

Safeguarding Children and Adults Policy

Name of Policy:	Safeguarding Children and Adults Policy
Distribution	For internal and external use Internal - all staff, volunteers, trustees, External - tendering, commissioning, inspection and audit
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1.1 Policy Statement

Help & Care acknowledges the duty it has regarding safeguarding children and adults. Help and Care is committed to playing its part in preventing, detecting and reporting neglect and abuse.

This policy, and its supporting standards and work instruction, are fully endorsed by the Board through the production of these documents and their minuted approval.

I trust that all staff, partners and other relevant parties will, therefore, ensure that these are observed in order that we may contribute to the safeguarding of all children and adults in the communities where Help and Care operate.

Signature of Help & Care Safeguarding Lead:

Des Persse

Position: *Director of Services*

Date: October 2021

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author
Version 4	September 2021	<ul style="list-style-type: none">• Update to Multi-Agency Procedures• Update to front cover• Update to responding to safeguarding concern - Appendix B• Appendix One renamed Appendix A – Types and indicators of abuse• Removal of Appendix Two• Renumbering of categories• Update to Employee and Volunteer Training• Update to Signs & Indicators	Lisa Hovey

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1.2 Summary

Help and Care's Safeguarding Children and Adults policy has been developed in accordance with the Children Acts 1989 and 2004, the Care Act 2014, and associated good practice guidance.

The policy sets out what is expected of all employees and volunteers who have been informed or have reason to suspect that an adult or child has been harmed or is at risk of harm.

1.3 Scope of Document

This policy sets out how Help & Care expects concerns about safeguarding children and adults to be responded to.

The role of Help & Care is to deliver services that make a positive difference in communities. It seeks to secure the best possible outcomes for people. This policy is important because it will help the people who work or volunteer for Help & Care to support children and adults to live in safety, free from abuse and neglect.

This policy covers both internal and external use. The main policy points are contained in parts 1, 2 and 3. The procedural and guidance for the policy implementation can be found in part 4.

All employees should observe the requirements of this policy at all times. Compliance with these guidelines will be subject to regular monitoring. Any breach of the rules will be considered as misconduct or possible gross misconduct and will be dealt with under Help & Care's disciplinary policy and procedure.

1.4 Principles

1.4.1 Making Safeguarding Personal

Help and Care recognises the Care Act 2014 requirement for adult safeguarding policies and procedures to be person centred.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. As a community based organisation, Help and Care recognises its role in working with other organisations to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

Help and Care acknowledges that it must promote the adult's wellbeing in their safeguarding arrangements, working with the adult and statutory agencies (as appropriate) to establish what being safe means to them and how that can be best achieved.

Help and Care recognises that the focus of safeguarding adults procedures is on achieving an outcome which supports or offers the person the opportunity to develop or to maintain a private life.

Help and Care understands that intervention should be proportionate to the harm caused, or the possibility of future harm. As well as thinking about an individual's physical safety it is necessary to also consider the outcomes that they want to see and take into account their overall happiness and wellbeing.

Help and Care recognises that assessment of risk should be based on the fact that some risk is an inevitable consequence of life. The objective is not necessarily to eliminate risk, but to reduce risk so as to enable a person to safely maintain their quality of life.

Help and Care support the requirement that assessments of risk should be undertaken in partnership with the person at risk, who should be supported to weigh up risks against possible solutions. People need to be able to decide for themselves where the balance lies in their own life, between living with an identified risk and the impact of any action or plan on their independence and/or lifestyle.

Help and Care believes that it is important to listen to the adult at risk both in terms of the alleged abuse and in terms of what resolution they want. The views of the adult at risk should be taken seriously and acted upon in an appropriate manner. Individuals have a right to privacy; to be treated with dignity and to be enabled to live an independent life.

In making safeguarding personal, Help and Care adheres to the six principles identified in Care Act Statutory Guidance. These principles inform how all Help and Care employees, and volunteers work with adults when responding to safeguarding concerns:

Empowerment Help and Care employees and volunteers will support and encourage people to be in control of decisions about their own life.

Prevention Help and Care employees and volunteers will take action to support the prevention of abuse occurring and minimise the risk of abuse reoccurring in the future.

Proportionality Help and Care employees and volunteers will respond appropriately to the risk presented and make the least intrusive response where possible.

Protection Help and Care employees and volunteers will support and represent those in greatest need.

Partnership Help and Care employees and volunteers will support the identification of local solutions through services working with the individuals communities; ensuring engagement with local communities to prevent, detect and report abuse.

Accountability Help and Care employees and volunteers will ensure transparency, making decisions that can be accounted for and are worthy of scrutiny.

1.4.2 Child Centred Approach

In accordance with Children Act 2004 and 'Working Together to Safeguard Children: A guide to inter-agency working to safeguarding and promoting the welfare of children' (July, 2018) Help and Care believe that work to safeguard and promote the welfare and wellbeing of children should be:

Child centred – welfare of the child should be the focus, with their wishes and needs taken fully into account

Rooted in child development – action should be timely and appropriate to the child's age and stage of development

Focussed on outcomes for children – the purpose of all interventions is about achieving the best possible outcomes for the child whilst recognising that each child is unique

Holistic in approach – having an understanding of the child within the context of their family situation, educational setting, community, culture and environment they are growing up in.

Ensure equality of opportunity – all children having the opportunity to achieve the best possible outcomes regardless

Involve children and families

Focused on identifying strengths as well as difficulties – working with strengths is a vital part of creating a plan to resolve difficulties

Integrated in approach – involve various agencies and be family-centred

A continuing process – not just an event

2.1 Definitions

2.1.1 Harm

Harm is defined as:-

- A single or repeated acts
- An act of neglect or failure to act
- Multiple acts, for example, an adult at risk may be neglected and also being financially harmed
- Self-neglect

2.1.2 Adult at risk

Any person aged 18 years or more who:-

- has needs for care and support (whether or not the local authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- Organisations continue to have a duty of care to adults who purchase their own care independently i.e. self-funders.

2.1.3 Safeguarding and Promoting the Welfare of Children

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes.

2.1.4 Independent Advocacy

Adults -Where an adult at risk has mental capacity but they have a 'substantial difficulty' being involved in the safeguarding process, and they have no one other than those acting in a professional capacity to support them, the local authority must consider if there is a 'particular benefit' to providing them with an independent advocate. Where the provision of an independent advocate is appropriate and proportionate to the circumstances, the local authority must arrange for one to be provided.

'Substantial difficulty' does not mean the person cannot make decisions for themselves, but refers to situations where the adult at risk needs support to understand the information given to them, or support to retain or use that information, or support to communicate their views, wishes or feelings.

The support provided by the independent advocate will depend on the needs and wishes of the adult at risk. Independent advocates will take their direction from the adult at risk. Independent advocates will ordinarily be invited to relevant meetings, either accompanying the adult at risk or attending on their behalf, according to the wishes of the adult at risk.

Children – Independent Advocacy is also available for children who are not able to say what they think and feel and do not have an adult they trust who can help them.

2.1.5 Mental Capacity

The Mental Capacity Act 2005 provides a statutory framework to empower and protect adults who may lack capacity to make decisions for themselves and establishes a process for making decisions on their behalf.

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take.

This includes their ability:

- To understand the implications of their situation.
- To take action themselves to prevent harm.
- To participate to the fullest extent possible in decision-making about interventions.

A person may not have capacity if they:

- Do not understand the information relevant to the decision or
- Cannot retain that information long enough for them to make the decision or
- Cannot use or weigh up that information as part of the process of making the decision or
- Cannot communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

Mental capacity is time and decision specific. This means that a person may be able to make some decisions but not others at a particular point in time. A person must receive all appropriate help and support to communicate their decision. Their ability to make a decision may also fluctuate over time.

If a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interests. The person who has to make the decision is known as the 'decision maker' and depending on the decision to be made this may be a carer responsible for the person's day to day care (including care staff, relatives or friends) or a professional such as a doctor or social worker if the decision is about treatment, care arrangements or accommodation.

Where a person is un-befriended or has no relatives it is important for the local authority to consider engaging the assistance of an Independent Mental Capacity Advocate.

Further information about Mental Capacity is available in Help and Care's Mental Capacity Act Policy.

2.1.6 Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (2009) are an amendment to the Mental Capacity Act (2005). They provide protection to people in hospitals and care homes. DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether or not they should be accommodated in a care home or hospital to receive care or treatment. Care homes and hospitals must make requests to their local authority for authorisation to deprive someone of their liberty if they believe it is in their best interests.

Deprivation of liberty can occur in domestic settings such as supported living in the community. Deprivation of liberty in such placements must be authorised by the Court of Protection.

Where a person is un-befriended or has no relatives it is important for the local authority to consider engaging the assistance of an Independent Mental Health Advocate.

Further information about Deprivation of Liberty Safeguards is available in Help and Care's Mental Capacity Act Policy.

2.1.7 Consent

Adults

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent.

Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest considerations (e.g. not acting will put others at risk or if a crime has been or may be committed), their wishes must be respected and recorded, to demonstrate how the decision was reached.

There may be occasions when an adult safeguarding concern is raised without the person's consent, for example:

- It is in the public interest, (for example, there is a risk to other 'adults at risk', or the concern is about organisational or systemic abuse, or the concern relates to the conduct of an employee or volunteer within an organisation, or the abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care)
- the person lacks mental capacity to consent and a decision is made to raise a safeguarding concern in the person's 'best interests' (Mental Capacity Act 2005)
- a person is subject to coercion or undue influence, to the extent that they are unable to give consent
- it is in the adult's vital interests (to prevent serious harm or distress or life-threatening situations)

Children

Where children are concerned, the safety and welfare of the child must be the primary consideration in deciding whether or not to share information, and always overrides issues of consent / confidentiality. Further information about information sharing can be seen in 4.1.9

2.2 Categories of Abuse

2.2.1 In order to understand safeguarding, we must understand what abuse is. Below are the categories of abuse as defined by The Care Act 2014.

Physical Abuse

Physical abuse is non-accidental harm to the body. It can range from careless rough handling, restraint, misuse of medication inappropriate physical sanctions to direct physical violence.

Domestic Violence

This can be any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 and over who are, or have been, intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to

psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, forced marriage and female genital mutilation

Sexual Abuse

Sexual abuse includes rape, indecent exposure, sexual harassment, 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 or does not have mental capacity to consent.

Sexual Exploitation

This means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, politically from the sexual exploitation of another.

Psychological or Emotional Abuse

Psychological abuse is any action which adversely impacts on an individual's emotional well-being. It includes threats of harm or abandonment, deprivation of contact, humiliation, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or Material Abuse

Financial abuse includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including coercion with wills, property, inheritance or financial transactions, or misuse or misappropriation of property, possessions or benefits.

Modern Slavery

This 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.

Discriminatory Abuse

Discriminatory abuse includes forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational Abuse

Organisational harm includes neglect and poor care practice within an institution or specific care setting, or in relation to care provided in the person's own home. It can refer to neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect Acts of Omission

Neglect and acts of omission include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, equipment, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect

Self-neglect covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding. It is recognised as the failure or unwillingness to meet your own basic care needs required to maintain health.

2.2.2 Exploitation by Radicalisation

All local organisations have a role to play in safeguarding people who are at risk of radicalisation i.e. becoming terrorists or supporting violent extremism. 'Prevent' is part of the Government's counter terrorism strategy. It is a multi-agency approach which aims to stop individuals from encouraging or committing violent activity. 'Channel' is the process developed by the Local Authority, Healthcare providers, Probation, Police and members of the community to support people at risk of being drawn towards terrorism or violent extremism.

2.2.3 Other Child Specific Categories of Harm

Further categories of harm affecting children specifically include: Children affected by gang activity or serious youth violence; Safeguarding children from dangerous dogs; and Overweight and obese children.

2.3 The Safeguarding Adults Process

2.3.1 Stages in the Safeguarding Adults Process

There are three stages to the safeguarding adults process:-

- Stage One: Safeguarding Concern
- Stage two: Safeguarding Enquiry
- Stage three: Safeguarding Plan

2.3.2 Stage One: Safeguarding Concern

A concern should be raised with the local authority when there is reason to believe an adult at risk may have been, is or might be subject to harm, abuse or neglect by any other person or persons. This may include anyone self-neglecting.

Local authorities are the lead organisation for overseeing or undertaking enquiries into suspected abuse. The local authority will consider the information provided and gather further information if it is required. They will then make a decision about whether the concern meets the criteria for a S42 Safeguarding Enquiry.

If the concern does not meet the criteria the local authority will inform the person raising the concern (if appropriate). They will discuss other options with the adult at risk or their representative such as signposting, assessment of need and referral to other services in order to prevent deterioration and promote independence, health and wellbeing.

2.3.3 Stage Two: Safeguarding Enquiry

If the concern meets the criteria it will be allocated to a member of local authority staff who will:

- Speak to the person who the concern relates to and ask them what they want to happen (what outcomes they want)
- Speak to providers and other agencies if extra information is needed
- Establish if there is a need for representation / independent advocate
- Check whether a response is appropriate and proportionate to the concern raised
- Agree an interim safeguarding plan with the person who the concern relates to and others to manage any immediate risk

The local authority should notify all relevant persons of the outcomes of the Enquiry, including the person who raised the concern.

2.3.4 Stage Three: Safeguarding Plan

Following the Safeguarding Enquiry the local authority will:

- Agree actions with the person who the concern relates to, to ensure that their identified outcomes are achieved
- Ensure that the plan is proportionate and least restrictive
- Ensure everyone involved is clear about their roles and responsibilities
- Agree timescales for review and monitoring of the plan

It is best practice that the person raising the concern should be notified, wherever possible and appropriate, of the actions agreed in the safeguarding plan.

2.3.5 Ending the Safeguarding Process

The process ends when the safeguarding plan is no longer required i.e. when the adult is no longer at risk of abuse or neglect, or risks have been reduced to the level that they can be managed or monitored through single agency processes e.g. assessment and support planning, community policing, health service monitoring.

An adult with capacity can close a safeguarding enquiry at any time, where the concern is just for him/herself.

When the safeguarding concern is concluded, feedback on the outcomes should be shared with all those involved including the adult, the representative / advocate, the person who raised the concern, the person(s) who were identified as the source of the risk, key partner agencies and any other stakeholder.

2.4 The Safeguarding Children Process

2.4.1 Stages in the Safeguarding Children Process

There are three stages to the safeguarding children's process:-

- Stage One: Safeguarding Referral
- Stage two: Referral Discussion
- Stage three: Referral Outcomes

2.4.2 Stage One: Safeguarding Referral

A referral should be made to Children's Social Care if employees or volunteers believe or suspect that the child:

- has suffered significant harm
- is likely to suffer significant harm
- has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989
- is a Child in Need whose development would be likely to be impaired without provision of services

2.4.3 Stage Two: Referral discussion

When Children's Social Care receive a safeguarding referral they will discuss the situation with the referrer.

This discussion will be used as part of an assessment to:

- gather important information about a child and family
- analyse their needs and/or the nature and level of any risk and harm being suffered by the child
- decide whether the child is a child in need (section 17) or is suffering or likely to suffer significant harm (section 47 CA 1989);
- provide support to address those needs to improve the child's outcomes and welfare and where necessary to make them safe.

2.4.4 Stage Three: Referral Outcomes

At the end of the referral discussion and initial assessment, the referrer and the social worker from Children's Social Care should be clear about the proposed action, who will be taking it and the timescales involved and if no further action is taken, the reasons for this decision.

Referral outcomes about a child, where there may be concerns, typically fall in to four categories and pathways:

- Child Protection services – assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 CA 1989) with active involvement of other agencies such as the police;
- Child in Need services - assessment to be undertaken by Children's Social Care (Section 17 CA 1989);
- Early help - referrals for intervention and prevention services within the Common Assessment Framework and Early Help services range of provision;
- No further action which may include information to signpost to other agencies and will be recorded as a contact.

2.5 Responsibilities / Roles

2.5.1 Leadership and Accountability Framework

Help and Care Board

Help and Care has statutory responsibilities under the Children Acts 1989 and 2004 and Care Act 2014 to safeguard children and adults and prevent harm. It is the role of the Board to define Help & Care's policy in respect of Safeguarding, taking into account these legal responsibilities, NHS and other contractual requirements. The Board and Chief Executive are also responsible for ensuring that sufficient resources are provided to support the requirements of the policy. The Chair of Trustees is the Lead for Safeguarding on the Board.

Chief Executive

Overall accountability for policy and procedures across the organisation lies with the Chief Executive. They have overall responsibility for establishing and maintaining an effective document management system, for meeting all statutory requirements and adhering to guidance issued in respect of those policies and procedures.

Director of Services

The Director of Services is responsible for the operational management of safeguarding concerns. They also have the responsibility to ensure that all staff in their areas of the business are aware of the policy and procedures and have had appropriate training and support. The Lead Safeguarding Officer for the organisation will be appointed from the Directors of Services. A deputy will be appointed during absences.

Lead Safeguarding Officer(s)

The Lead Safeguarding officer ensures that Help & Care satisfies the highest practical standards for safeguarding. They will also represent and champion safeguarding requirements and issues at Board level. They will ensure that safeguarding issues are appropriately reflected in organisational strategies, policies and working procedures for employees and volunteers, and will oversee all arrangements, protocols and procedures where information regarding children and adults at risk may be shared with external bodies both within, and outside Help & Care. The Lead Safeguarding Officer will co-ordinate the response to safeguarding incidents that have resulted in the injury or death of an adult or child at risk.

Human Resources

Human Resources are responsible for operating safe recruitment practices.

Human Resources need to be informed by the line manager of the person raising a safeguarding concern if a safeguarding allegation is made in relation to an employee or volunteer. Human resources should then follow disciplinary procedures and inform the relevant local authority. The employee or volunteer concerned will be suspended without prejudice, dependent on the seriousness of the allegation, until the matter has been investigated. Such suspension will not in

itself infer guilt. If there is any suspicion that a criminal offence may have been committed the complaint will also be referred to the Police.

If the line manager is the person alleged to have caused harm the person raising the concern may need to follow the ‘whistle blowing’ procedure.

Operational Managers

Managers within Help & Care are responsible for ensuring that the policy and its supporting standards and guidelines are built into local processes and that there is on-going compliance. Managers are responsible for ensuring that employees and volunteers are properly supervised, trained and supported to be able to implement the policy and procedures fully. Operational Managers are the first point of contact for employees and volunteers raising safeguarding concerns.

Employees and Volunteers

All employees and volunteers whether permanent, temporary, contracted, or contractors, from any service or setting, are responsible for ensuring that they comply with the Safeguarding Policy and procedures on a day to day basis.

All employees and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult or child who is vulnerable is being, or is at risk of being, harmed neglected or exploited and to ensure that the situation is assessed and investigated.

All employees and volunteers have a responsibility to act as champions for safeguarding.

2.5.2 Key Responsibilities Chart

	Board	Chief Executive	Directors of Services	Lead Safeguarding Officer	Operational Managers	Employees and volunteers
Strategic Direction	x	x		x		
Keeping Board aware of risks			x	x		
Maintaining documentation and audit trails				x	x	x
Contact in emergencies			x	x	x	
Working to Safeguarding Policy				x	x	x
Acting as ambassadors for Safeguarding	x	x	x	x	x	x

2.5.3 Employee and Volunteer Training

All employees and volunteers who work with or support children or adults in any way must receive training on Safeguarding.

All employees and volunteers will complete an induction checklist on commencement of their role with their line manager which includes an item that they have read and understood the information Safeguarding policy. The checklist will be stored in their personal file.

Safeguarding will be a standing item for discussion in supervisions. Understanding and compliance with the Safeguarding policy will be assessed in all annual appraisals.

Training on safeguarding is detailed in Help & Care Statutory & Mandatory Training Framework. Help & Care is committed to continually improving the opportunities available to all employees and volunteers. To fulfil this commitment, Help & Care will take a systematic approach to the planning and prioritisation of learning and development requirements and responsibilities.

The framework describes the target audience, the subject area for example; Safeguarding Adults, Safeguarding Children and Preventing Radicalisation. The required frequency of refresher training and training delivery methods.

All new employees are required to complete the eLearning programme for the three subject areas within the first week of joining the organisation.

Compliance with the framework will be monitored across the organisation.

Part 3 - Review and Audit

3.1.1 Audit procedures

Help & Care operates various levels of audit to ensure that safeguarding procedures are maintained.

- **Line Management** – Each line manager will review safeguarding as part of staff annual appraisals. These appraisals will ensure that sufficient training has taken place and that the safeguarding policy is understood and has been reviewed. Line managers will also ensure that the Team Tasks in Part 5 of this policy are carried out annually. Line managers will conduct audits of staff compliance with the safeguarding policy throughout the year (such as checking that accurate records have been kept on CRM).
- **Leadership Team** – The leadership team will take responsibility to ensure employees and volunteers are aware of and adhere to safeguarding policies. They will complete an annual critical analysis of safeguarding incidents and ensure actions are taken to improve systems and practices.
- **Safeguarding Lead** – The Safeguarding Lead will review the annual critical analysis of safeguarding incidents, ensure the board has been informed and lead on organisational change if necessary as a result of any incidents.
- **Chief Executive** – The Chief Executive will take overall lead for Safeguarding and ensure the organisation is adhering to its Safeguarding policy and practices.
- **Board** – the board will review the Safeguarding Policy annually and review any incidents reports and ensure actions have been taken to correct failings and improve practices. The Board may consider involving an external organisation to act as a ‘critical friend’ as part of this process.

3.1.2 New Changes to Safeguarding Processes

New practices and changes to existing safeguarding legislation may occur in the future. It is the responsibility of the Safeguarding Lead to monitor any legal changes to Children or Adult Safeguarding and implement changes within the practices of the organisation.

3.1.3 Help & Care Contracts

The Chief Executive will ensure that all new contracts undertaken by Help & Care adhere to high standards regarding safeguarding and that the principles of this policy are supported. This policy will apply to all new contracts undertaken by Help & Care.

The leadership team will take responsibility, where at all possible, to ensure that existing and historical contracts and arrangements are updated to reflect this safeguarding policy.

Part 4- Practical Procedures for Employees and Volunteers

All employees and volunteers must familiarise themselves with these practice procedures.

Raising a Safeguarding Concern

All Help and Care employees and volunteers have an absolute and unequivocal duty to safeguard children and adults by preventing, detecting and reporting abuse and neglect.

All Help and Care employees and volunteers must understand how to raise a safeguarding concern.

Raising a safeguarding concern involves:-

- Understanding what is a safeguarding concern
- Recognising signs of harm or neglect
- Knowing how to respond when harm or neglect is witnessed
- Knowing how to respond when harm or neglect is disclosed
- Knowing how to record a safeguarding concern
- Knowing when to report a safeguarding concern
- Knowing who to report a safeguarding concern to

4.1.1 What is a safeguarding concern?

Safeguarding relates to the prevention, detection and reporting of harm towards a child or adult at risk.

An adult at risk is any person aged 18 years or more who:-

- has needs for care and support
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

A child at risk is any person aged under 18 who:-

- has suffered significant harm
- is likely to suffer significant harm
- has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989
- is a Child in Need whose development would be likely to be impaired without provision of services.

Harm can be:-

- A single or repeated acts
- An act of neglect or failure to act
- Multiple acts, for example, an adult at risk may be neglected and also being financially harmed
- Self-neglect

A safeguarding concern is harm towards a child or adult at risk:

- That you have witnessed
- That the person at risk has disclosed to you
- That you have been told about by a third party
- That you suspect or fear is happening

4.1.2 Recognising signs of harm or neglect

A full list of categories of abuse can be found in section 2.2 of this policy.

Signs of harm or neglect will vary depending on the type of harm that is being perpetrated.

All employees and volunteers should familiarise themselves with the examples of categories of harm, possible indicators and case examples in Appendix A.

4.1.3 Responding when harm is directly observed

All employees and volunteers should:

- Ensure the child or person is safe from further harm
- If a crime has been committed, report what you have observed to the Police
- If a crime has been committed, do not disturb the scene as it may be important for the police to collect forensic evidence. Ask the Police for advice if you are unsure what to do
- If the child or adult needs medical assistance call for an ambulance
- Report what you have observed to your line manager as soon as possible
- If your line manager is not available report what you have observed to another manager or the local authority.
- Record what you have observed as soon as possible (see 4.1.6).

4.1.4 Responding when a child or adult discloses that harm has occurred

All employees should:

- Stay calm and listen patiently
- Accept what the person says

- Do not 'interview' the person but if they want to give you information, let them
- Reassure them that you take what they have told you seriously
- Do not promise to keep what they tell you confidential – explain that you will need to tell other people but you'll only tell people who need to know so that they can help
- Consider if emergency services are required
- Consider if there is forensic evidence that needs to be preserved
- Reassure the person that they will be involved in decisions about what will happen
- Do not be judgemental or jump to conclusions
- Do not give sweeping reassurances
- Do not confront the alleged perpetrator
- If the person has specific communication needs, provide support and information in a way that is most appropriate for them.
- Assume that the person has capacity
- Report what you have been told to your line manager as soon as possible
- If your line manager is not available report what you have been told to another manager or to the local authority
- Record what you have been told, using the persons own words, as soon as possible (see Appendix A – Reporting a Concern).

4.1.5 Recording safeguarding concerns

Whenever a safeguarding concern is raised all employees and volunteers have a responsibility to keep clear and accurate records on the CRM. Refer to Appendix B for detailed information when recording on CRM.

The following guidelines from should be used:-

- Records must be made as soon as possible after the concern, allegation or disclosure is made,
- Each entry must be timed and dated
- The name of the person recording the information must be written in full
- All records must include factual information e.g. times, dates, names of people involved, what was observed and by whom,
- Expressions of opinion should be avoided,
- All contact with the child or adult at risk and alleged perpetrator should be recorded and the exact words used by each person,
- The appearance and the behaviour of the child or adult at risk should be recorded.
- Details of the person alleged to have caused harm should be recorded.
- Record all consultations with line manager
- Record discussion with and information received from other agencies,
- Record all telephone calls received in relation to the alleged harm,
- All records should be non-judgemental and non-discriminatory,
- Best practice is based on openness and accuracy so wherever possible recording should be a process agreed with the child or adult.
- The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

4.1.6 What information should be recorded?

When raising a safeguarding concern, the local authority / Children's Social Care may ask for as much of the following information as possible:-

Details of the person raising the concern:

- Your name, address and telephone number.
- Your relationship to the child or adult at risk.
- The name of the person raising the alert if different.
- Name of organisation.

Details of the child or adult at risk

- Name(s), address and telephone number.
- Date of birth, or age.
- GP
- Details of any other members of the household including children.
- Information about the primary care needs of the child or adult, that is, disability or illness.
- Ethnic origin and religion.
- Gender (including transgender and sexuality).
- Communication needs of the child or adult at risk due to sensory or other impairments (including dementia), including any interpreter or communication requirements.
- Whether the child or adult at risk knows about the alert.
- Whether the child or adult at risk has consented to the alert being raised and if not, on what grounds the decision was made to refer.
- What is known of the person's mental capacity and their views about the abuse or neglect and what they want done about it (if that is known at this stage).
- Ensure the child or adult at risk has been asked if he/she has someone to support him/her or consider whether they may need an advocate where appropriate.
- Details of how to gain access to the person and who can be contacted if there are difficulties.

Information about the harm or neglect or physical harm

- How and when did the concern come to light?
- When did the alleged harm occur?
- Where did the alleged harm take place?
- What are the details of the alleged harm?
- What impact is this having on the adult or child at risk?
- What is the child or adult at risk saying about the harm?
- What do they want to happen?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult or child at risk to find out what is happening?
- Is another child (under 18 years) or another adult at risk?

4.1.7 When should a safeguarding concern be raised?

A concern should be raised when there is reason to believe a child or adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person. This may include self-neglect.

Concerns should be reported immediately or within 24 hours, refer to Appendix B

4.1.8 Who should concerns be raised with / reported to?

Safeguarding concerns must be reported to your line manager or if unavailable another manager.

Concerns can also be made directly to the local authority or Police by any employee or volunteer but the line manager must be made aware of the situation.

If you are not sure whether you should raise a safeguarding concern, you should seek advice from your line manager, or if unavailable another manager. If no-one within the organisation is available, you should seek advice from the local authority or the Police.

4.1.9 Role of the Line Manager

If the line manager agrees that harm or neglect has taken or may take place and the following has not already been done, he or she should inform:

- The local authority
- The police, if a crime has been or may be committed
- CQC if the adult is receiving care from a registered health or social care provider
- Children's Social Care if children are also perceived as being at risk from harm

The line manager should also:-

- Ensure that the child or adult at risk is made safe
- Ensure that any employee, volunteer or other person who may have caused harm is not in contact with the child or adult and others who may also be at risk
- Ensure that any information that is shared is necessary and proportionate, relevant, adequate, accurate, timely and secure in accordance with Caldicott Principles and information sharing protocols:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

- Ensure that access to records and information relating to the child or adult at risk is given to the investigating officers

Line Managers are also responsible for supporting employees and volunteers who raise a concern. They should ensure that:-

- Employees and volunteers receive individual support during and after an incident; this includes individual independent counselling if they so choose
- Employees or volunteers delivering a service to the child or adult at risk are kept up to date on a need-to-know basis and do not take actions that may prejudice the investigation

4.1.10 Dealing with an Adverse or Serious Incident

Help and Care is committed to minimising risks to prevent adverse and serious incidents occurring. However, should an adverse or serious incident occur employees and volunteers must refer to and implement Help and Care's 'Adverse and Serious Incidents Policy'.

Part 5

Appendix A: Signs and Indicators of abuse and neglect

This section considers possible signs and indicators of abuse and neglect. The list of possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time.

Financial or material abuse

Possible indicators:

- missing personal possessions
- unexplained lack of money or inability to maintain lifestyle
- unexplained withdrawal of funds from accounts
- power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- the person allocated to manage financial affairs is evasive or uncooperative •
- the family or others show unusual interest in the assets of the person •
- signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney, or LPA
- recent changes in deeds or title to property
- rent arrears and eviction notices
- a lack of clear financial accounts held by a care home or service
- failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- disparity between the person's living conditions and their financial resources e.g. insufficient food in the house
- unnecessary property repairs.

Neglect and acts of omission

Possible indicators:

- poor environment – dirty or unhygienic
- poor physical condition and/or personal hygiene
- pressure sores or ulcers
- malnutrition or unexplained weight loss
- untreated injuries and medical problems
- inconsistent or reluctant contact with medical and social care organisations
- accumulation of untaken medication
- uncharacteristic failure to engage in social interactions
- inappropriate or inadequate clothing

In children indicators may also include: constant hunger, sometimes stealing food from other children, constantly dirty or smelly, loss of weight or being constantly underweight, inappropriate dress for the conditions, being tired all the time, having few friends, mentioning being left alone or unsupervised.

Self-neglect

Possible indicators:

- very poor personal hygiene
- unkempt appearance
- lack of food, clothing or shelter
- malnutrition and/or dehydration
- living in squalid or unsanitary conditions
- neglecting household maintenance
- hoarding
- collecting a large number of animals in inappropriate conditions
- non-compliance with health or care services
- inability or unwillingness to take medication or treat illness or injury

Physical Abuse

Possible indicators:

- no explanation for injuries or inconsistency with the account of what happened
- injuries are inconsistent with the person's lifestyle
- bruising, cuts, welt, burns and/or marks on the body or loss of hair in clumps
- frequent injuries
- unexplained falls
- subdued or changed behaviour in the presence of a particular person
- injury shape similar to an object
- untreated medical problems
- weight loss – due to malnutrition or dehydration; complaints of hunger
- appearing to be over medicated

In children indicators may also include: fear of parents being approached for an explanation, aggressive behaviour or severe temper outbursts, flinching when approached or touched, reluctance to get changed, for example wearing long sleeves in hot weather and running away from home.

Sexual Abuse

Possible indicators:

- bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- torn, stained or bloody underclothing
- sudden onset of confusion, wetting or soiling
- withdrawal, choosing to spend the majority of time alone
- overt sexual behaviour/language by the child or adult at risk
- self-inflicted injury
- disturbed sleep pattern and poor concentration
- difficulty in walking or sitting
- torn, stained, bloody underclothes
- love bites
- pain or itching, bruising or bleeding in the genital area

- sexually transmitted urinary tract/vaginal infections
- bruising to the thighs and upper arms
- frequent infections
- severe upset or agitation when being bathed/dressed/undressed/medically examined
- pregnancy in a person not able to consent

Psychological / Emotional Abuse

Possible indicators:

- Ambivalence about the person
- Fearfulness expressed in the eyes – avoids looking at the person, flinching
- Deference
- Overtly affectionate behaviour towards the person
- Insomnia / sleep deprivation or the need for excessive sleep
- Change in appetite
- Unusual weight gain / loss
- Tearfulness
- Unexplained paranoia
- Low self esteem
- Excessive fears
- Confusion / agitation

In children indicators may also include: a failure to thrive or grow, sudden speech disorders, developmental delay, neurotic behaviour, being unable to play, fear of making mistakes, self harm, fear of parents being approached regarding their behaviour.

Organisational abuse

Possible indicators:

- enforced schedule of activities or a lack of stimulating activities
- limiting of personal freedom
- control of personal finances
- a lack of adequate clothing
- lack of individualised care
- poor personal hygiene
- low quality diet
- anything which treats service users as not being entitled to a “normal” life

Discriminatory abuse

Possible indicators:

- Lack of respect for an individual’s beliefs and cultural background
- Religious observances not encouraged or anticipated
- Isolation due to language barriers/communication needs not met
- Signs of substandard service offered to minority groups or individuals
- Repeated exclusion from rights afforded to citizens such as access to healthcare , education , employment or criminal justice
- Presumption of a lack of capacity due to an individual’s age, disability or appearance
- Not given culturally acceptable foods to eat

Domestic violence

Possible indicators:

- Appears to be afraid of partner/of making own choices
- Behaves as though he/she deserves
- May have low self-esteem to be hurt or mistreated
- Appears unable to unwilling to leave perpetrator
- Leaves perpetrator and return
- Makes excuses for or condones the behaviours of the person alleged to have caused harm
- Blames abuse on themselves
- Minimises or denies abuse or seriousness of harm.
- Perpetrator is always with the victim they won't let them be seen alone

Forced Marriage

Possible indicators:

- Not allowed to work
- Limited career choices
- Subject to financial control
- Accompanied all the time e.g. to work, Doctors
- Siblings forced to marry
- Self harm or suicide
- Running away from home
- Unreasonable restrictions e.g. kept at home all the time
- Sudden announcement of an engagement to a stranger
- Depression
- Female Genital Mutilation
- Victim or other siblings within the family reported missing

Modern slavery

Possible indicators:

- Lack of legal documents e.g. passport, bank account
- Using false or forged documents
- Serious or old untreated injuries
- Reluctance to engage with authorities/health professionals
- Few personal possessions/ often wear the same clothes
- Appears frightened and withdrawn
- Appears under control/influence of others
- Unfamiliar with their neighbourhood/place of work
- Restricted movement - taken to and from work

Hate crime

Possible indicators:

- Verbal abuse like name-calling and offensive jokes
- Harassment
- Bullying or intimidation by children, adults, neighbours or strangers
- Physical attacks such as hitting, punching, pushing, spitting

- Threats of violence
- Hoax calls, abusive phone or text messages, hate mail
- Online abuse for example on Facebook or Twitter
- Displaying or circulating discriminatory literature or posters
- Harm or damage to things such as your home, pet, vehicle
- Graffiti
- Arson
- Throwing rubbish into a garden
- Malicious complaints for example over parking, smells or noise.