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Safeguarding Policy: Protecting adults at risk and responding to safeguarding concerns

Aim/purpose

This policy provides guidance and procedures for everyone working or volunteering for Nacoa who comes into contact with adults at risk. The aim is to safeguard adults aged 18 and over from ill treatment, harm, neglect and abuse. The policy details how to recognise safeguarding concerns and how to respond appropriately to any concerns. As a UK based charity, Nacoa's safeguarding policy is written to adhere to UK law and statutory services, and further specialist advice must be sought for concerns with regards to callers from outside the UK which relates directly to the services and context of the adult's resident country.

Safeguarding definition

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time promoting the adult's wellbeing, including, where appropriate, considering their views, wishes, feelings and beliefs when deciding on any action. This includes responding appropriately to concerns raised through remote and anonymous contact.

Acting to safeguard an adult at risk means to enable them to live free from harm, abuse and neglect. Abuse, neglect, exploitation, discrimination and social disadvantage can cause significant harm to an individual. These factors may directly affect an individual's safety, wellbeing and dignity, and can limit their ability to live independently, exercise their rights, and participate fully in their communities. Safeguarding is everyone's responsibility and anyone can act to safeguard an adult at risk. This policy details the procedures for doing so.

As a helpline charity, safeguarding includes:

- listening to and responding appropriately to concerns raised by adults at risk, parents, carers, family members and professionals;
- recognising signs of abuse, neglect, exploitation, self-harm, suicidal ideation and other safeguarding risks;
- taking appropriate action where an adult may be at risk of harm;
- sharing information with statutory agencies where necessary to protect an adult;

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- working in partnership with relevant agencies to promote the safety and wellbeing of adults at risk

Adult at risk

Under the Care Act 2014, an adult at risk is an individual (aged 18 years or older) that meets the following criteria:

- has needs for care and support (whether or not the local authority is meeting those needs),
- is experiencing, or is at risk of, abuse or neglect
- because of those care and support needs, is unable to protect themselves from the risk of, or the experience of, abuse or neglect.

Due to the nature of Nacoea's work as a helpline charity, the term *adult at risk* may also include adults who are experiencing abuse or neglect and who may be vulnerable due to factors such as mental health difficulties, substance use, disability, age, trauma, or social isolation, even where formal care and support needs have not been identified.

Defining abuse

Abuse occurs when an individual's human and civil rights are not violated by another person (or people). Abuse can occur in any relation and may result in significant harm to, or exploitation, of the individual subjected to it. When an individual is subjected to any or all the following types of abuse, it can be committed as the result of deliberate intent, negligence, omission or ignorance.

Abuse and neglect can appear in different forms and the circumstances these occur can vary.

Forms of abuse

The following forms of abuse are classed under each home nation's safeguarding legislation:

- Physical abuse
- Sexual abuse
- Psychological/emotional abuse
- Neglect
- Financial or material abuse

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Additionally, the other forms of abuse need to be considered:

- Domestic violence
- Institutional abuse
- Modern Slavery
- Neglect and acts of omission

Abuse or neglect could be carried out by:

- A spouse, partner or family members
- Neighbours or residents
- Friends, acquaintances or strangers
- People who deliberately exploit adults they perceive as vulnerable
- Paid staff, professionals or volunteers providing care and support

Additionally, other forms of abuse such as Exploitation, Honour Based Violence, Forced Marriage, Human Trafficking, Hate Crime, Mate Crime, Cyberbullying, Scams, are important to be recognised as it shows how abuse can appear and be present in different forms and settings/relationships. Some of this are named specifically in home nation legislations.

Forms of abuse and their definitions

Physical abuse

Physical abuse can include but is not restricted to a form of harm inflicted on the vulnerable adult such as:

- hitting
- scalding
- shaking
- poisoning
- burning,
- shaking
- suffocating

This can also include parents, carers, partners or others fabricating or inducing illness in an adult at risk. The types of physical abuse can vary in severity, ranging from behaviours that do not result in significant physical injuries, to acts that result in death.

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Emotional abuse

Emotional abuse can be difficult to identify but is defined as persistent verbal and emotional abuse an adult's emotional wellbeing or sense of self-worth. This may include overt and covert attempts to convey to the adult that they are worthless, unlovable and inadequate, and includes behaviour of mocking, humiliating or shaming. Other forms of emotional abuse are:

- Threats of harm or abandonment.
- Deprivation of contact or refusal of visitors.
- Humiliation.
- Restricting personal choice and refusing to respect privacy.
- Blaming, controlling, or intimidating behaviour.
- Coercion and harassment.
- Verbal abuse, or the use of infantilising language.
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance.
- Forced isolation, or withdrawal from services or support networks.

Cyberbullying is bullying or harassment carried out through digital devices and online platforms, including social media, messaging services, and email.

Cyberbullying is also considered a form of emotional abuse.

Sexual abuse

Involves forcing or manipulating an adult to take part in or observe sexual activities, whether or not they are aware of this. Sexual abuse may involve:

- Rape.
- Indecent exposure.
- Sexual harassment.
- Inappropriate looking or touching.
- Sexual teasing or innuendo.
- Sexual photography.

This form of abuse can also include subjecting someone to pornography, or witnessing sexual acts, indecent exposure or sexual assault.

The factor that links all of these examples is that the person does not consent, or they felt pressured into consenting.

Neglect and Acts of Omission

Neglect is the act of omitting the appropriate support an individual needs to meet their physical and psychological needs. Neglect can look like:

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- Ignoring medical or physical care needs.
- Ignoring a person's cultural, religious or ethnic needs.
- Failing to provide access to appropriate health, social care, or educational services.
- Withdrawing the necessities of life, such as medication, glasses, hearing aids, dentures, adequate nutrition, and heating.
- Refusing access to visitors.
- Ignoring or isolating a person.
- Preventing a person from making their own decisions.

Everyone deserve privacy and dignity, and what neglect does is failing to ensure the adult at risk's privacy, dignity and safety.

Self-Neglect

Self-neglect is the inability or unwillingness to care for one's own basic needs, health, wellbeing, or living environment, resulting in a risk of harm.

Examples of self-neglect include:

- Poor personal hygiene or self-care.
- Failure to access necessary medical treatment.
- Inadequate nutrition or hydration.
- Unsafe or unhygienic living conditions.
- Hoarding behaviour.
- Refusal of support services where this places the individual at risk.

Financial abuse

Financial or material abuse refers to the exploitation of an adult's finances, property, or resources, including theft, fraud, pressure in financial matters, or withholding money or assets. It is important to note that:

- It's a form of abuse that starts subtle and it is not always easy to detect
- Doesn't necessarily involve a crime (e.g. theft/fraud)
- Often associated with other forms of abuse (e.g. emotional abuse, domestic violence, coercive control)

Domestic violence

Domestic abuse refers to any incident or pattern of incidents of controlling, coercive, threatening, degrading or violent behaviour between adults who are or have been intimate partners or family members. Domestic violence can appear as one or all of the following forms of abuse:

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- Physical
- Emotional
- Sexual
- Coercive control (controlling behaviours that include assault, threats, humiliation and intimidation to harm, punish or frighten someone to obtain compliance)
- Financial
- Threat and intimidation (e.g. threats to hurt or kill the individuals, or the individual's closed ones)

Domestic abuse can occur between:

- Partners or ex-partners
- Family members
- Carers

Institutional abuse

Institutional abuse refers neglect and poor care practice within a specific care setting. This could be a hospital or a care home, but also the care you receive in your own home.

Here are some forms the abuse might take:

- Inappropriate use of power or control.
- Inappropriate confinement, restraint, or restriction.
- Lack of choice – in food, in decoration, in lighting and heating, and in other environmental aspects.
- Lack of personal clothing or possessions.
- No flexibility of schedule, particularly with bed times.
- Physical or verbal abuse.

Modern Slavery

Modern slavery refers to situations where a person is forced to work or provide services through coercion, threats, deception, or abuse of power. It includes:

- Slavery
- Servitude
- Human trafficking
- Forced labour
- Sexual exploitation
- Labour exploitation

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In addition to the main categories of abuse, this policy includes definitions of exploitation, discrimination and historical abuse. These definitions help staff and volunteers recognise less visible forms of harm that may affect adults at risk, ensuring appropriate support and safeguarding response.

Exploitation

Exploitation occurs when an adult at risk is manipulated or coerced due to a power imbalance. This happens when one person or a group takes advantage of the power imbalance to force or deceive the adult at risk into activities they may not understand/consent to.

This can take several forms:

- **Sexual exploitation:** The adult may be persuaded or deceived into sexual activity, sometimes through promises of reward or affection, which can make the abuse appear consensual.
- **Criminal exploitation:** The adult may be coerced into illegal activities such as theft, drug dealing, or violence.
- **Exploitation through extremism:** The adult may be influenced to adopt extreme beliefs or engage in discriminatory or harmful actions that violate human rights.

In all cases, the adult may not recognise the situation as abusive due to the imbalance of power.

Discrimination

Discrimination refers to the unfairly treatment of an adult at risk because of characteristics such as ethnicity, gender, sexuality, disability, religion or any other protected characteristic. Discrimination can cause harm in different ways such as:

- Psychological harm (shame, distress)
- Practical harm (restriction to accessing services such as health care, education).

Discrimination can be overt and obvious, or can be indirect, such as when language barriers or disabilities prevent adults from accessing services and support.

Discrimination can happen anywhere, such as on the streets or public transport, or even in an environment that's supposed to be safe for the individual (e.g. school/work, home, care home, etc.).

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Historical abuse

Adults at risk sometimes disclose experiences of assault and/or abuse that occurred during their childhood. This should still be responded to as a safeguarding concern, in that the perpetrator may have current access to children and young people, and there is a need to safeguard all children and young people, currently and in the future. Therefore, historical reports of abuse and harm should be addressed within this current policy on responding and reporting safeguarding concerns.

Recognising Abuse in a Helpline Context

Identifying abuse in a helpline setting can be challenging due to the limitations staff and volunteers may face when receiving the information that can be seen as a disclosure to harm or abuse during a helpline contact. The staff or volunteer needs to rely on the information the caller chooses to share. Indicators may include:

- Expressions of fear, distress, or isolation
- Patterns of repeated harm or coercion
- Reluctance to disclose or minimise experiences
- Emotional or behavioural changes

Individuals may not recognise their experiences as abuse or may be reluctant to share details due to shame, fear, or confidentiality concerns. Limited information, anonymity, and the absence of visual cues make recognising abuse more difficult. Nacoe recognises that helpline staff and volunteers may face challenges in identifying abuse due to limited information, anonymity, and the sensitive nature of disclosures, and the organisation provides guidance, supervision, and support to help them respond appropriately and maintain their own wellbeing. Staff and volunteers are expected to remain alert to potential indicators, respond sensitively, and seek guidance whenever safeguarding concerns arise.

Recognising Safeguarding Concerns

Safeguarding is about **protecting adults from abuse, neglect, exploitation and harm, while promoting their wellbeing and enabling them to achieve the best possible outcomes**. The wellbeing of the adult is paramount, and all adults have the right to live free from abuse and neglect. This policy is informed by the **Care Act 2014** and the equivalent legislation and guidance in Wales, Scotland and Northern Ireland. Safeguarding is underpinned by human rights principles, recognising that every adult has the right to be protected, listened to, treated with dignity and respect, and supported to live safely and independently.

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Staff responsibilities

All staff and volunteers working for Nacoa may come into contact with information that indicates a safeguarding concern relating to an adult at risk. All staff and volunteers who have contact with service users, or who may receive safeguarding disclosures, must complete safeguarding training appropriate to their role and responsibilities.

All volunteers who complete Nacoa's Volunteer Training Programme must undertake safeguarding training appropriate to their role. Refresher training will be provided regularly, and volunteers will receive ongoing safeguarding supervision, support and guidance from the Designated Safeguarding Lead.

All staff and volunteers working on the helpline will receive safeguarding refresher training **at least every two years**, or sooner where there are significant changes in legislation, guidance, or organisational practice.

Information on the different types of abuse and neglect affecting adults can be found in the statutory guidance accompanying the Care Act 2014.

Further information on the types and indicators of abuse and neglect affecting adults can be found in guidance published by the Social Care Institute for Excellence (SCIE) - [Types and indicators of abuse: Safeguarding adults - SCIE](#)

The organisation is committed to safer recruitment practices. All staff and volunteers working on the helpline must obtain a satisfactory Enhanced Disclosure and Barring Service (DBS) check before undertaking their duties. DBS checks will be renewed every three years and may be reviewed more frequently where circumstances warrant. Staff and volunteers should be familiar with the signs and indicators of abuse, neglect, exploitation and self-neglect, and understand how to respond to concerns in accordance with this policy and local safeguarding procedures.

Confidentiality

The helpline offers a confidential service for adults at risk to talk openly, and the vast majority of these conversations will be kept confidential within Nacoa. However, it is a legal responsibility in England for individuals concerned about the wellbeing and health of an adult at risk to report that concern, even if this breaches confidentiality. Ideally this should be done with the understanding and in discussion with the adult at risk, to mitigate against the harm done by breaking confidentiality.

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However, there may be some situations where this is not possible, such as when it might put the adult in danger, and the responsibility in light of concerns will be to share concerns if at all possible. Often an adult does not wish for safeguarding concerns to be raised or shared. Anyone with a safeguarding concern can discuss this issue with the Designated Safeguarding Lead (DSL) for support in this, as the confidentiality is maintained within the organisation and confidentiality is only breached when information is shared outside Nacoa.

What to do

Once a safeguarding concern has been identified, the staff member or volunteer must in the first instance share that information with another member of the Nacoa team. If the individual needs medical help, for instance if they have an injury or have taken an overdose, then the priority is to support them to access medical treatment, as a matter of urgency.

If the concern is dealt with immediately (e.g. the adult is at risk but then is supported to get immediate help from another statutory agency, and this is confirmed by that agency to Nacoa) then this should be documented. No further action is required if the concern has been addressed.

If the initial concern is not addressed in this way, and the staff member or volunteer remains concerned there is a safeguarding risk, then they should consult with DSL or Chief Executive (if DSL not available) to agree on a course of action. Together the decision will be taken about how to appropriately respond to this concern. Possible actions will include:

- to continue to watch and support the caller
- to talk with the caller about a possible referral to social care
- to immediately call Local Authority or other appropriate involved agency (where details are known)

When making a referral call to local authority social care in the caller's local area, the DSL/helpline supervisor or volunteer (who may have been working closely with caller) with support from a staff member, must be prepared to provide the following details:

- Your name, Nacoa's name, address, telephone number and your role
- As many details of the adult as you can, including name, address
- What you have been told by the adult, providing details where possible and details of their emotional state at the time
- What the adult has said in response to any concerns you have

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- The action you have taken so far

The actions taken should all be recorded in line with Nacoe's record keeping procedure and confidentiality policy, and any communication with other agencies should be recorded.

If after action has been taken the safeguarding concerns remain, the staff or volunteer should return to discussion with DSL or Chief Executive (if DSL not available) to decide on whether further actions should be taken.

Where concerns exist that an adult may be experiencing, or be at risk of, significant harm, the charity may seek advice from statutory safeguarding agencies, police or relevant local authority safeguarding teams, even where only partial identifying information is available. Information shared will be limited to what is necessary and support safeguarding decision-making. All consultations will be recorded.

The actions taken should all be recorded in line with Nacoe's record keeping procedure, and any communication with other agencies should be recorded by DSL in the safeguarding monitoring form.

Safeguarding monitoring forms and related records will be stored securely, with access restricted to the Designated Safeguarding Lead (DSL) and the Chief Executive Officer (CEO). Records will be retained for an appropriate period based on safeguarding, legal and operational requirements and will then be securely destroyed.

Actions:

When a concern is identified:

1. Decide if there is an immediate risk to physical health, and if there is, act immediately:
 - a. If the adult is in contact with Nacoe ask them to contact 999 or if possible, attend A&E, and to confirm that they have done this.
 - b. Alternatively, if they can identify a trusted adult they can contact immediately then they should do this to access services.
 - c. If the adult refuses to act on these concerns, then there is a responsibility for the Nacoe staff member or volunteer to act.
 - i. If the **adult's location and/or identity is known**, a referral to local authority social care can be made, or any appropriate service can be contacted. If they have provided names and contact details of other involved staff from statutory services, then it might be possible to contact those staff as well to share the concern.
 - d. If confidentiality is to be breached, it may be possible to discuss this with the adult (e.g. if they are on the call or call back).

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- e. The seriousness of the concern should be highlighted, and that it is Nacoe's responsibility to ensure their health is not threatened, so that Nacoe can continue to support the adult to access more help.
 - f. The adult's feelings of anger, betrayal, fear or distress should be acknowledged and accepted, and an apology can be given for the effect of this. If possible, the staff member should accept those difficult feelings and validate them and state that Nacoe will continue to offer them support throughout the referral, and beyond.
 - g. In some instances, it may not be possible to discuss the confidentiality breach with the adult at risk, for example where we do not have contact details or where doing so could increase the risk of harm to them or others.
 - h. Given that the concern is relating to immediate serious risk of harm to the adult, the severity and urgency of the risk means that referral and reporting the risk needs to be acted on without delay, and without consent.
 - i. If the adult has provided **no information that allows their location or identity to be known**, then it is not possible to report the concern. If it is possible, the seriousness of the concern should be emphasised to the adult and the need for them to act should be emphasised. They should be provided with numbers and resources in order to act.
2. If there is no immediate risk to physical health:
- a. The staff member or volunteer identifying the concern should contact the DSL and arrange to discuss the concern in detail.
 - b. A decision should be made together with regard to the severity and urgency of the safeguarding concern, along with an assessment of the risks of raising/referring the concern. An adult at risk may disclose a range of concerns during contact with the helpline. For example, they may report experiencing cyberbullying or online harassment that is causing significant distress. While they may find it helpful to talk about this, they could also express concern that if a carer, partner, or family member becomes aware of their online activity or contact with the helpline, this may increase the risk of emotional or physical abuse.

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In some cases, individuals may be reluctant to engage with safeguarding processes or external referrals due to fear of repercussions or loss of support, including fear that disclosure may lead to increased harm or reduced access to help. This may create a barrier to seeking or continuing support, which should be carefully considered as part of any safeguarding response.

Another example may include disclosures of domestic abuse, where an adult at risk reports controlling, coercive, or violent behaviour from a partner or family member. They may seek emotional support and safety planning while also expressing fear that involving external agencies could escalate the abuse or place them at greater risk.

- c. If a decision is made that a referral is necessary and useful then the staff member/volunteer should contact the local authority (local to the adult at risk) safeguarding contacts for social care.
 - d. Referrals are only possible where there is identifiable information about the adult at risk.
 - e. If there is an ongoing relationship with the adult at risk and Nacoa, this decision to refer should be discussed with the adult prior to referral as described above. If a referral is needed, but there is no identifiable information, the adult should be asked to provide enough information to enable the referral and encouraged that Nacoa will continue to support them through this.
 - f. If there is no ongoing relationship between the adult at risk and Nacoa, but there is identifiable information provided, then this should be used to make the referral to the local authority social care.
3. All actions (including decisions not to make referrals) should be documented appropriately, with reference to the record keeping procedure and confidentiality policy.
 4. Safeguarding concerns and the process of referring these can be a distressing, stressful and difficult experience for staff and volunteers. Anyone involved in a safeguarding concern should access support within Nacoa from helpline supervisors, colleagues and the CEO immediately following a concern.



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