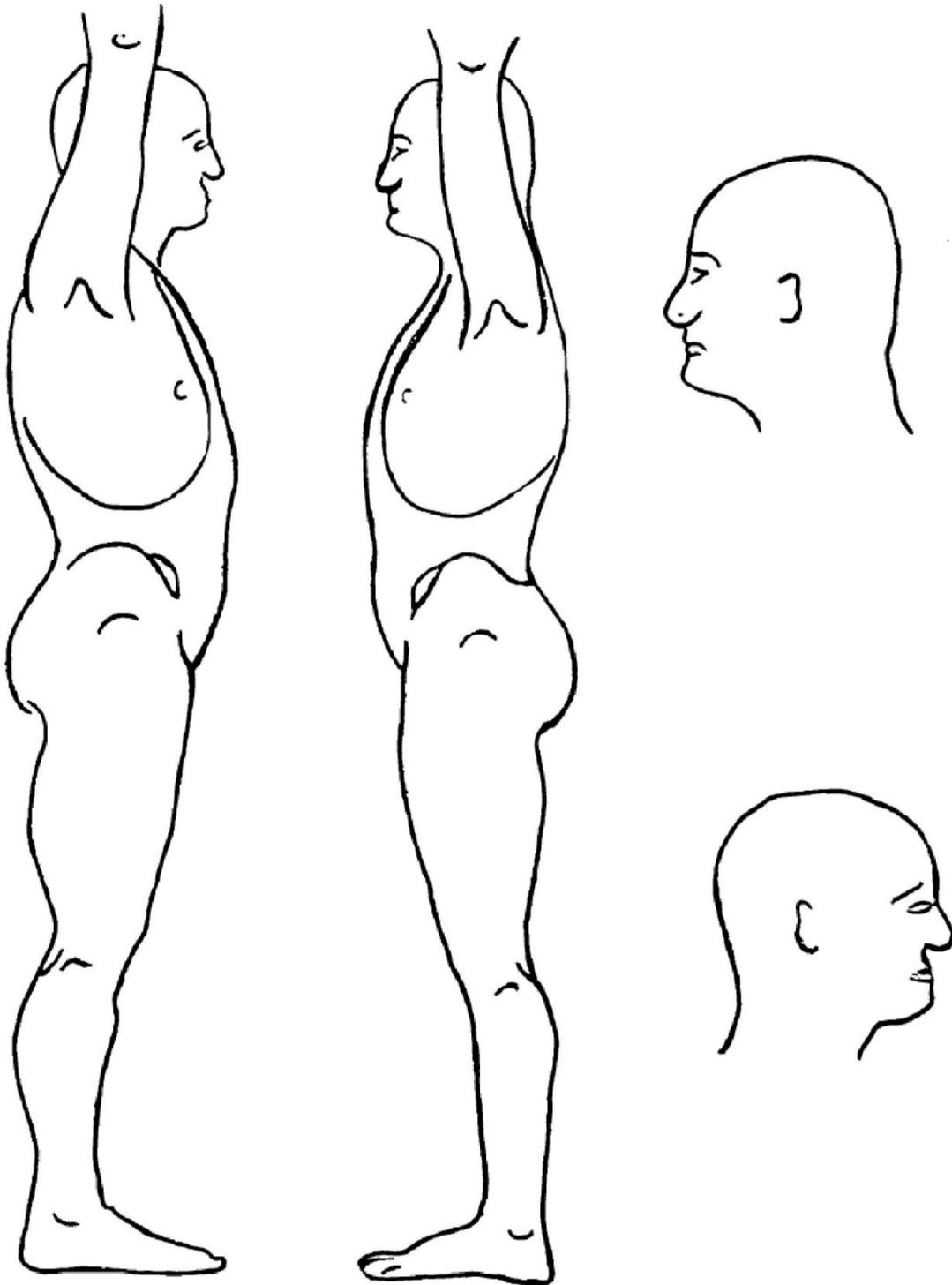
Date and time form

Date and time injury witnessed:

Signature(s):

Name of worker(s):

Description of injury:



Name of adult:

Job title(s):

DOB or ID code:
completed:

Date and time form

Adult Safeguarding Procedures (2016)
Amended May 2017
Adult Social Care Team

Date and time injury witnessed:

Signature(s):

Name of worker(s):

Description of injury:

Appendix B – Safeguarding alert form



Adult Safeguarding Referral Form

This form should be completed to report any incident or suspicion of harm.
It should be passed to:

Adult Social Care Team, Community Care Complex, Ladder Hill, St Helena, STHL 1ZZ
Or

If outside normal office hours, or at the weekend or a Bank Holiday:
To SOCIAL SERVICES EMERGENCY DUTY TEAM

Where a criminal act may have been committed the police must be notified immediately.

DETAILS OF ADULT AT RISK					
NAME				Also known as:	
DOB		AGE		GENDER	
ADDRESS					
RESIDENCE TYPE	Own home		Supported housing		
	Residential care		Nursing care		
	Other (please specify)				
USER GROUP	Learning Disability		Mental Health		
	Older People		Physical & Sensory Disability		
	Other (please specify)				
CASE STATUS (if known)	Open to social worker		Open to team		
	Not known/closed		Placed by another authority		
Any previous history of safeguarding alerts?					
ETHNIC ORIGIN	St Helenian		White Irish		Other White
	White British		Black African		Other Black
	Indian		Pakistani		Bangladeshi

	Chinese		Other Asian		Mixed White and Black Caribbean	
	Mixed White and Black African		Mixed White and Asian		Mixed White and Chinese	
	Other (please specify)					
RELIGION	Buddhist		Christian		Hindu	
	Jewish		Muslim		Seven Day Adventist	
	None		Other(Please specify)		Jehovah Witness	
LANGUAGE SPOKEN		Does the vulnerable adult require an interpreter/Signer?				
THE INCIDENT						
BRIEF FACTUAL OUTLINE OF INCIDENT:						
DATE OF INCIDENT		DATE REPORTED				
REPORTED BY	Service user		Friend			
	Relative		Paid carer			
	Social Worker		Stranger			
	GP		Nurse			
	Hospital Doctor		Therapist			
	Provider or Voluntary Organisation (please specify)					
	Other(please specify)					
WHERE DID THE INCIDENT OCCUR	Own home		Supported housing			
	Residential care		Nursing care			
	Public place		Hospital			
	Other(please specify)					
TYPE OF INCIDENT	Physical		Sexual			
	Psychological or emotional		Discriminatory			
	Financial		Neglect			

	Institutional			
WHO IS SUSPECTED OF CAUSING THE INCIDENT/HARM?				
INITIALS		DOB		AGE
				GENDER
				Male
ADDRESS				
IS ALLEGED TO HAVE CAUSED THE HARM:	Service user		Friend	X
	Relative (please specify relationship)		Paid carer/Support Worker	
	Professional (please specify)		Stranger	
	Other (please specify)			
Was alleged perpetrator living with the vulnerable adult at time of abuse?			Still living with vulnerable adult?	
If the allegation is of institutional abuse, please name the provider:				
PLEASE GIVE DETAILS OF URGENT ACTION TAKEN:				
WHO HAVE YOU CONTACTED IN RELATION TO THIS INCIDENT?				
	JOB TITLE	ORGANISATION (SOCIAL SERVICES, CQC, POLICE, GP)	PHONE NUMBER	
HAVE POLICE BEEN NOTIFIED?		CRIME REFERENCE NO:		
PROVIDE DETAILS IF MEDICAL ATTENTION GIVEN:		NAME OF HOSPITAL/DOCTOR		
<i>DETAILS OF THE PERSON COMPLETING THIS FORM</i>				
NAME	JOB TITLE	ORGANISATION/ CONTACT DETAILS	DATE	

This page is to be completed by the Safeguarding Adults case manager of the lead agency.

The following section is to be completed by the appropriate professional who has responsibility to determine whether the Alert is to be addressed in accordance with Adult Safeguarding Procedures.

Please complete the following information:-

<p>1. Is the Alert a Safeguarding issue?</p> <p>Yes <input type="checkbox"/> *</p> <p>No <input type="checkbox"/></p>	<p>2. If the Alert is not a Safeguarding issue, it will be dealt with as follows:-</p> <p>a) Care management referral</p> <p>b) No action to be taken</p> <p>c) Other (Please state action)</p>
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Why is this not considered to be a safeguarding issue?

Details of the manager for the determination of this safeguarding alert.

3. MANAGERS NAME	JOB TITLE	ORGANISATION/CONTACT DETAILS	DATE

