Safeguarding Adults at Risk Policy

TITLE: Safeguarding Adults at Risk Policy	REF: HSA021	VERSION: 1
APPROVAL BODY: Senior Management Team	DATE: 24.08.2026	REVIEW: September 2027
LEAD PERSON: General Manager in conjunction with the Designated Safeguarding Leads		

VERSION	REVIEWER / APPROVAL	REVIEW NOTES
Version 1 – 24.08.2026	Georgie Mann	New policy. Created to sit alongside HSA001 and to set out separately how HSA responds to concerns about apprentices and other adults at risk.

1. Purpose

This policy sets out how Heritage Skills Academy (HSA) recognises and responds to concerns about the safety and welfare of adults at risk. It sits alongside HSA001 Child Protection and Safeguarding Policy, which covers apprentices under the age of 18.

The majority of apprentices on programme with HSA are aged 18 or over. Safeguarding does not stop at an apprentice's eighteenth birthday. The legal framework changes, the principles for staff largely do not, and this policy explains both.

HSA is committed to creating and maintaining a culture in which every apprentice is safe, feels safe, and knows how to raise a concern, whatever their age.

2. Scope

This policy applies to:

- All HSA staff, including permanent, temporary, agency and casual staff
- Guest tutors, contractors, consultants and volunteers
- Homestay providers and any adult providing accommodation to an apprentice on HSA's behalf
- Members of the Governance Board

It covers apprentices aged 18 and over, and any other adult at risk with whom HSA staff come into contact in the course of their work, including visitors to our sites and staff at employer premises.

Where an apprentice is under 18, HSA001 applies. Where an apprentice turns 18 during their programme, this policy takes over, and the Designated Safeguarding Leads will make sure that any open concern transfers with them rather than being closed.

3. Definitions

Adult at risk

Under section 42 of the Care Act 2014, an adult at risk is a person aged 18 or over who:

- has needs for care and support, whether or not the local authority is meeting any of those needs, and
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect themselves against the abuse or neglect, or the risk of it.

All three parts must apply for the local authority's statutory duty to make enquiries to be engaged. In practice HSA staff are not expected to make that judgement. Staff must report any concern about an adult, and the Designated Safeguarding Leads will decide what happens next.

Care and support needs

Needs arising from a physical or mental impairment or illness. This includes, but is not limited to, a learning difficulty or disability, a mental health condition, a physical disability, a sensory impairment, substance dependency, or frailty. Around three in ten apprentices on programme with HSA have declared a learning difficulty, disability or health problem, so this is not a rare situation.

4. Legal framework

This policy reflects:

- Care Act 2014, in particular section 42, and the Care and support statutory guidance
- Mental Capacity Act 2005 and its Code of Practice
- Equality Act 2010
- Modern Slavery Act 2015
- Serious Crime Act 2015, which created the offence of coercive or controlling behaviour
- Domestic Abuse Act 2021
- Counter-Terrorism and Security Act 2015 and the Prevent duty
- Sexual Offences Act 2003
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 2018 and UK GDPR
- Working Together to Safeguard Children 2026 and Keeping Children Safe in Education, where an apprentice is under 18 or where a concern relates to a child

5. The six safeguarding principles

HSA applies the six principles set out in the Care and support statutory guidance.

- Empowerment. Apprentices are supported to make their own decisions and give informed consent.
- Prevention. It is better to act before harm occurs.
- Proportionality. The least intrusive response appropriate to the risk presented.
- Protection. Support and representation for those in greatest need.
- Partnership. Working with employers, local authorities, health services and the police, recognising that they may be best placed to detect and act on abuse.
- Accountability. Transparency in how we safeguard and in the decisions we take.

6. Types and indicators of abuse and neglect

The Care and support statutory guidance identifies ten categories. Any of them may present in an apprenticeship setting.

- Physical abuse, including assault, misuse of medication and inappropriate restraint
- Domestic abuse, including coercive or controlling behaviour and so called honour based abuse
- Sexual abuse, including sexual harassment, indecent exposure and sexual acts to which the adult has not consented or could not consent
- Psychological or emotional abuse, including threats, humiliation, intimidation, isolation and unreasonable withdrawal of support networks
- Financial or material abuse, including theft, fraud, coercion in relation to wages or benefits, and misuse of an apprentice's money or possessions
- Modern slavery, including forced labour, debt bondage and human trafficking
- Discriminatory abuse, including harassment or ill treatment because of a protected characteristic
- Organisational or institutional abuse, including neglect and poor practice within a workplace or care setting
- Neglect and acts of omission, including failure to provide access to health, care or educational services
- Self neglect, including neglect of personal hygiene, health or surroundings, and hoarding

Indicators may include unexplained injuries, sudden changes in behaviour, attendance or presentation, withdrawal from peers, anxiety about returning to the workplace, unexplained shortage of money, reluctance to discuss home or work, deterioration in personal care, or a third party speaking for the apprentice and preventing them speaking for themselves.

A single indicator rarely proves anything. A pattern, or a change from what is normal for that apprentice, is what matters. Staff who know their apprentices well are the most likely to notice it.

7. Mental capacity, consent and unwise decisions

This is the most significant difference between safeguarding adults and safeguarding children, and staff must understand it.

The Mental Capacity Act 2005 requires that:

- An adult is assumed to have capacity unless it is established otherwise
- An adult must be given all practicable help to make their own decision before being treated as unable to do so
- An adult is not to be treated as unable to make a decision merely because they make an unwise one
- Anything done for a person who lacks capacity must be in their best interests
- Anything done must be the least restrictive option in relation to their rights and freedom

An adult with capacity has the right to decline support, and to make choices that HSA staff consider unwise. Where an apprentice with capacity does not wish a concern to be taken further, that wish must be recorded and respected wherever possible.

When consent can be overridden

A Designated Safeguarding Lead may share information without consent where:

- The adult lacks the mental capacity to make that decision
- Other people, including children, are or may be at risk
- There is a risk of serious harm, or a serious crime may have been committed
- The adult may be under duress, coercion or undue influence
- A member of staff or someone in a position of trust is implicated
- Sharing is required by law or by a court

The reason for overriding consent must always be recorded. Where it is safe and appropriate to do so, the apprentice should be told what is being shared, with whom, and why.

8. Making Safeguarding Personal

HSA follows the Making Safeguarding Personal approach. This means asking the apprentice what they want to happen, rather than deciding for them, and keeping them involved throughout. The question is not only whether the apprentice is safer as a result, but whether the outcome was the one they wanted.

9. Roles and responsibilities

All staff

Every member of staff is responsible for recognising and reporting concerns. Staff must never assume someone else will act, and must never carry out their own investigation. Recording a concern and passing it to a Designated Safeguarding Lead is always the right response.

Designated Safeguarding Leads

The Designated Safeguarding Leads take lead responsibility for safeguarding, for adults at risk as well as for children, supported and overseen by the General Manager. They decide what action a concern

requires, make referrals to adult social care, maintain the Safeguarding Log, and keep the General Manager informed.

General Manager

The General Manager is HSA's designated senior lead for safeguarding and Prevent. The General Manager makes sure the Designated Safeguarding Leads have the time, training and resources to carry out their role, and reports to the Governance Board.

Governance Board

The Governance Board holds leaders to account for safeguarding. It receives a safeguarding report at each quarterly meeting, covering case activity, training, policy and any matters requiring a board decision, and provides challenge on the position reported.

10. Raising a concern: what staff must do

- **If an apprentice or any adult is in immediate danger, call 999 first.**
- Listen. Do not promise confidentiality. Explain that you will need to pass the information on to keep them safe.
- Do not investigate, do not ask leading questions, and do not challenge the account you are given.
- Ask the apprentice what they would like to happen, and record their view.
- Record what you were told in the apprentice's own words, as soon as possible and the same day, including the date, time, location and anyone else present.
- Report to a Designated Safeguarding Lead the same day. If none is available and the concern is urgent, contact the General Manager or, if the risk is immediate, the relevant local authority or the police directly, then tell a Designated Safeguarding Lead as soon as you can.
- Do not discuss the concern with anyone other than the Designated Safeguarding Leads and the General Manager.

Apprentices can also raise a concern themselves at any time, through the safeguarding reporting form on the HSA website, by contacting a Designated Safeguarding Lead directly using the details displayed in every classroom and workshop, through their Development Coach, or at their end of block one to one review with a member of the pastoral team who is independent of the training team.

11. Reporting to the local authority

Where a concern meets the section 42 criteria, or where the Designated Safeguarding Leads are unsure, a referral is made to the adult safeguarding team for the local authority in which the adult lives or in which the concern arose. Contact details are at Appendix 1.

HSA will co operate fully with any enquiry made by a local authority, share information promptly, and take part in multi agency meetings where invited. Where a referral is made, the Designated Safeguarding Leads will follow up if no response is received within three working days.

12. Apprentices in the workplace

Apprentices spend the majority of their time at their employer's premises. HSA cannot supervise them there, and much of what we would need to know surfaces only if apprentices tell us.

HSA therefore asks directly. Safeguarding is discussed at every Development Coach visit, and every apprentice has a one to one end of block review with a member of the pastoral team, independent of the training team, covering workplace experience, home, finances, wellbeing and wider life. Where a concern relates to an apprentice's employer, HSA will act on it, will not require the apprentice to raise it with the employer themselves, and will support the apprentice to move to a different employer where that is what they want.

Where HSA identifies a concern about practice at an employer that may affect other people, HSA will raise it with the employer and, where appropriate, refer it to the local authority or the Health and Safety Executive.

13. Apprentices staying in homestay accommodation

Apprentices attend on block release and stay away from home. Where HSA arranges accommodation with a host family, the host is in a position of trust and, where the apprentice is under 18, in regulated activity.

- Enhanced DBS checks are obtained for homestay providers, either directly or through the Homestay Provider, and HSA holds written confirmation of the level of check carried out
- Apprentices staying in homestay accommodation sign the HSA Homestay Code of Conduct, set out in HSA015
- Apprentices are told before their first block who to contact if they are unhappy or unsafe in their accommodation, and that they can raise it without telling their host
- Any concern about a homestay provider is treated as an allegation against a person in a position of trust and handled under section 14 of this policy

14. Allegations against staff, volunteers, guest tutors or homestay providers

Where an allegation is made that a member of staff, volunteer, guest tutor, contractor or homestay provider has harmed or may have harmed an adult at risk, or behaved in a way that indicates they may be unsuitable to work with adults at risk:

- The concern must be reported immediately to the General Manager. Where the concern relates to the General Manager, it must be reported to the Chair of the Governance Board.
- HSA will contact the adult safeguarding team for the relevant local authority for advice before taking action, and will contact the police where a crime may have been committed.
- HSA will consider what interim measures are needed to protect the adult at risk, which may include suspension. Suspension is a neutral act and is not a presumption of guilt.
- HSA will consider its duty to make a referral to the Disclosure and Barring Service where a person is removed from regulated activity, or would have been had they not resigned, because they harmed or posed a risk of harm to an adult at risk.

- Support will be offered to the adult at risk and, separately, to the person subject to the allegation.

Concerns that do not meet the threshold for an allegation are recorded and handled as low level concerns under section 10 of HSA001, which applies equally to adults at risk.

15. Prevent and radicalisation

The Prevent duty applies to apprentices of all ages. Radicalisation is treated as a safeguarding concern and reported through the same route as any other. HSA006 Prevent Policy sets out the full arrangements, including the Prevent national referral form and the Channel programme.

16. Records, confidentiality and information sharing

- All concerns are recorded on the Safeguarding Log, with a classification category and a risk level, and are held in the secure safeguarding area on Airtable
- Non safeguarding concerns raised through the reporting route are also opened and closed on the log, so that every concern raised is visible, traceable and auditable
- Records are factual, distinguish fact from opinion, use the apprentice's own words where possible, and are dated and signed
- Records are shared only with those who need them, and are retained and disposed of in line with HSA007 GDPR Policy Statement and HSA011 Privacy Notice for Apprentices
- Concern about data protection must never be a reason for failing to share information where an adult is at risk of harm

17. Training

All staff complete safeguarding and Prevent training on appointment and annually thereafter, covering adults at risk as well as children. The Designated Safeguarding Leads hold advanced Designated Safeguarding Lead training and refresh it at least every two years. Governance Board members receive safeguarding briefing appropriate to their role. Training records are maintained by the General Manager.

18. Related policies

HSA001 Child Protection and Safeguarding Policy · HSA002 Complaints Policy · HSA005 Health and Safety Policy · HSA006 Prevent Policy · HSA007 GDPR Policy Statement · HSA009 Disciplinary Procedure · HSA010 Whistle Blowing Policy · HSA011 Privacy Notice for Apprentices · HSA012 Privacy Notice for Staff · HSA013 Safer Recruitment Policy · HSA015 Apprentice Behaviour Policy · HSA017 Code of Conduct · HSA018 Equality, Diversity and Inclusion Policy · HSA019 Rehabilitation of Offenders Policy · HSA020 Professional Standards Policy. HSA also maintains a Safeguarding and Prevent Risk Assessment, a Sexual Harassment Risk Assessment and a Critical Incident Risk Assessment.

19. Monitoring and review

This policy is reviewed annually by the General Manager in conjunction with the Designated Safeguarding Leads, and sooner following any safeguarding incident, any change in statutory guidance, or any change in how HSA delivers its provision. At every review it will be approved by the Senior Management Team and reported to the Governance Board.

Appendix 1: Key contacts

Who	Contact
Designated Safeguarding Leads	Jess Richardson 07460 658584 jr@heritageskillsacademy.co.uk
	Kaela Miller 07510 827406 mm@heritageskillsacademy.co.uk
Deputy Designated Safeguarding Lead	Kyra Hill 07920 038050 kh@heritageskillsacademy.co.uk
Senior lead for safeguarding and Prevent	Georgie Mann, General Manager 07949 072536 gm@heritageskillsacademy.co.uk
Chair of the Governance Board	Adam Miller adam@cenova.uk
Oxfordshire adult safeguarding (Bicester Motion and the Armiger Engineering Hub)	0345 050 7666 in office hours. Out of hours Emergency Duty Service 0800 833 408. Online form at service.oxfordshire.gov.uk/raiseconcernforadult
Surrey adult safeguarding (Brooklands Museum)	0300 200 1005 in office hours. Out of hours Emergency Duty Team 01483 517 898 or edt.ssd@surreycc.gov.uk
Police	999 in an emergency. 101 for non emergencies
Disclosure and Barring Service referrals	03000 200 190

HSA operates from Bicester Motion and the Armiger Engineering Hub in Oxfordshire, and from Brooklands Museum in Surrey. Apprentices live across England, so a referral may need to go to the local authority where the apprentice lives rather than where the concern arose. Where staff are unsure which authority to contact, the Designated Safeguarding Leads will decide.