SGPP1 Safeguarding Adults

Summary	Document detailing how NYHC aims to safeguard adults at risk from abuse. This is both a policy and accompanying procedures in one.
Document reference, eg, G41	SGPP1 Safeguarding Adults (Safeguarding Policy and Procedure number 1 – Safeguarding Adults) *Which type of Organisational Document? Delete those not relevant* Policy and accompanying procedures
Applies to	All of NYHC
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Additional NYHC staff who have contributed	
Scrutiny group(s) who have seen this document	Safeguarding Team at NYHC
Ratified by	CG Group BOT
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Available on	T Drive Website Relias
Related organisational documents	Detailed throughout document.
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Document Control

Date	Version	Action	Amendments
June 2021	1	New SG pathway detailed	Added in.

1 Introduction

1.1 Policy scope

This policy covers all work and services carried out by North Yorkshire Hospice Care, a registered charity in England and Wales (518905). All staff and volunteers operating its family of services, including Herriot Hospice Homecare, Just 'B', Saint Michael's Hospice and Talking Spaces, must therefore comply with the contents below. Throughout this document North Yorkshire Hospice Care and its family of services are referred to as 'we' 'us' 'our' for clarity and consistency.

1.2 Purpose of organisation

The purpose of our services is wide ranging, from end of life services to bereavement support and counselling.

1.3 Our commitments

Safeguarding is the responsibility of everyone including statutory, independent and voluntary agencies as well as every citizen. We will work together to prevent and protect adults with care and support needs from abuse and promote wellbeing. We are committed to safeguarding adults in line with national legislation and relevant national and local guidelines.

We will encourage and guide all staff and volunteers to work together in accordance with this Policy and Procedures and act promptly in reporting allegations or suspicions of abuse via our organisations Safeguarding Pathway (see Appendix A).
It is recognised that adults at risk from specific key groups may experience discrimination and less favourable treatment on the grounds of their age; disability; race; colour; ethnic or national origin; financial or economic status; gender or marital status; HIV status; homelessness or lack of a fixed address; political view or trade union activity; religion or belief; sexuality; or unrelated criminal convictions. We will take positive steps to stop any unfair/unlawful discrimination, and carry out positive action where lawful.

Any concerns regarding an adult of risk will be managed according to the procedure set below in section 7.1

1.4 The Policy

We recognise that many adults are at risk or are victims of neglect and abuse. Accordingly, this organisation has adopted the policy contained in this document (hereafter "the policy"). The policy sets out agreed procedures relating to responding to allegations of abuse, including those made against staff and volunteers. The policy will be kept under review and be supported by appropriate training. The creation of practice guidelines, detailing how to manage specific

situations, accompanies this policy, written and monitored by the Safeguarding Team.

The policy applies to all staff and volunteers who act on behalf of the organisation and who come directly into contact with adults.
This extends to recognising and reporting harm experienced anywhere, including within our services, within other organised community or voluntary activities or services, in the community, in a person's own home and in any care setting.

Every individual has a responsibility to inform the Safeguarding Team, via the Safeguarding Pathway of concerns relating to safeguarding adults.

2 Definitions

2.1 Safeguarding

Safeguarding is defined as protecting an adult's right to live in safety, free from abuse and neglect. Adult safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time ensuring the adult's wellbeing is promoted including having regard to their views, wishes, feelings and beliefs in deciding on any action.

2.2 Safeguarding an Adult at Risk

The Care Act 2014 outlines how safeguarding duties apply to an adult (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*** at risk of, abuse or neglect; ***and***
- As a result of their care and support needs is unable to protect themselves from either the risk or experience of abuse or neglect

Such a definition includes adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury.
Also included are people with a mental illness, dementia or other memory impairments, people who misuse substances or alcohol.
The definition includes unpaid carers (family and friends who provide personal assistance and care to adults on an unpaid basis).

2.3 Mental Capacity

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process will comply with the Act.

The Mental Capacity Act outlines five statutory principles that underpin the work with adults who lack mental capacity:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity;
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success;
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision;
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests;
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

In the application of this policy the Safeguarding Team will consider the mental capacity of Adults at Risk on a case by case basis referring to the policy CP3 Capacity and Decision Making.

3 Abuse

3.1 The Care Act's statutory guidance lists 10 types of abuse and neglect[1] but states that organisations should not limit their view of what constitutes abuse or neglect to those types, or the different circumstances in which they can take place. These are-

Physical abuse - includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.
Domestic abuse –Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called 'honour' based violence, forced marriage and female genital mutilation. It can also include coercive control, 'gaslighting', online abuse, threats and intimidation.
Sexual abuse - includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.
Psychological abuse - includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.
Financial and material abuse – includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Modern slavery - includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.
Neglect and acts of omission - includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services,

[1] https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1

the withholding of the necessities of life, such as medication, adequate nutrition and heating.
Discriminatory abuse - includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.
Organisational abuse – includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
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.
A safeguarding response in relation to self-neglect may be appropriate where:

- a person is declining assistance in relation to their care and support needs, and
- the impact of their decision, has or is likely to have a substantial impact on their overall individual wellbeing

3.2 Patterns of abuse and neglect

Abuse can consist of a single or repeated act(s); it can be intentional or unintentional, or result from a lack of knowledge. It can affect one person, or multiple individuals. Staff and volunteers should be vigilant in looking beyond single incidents to identify patterns of harm. In order to see these patterns, it is important that information is always passed on to the Safeguarding Team via the Safeguarding Pathway.

Patterns of abuse and neglect vary and include:

- Serial abusing, where the perpetrator seeks out and 'grooms' individuals by obtaining their trust over time before the abuse begins – sexual abuse or exploitation commonly falls into this pattern, as do some forms of radicalisation and financial abuse;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations, or persistent psychological abuse;
- Opportunistic abuse, such as theft occurring because money has been left lying around;
- Situational abuse, which arises because pressures have built up, or because a carer has difficulties themselves affecting their ability to adequately meet a person's needs. These could be debt, alcohol or mental health related, or the specific demands resulting from caring for a vulnerable person.

3.3 Additional key points regarding abuse

Anybody can abuse. The abuser is frequently, but not always, known to the adult they abuse.

Abuse can happen anywhere, including in any of our settings or services.

Abuse can happen for a variety of reasons. The risk is known to be greater when:

- The person is socially isolated;
- A pattern of family violence exists, or has existed in the past;
- Drugs or alcohol are being misused;
- Relationships are placed under stress;
- The abuser or victim is dependent on the other (for finance, accommodation, or emotional support).

Other factors which increase the likelihood of abuse and neglect occurring are:

- Where the person has an illness which causes unpredictable behaviour;
- Where the person has communication difficulties;
- Where the person exhibits challenging behaviour or major changes in personality, disorientation, aggression or sexual disinhibition;
- Where the person concerned needs or requests more than the carer can give;
- Where the family undergoes an unforeseen change in circumstances, e.g. sudden illness, unemployment, bereavement or divorce;
- Where a carer has been forced to change his or her lifestyle unexpectedly as a result of caring;
- Where a carer is isolated and can see no end to, or relief from, caring;
- Where a carer experiences regularly disturbed nights;
- Where the carer has their own health-related difficulties;
- Where the carer is dependent on the victim;
- Where the carer is physically, emotionally or practically unable to care for the individual;
- Where there has been a reversal of role and responsibilities;
- Where there are persistent financial problems;
- Where other relationships are unstable or placed under pressure by caring tasks.

4 Principles

4.1 Principle 1

We have adopted the **6 recognised Safeguarding Principles** and will embed them into all our Safeguarding Procedures and Guidelines.

	NYHC	**Adult at risk**
Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promote resilience a self-determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help

Proportionate	A proportionate and least intrusive response is made balanced with the level of risk	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local solutions through services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountable	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the Problem

4.2 Principle 2

Making Safeguarding Personal (MSP)

The aim of Making Safeguarding Personal is to ensure that safeguarding is person-led and outcome-focused. It engages the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control; as well as improving their quality of life, wellbeing and safety. It is an approach that sees people as experts in their own lives. We agree to:

- Work with adults (and their advocates or representatives if they lack capacity) at the beginning to identify the outcomes they want to achieve;
- Develop a range of clear, well-defined and appropriate responses that focus on supporting the adult to meet their desired outcomes and reduce the risk of recurrence of abuse;
- Record and review the outcomes in a way that can be used to inform future practice.

4.3 Principle 3

'Think Family'

In all adult safeguarding work, all staff and volunteers working with the person at risk must take a Think Family approach and establish whether there are children in the

family or environment, and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk or the abuser Think Family recognises and promotes the importance of a whole-family approach

5 Key Safeguarding Roles within NYHC

5.1 The Safeguarding Team

The NYHC Safeguarding Team consists of named staff members who are designated Safeguarding Officers (SO). The Safeguarding Team must be informed of any safeguarding concern, from any area of NYHC's work, within 24 hours. At least two SO must then discuss the concern and -

- Decide that the concern meets the threshold to be opened at a Safeguarding Level and will be opened to the wider team. An individual file is created in which records are kept, updated and closed when necessary
  Or
- Decide that it doesn't meet the threshold to be opened at a Safeguarding Level and be treated as a 'Cause for Concern'.

The Safeguarding Officers all meet together as a team, once a month, supported by PA to the CEO who takes minutes.

The purpose of these meetings are –

- To review all open cases. Decisions will be made if there is more follow up needed on a case, or a case can be closed.
- Information sharing on external training attended or other relevant safeguarding knowledge disseminated.
- To review the internal safeguarding training needs of the organisation.
- To review safeguarding polices, procedures, guidelines and information documents.

The Safeguarding Team is contactable via a central phone number (the Staff and Volunteer line) and a central email (safeguarding@herriothh.org.uk).

All confidential electronic files created, updated and closed will be destroyed in line with policy G10 - Record Management and Lifecycle policy.

5.2 Safeguarding Governance Level

In order to oversee the workings of the above process, a governance level exists. This level consists of two members who are experienced former Safeguarding Officers for the organisation.

The Governance Level meets quarterly. At this meeting three cases are selected to be audited, focussing on:

- Timescales of reporting, discussions and decisions.
- Consistency in approach when compared to a similar incident.
- Quality of recording and if it concretely details the rationale behind decisions
- If and how feedback was given to the reporter.
- Contact with other agencies involved in the incident.
- Any additional observations or learning points to be considered.

Minutes of the audit will be made by the PA to the Chief Executive and the Safeguarding Team will discuss the audit findings during their monthly meetings.

5.3 The Head of Safeguarding

The Head of Safeguarding chairs the Safeguarding Team meetings. They are responsible for taking the lead on reviewing the annual Safeguarding Training Pathway. They also lead on monitoring and reviewing all policies, procedures, guideline and information documents relating to safeguarding. A key role is to motivate the staff and volunteers within the organisation to become more aware of safeguarding issues by raising the profile of safeguarding and making it relevant to all different services and departments.

The Head of Safeguarding sits on the Clinical Governance Trustee Sub Group

6 Organisational Safeguarding Structures in Place throughout NYHC

6.1 Safer Employment and Volunteering

Recruitment procedures include measures to ensure safer recruitment practice is applied to all staff and volunteer roles even when direct contact with adults at risk is not certain. Our Safer Recruitment processes include advertising our commitment to safeguarding from the outset, value based interviewing, robust checks on previous employment/volunteering and references and, when appropriate, our a new preferred candidate process being followed which allows for further interviewing around issues such as safeguarding understanding and commitment. This connects to our Disclosure and Barring Policy which mandates all staff and volunteers must have a DBS check in place, at a level defined by the Role Risk Assessment form. Safeguarding is threaded throughout the induction, training and probation period. Recruitment processes will be responsive to fit any new advice from the Local Safeguarding Adults Board.

Policy Link:
HR 41Disclosure and Barring Policy
HR15 Recruitment of Ex-offenders and Vetting Processes

6.2 Training

North Yorkshire Hospice Care and its family of services will provide all staff and volunteers with adequate safeguarding training in order to carry out their role and responsibilities under this policy. A Safeguarding Training Framework has been created and will be reviewed by the Safeguarding Team and the Clinical Governance Trustee Group every year. This training pathway details the minimum training requirements for all different types of roles within NYHC, including trustees.

6.3 Safeguarding Supervision

Safeguarding supervision will be made available when either the Safeguarding Team, Governance Level member or individual involved in a recent safeguarding incident recognise that a reflective space is required.

This can be led by any individual deemed appropriate by the Safeguarding Team and will be for Safeguarding Officers involved in the case to attend. If appropriate, other individuals may be invited to attend, such as the original person who raised the concern. A separate Safeguarding Guideline on Safeguarding Supervision exits to aid this process.

6.4 Consent

Many of our patient and client based services require an adult to have been referred through a formal referral pathway, which includes self-referrals. Within this there will be evidence of consent to the service and information provided on how we use and store personal information.

Policy Link:
G6 General Data Protection Regulations

6.5 Making Safeguarding Information Available at Point of Access.

At point of access to one of our service, information will be provided regarding safeguarding within NYHC.
For example, this may be provided via a Factsheet given on admission or information emailed to a client who is starting to access bereavement support.

With regards to our helplines, each helplines website has an up to date Safeguarding Statement which details the limits of confidentiality while using these services, what we will do in the event of a safeguarding issue and what information we hold about callers/chat rooms users and for how long this is stored.

6.6 Photographs or Videos of Adults

Photographs and/or any form of images of adults using any of our services must not be taken by any staff or volunteer. The exception to this is photos needed for clinical use. A chaperone can be requested at any time.
The Marketing and Communications team must be involved if pictures are to be taken for any publicity purposes.

6.5 Clinical Governance Trustee Sub Group

The work of the Safeguarding Team is brought to the Clinical Governance Group via the Head of Safeguarding who is also a member of this group.
This includes a quarterly dashboard which is created by the System's Team. The dashboard includes all main data points regarding any closed Safeguarding file, plus the number of 'Cause for Concern' conversations the team have undertaken.

Additionally, any item of particular interest can be taken to the CG group, including cases which have brought new challenges to NYHC or shown a training need or a change in practice for one of our services.

7 Safeguarding Procedures

7.1 Safeguarding Team Procedure when Managing a Concern

Any Safeguarding concern must be reported to a Safeguarding Officer within 24 hours. This is done via the Safeguarding Pathway (see Appendix A) which in summary instructs the concerned person to immediately contact a Safeguarding Officer via the Staff and Volunteer helpline (07889 573398) or by emailing safeguarding@herriothh.org.uk
A Safeguarding Officer will then liaise with at least one other Officer and decide whether any further action is to be taken. This includes whether it meets the threshold to be open to the safeguarding team or not. Threshold decisions are complex, but put simply, the team is making a decision regarding whether significant harm, abuse, or self-neglect is taking place and action needs to be taken to ensure safety.

All cases which meet the threshold to be open to the Safeguarding Team will have a file saved on the T Drive, in a secure area only accessible to the Safeguarding Team. The file will consist of –

- a completed 'I'm Concerned about Someone Form' (see Appendix B).
- a Safeguarding Officers Log (see Appendix C) which is updated whenever any contact regarding a case takes place.

If a concern is brought to a safeguarding officer(s) and it is deemed that it doesn't meet the threshold of being opened to the Safeguarding Team, then it will be treated as a 'Cause for Concern'. This means advice will be given and the door left open should new information or concerns arise.
The 'Cause for Concern' process also applies to concerns regarding patients or clients who are already open to Social Care and have a known named Social Worker whom the information can be passed to directly.

7.3 Consent Procedure During Safeguarding Concerns

The first priority in safeguarding will always be the safety and well-being of the adult. 'Making Safeguarding Personal' is a person-centred approach which encourages adults to make their own decisions and be provided with support and information that empowers them to do so. The approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. The Safeguarding Team will strive to deliver effective safeguarding consistently within these principles.

It is essential in adult safeguarding to consider whether the adult is capable of giving consent in all aspects of their lives. If they are able, their consent should be sought.

Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be fearful of reprisals, they may fear losing control, they may lack trust in statutory services, or fear their relationship with the abuser will be damaged. Reassurance and appropriate support can help to change their view on whether it is best to share information, and the Safeguarding Team will consider the following approaches:

- Exploring the reasons for the adult's objections – what are they concerned about;
- Exploring the concern and why the team think it is important the information is shared;
- Telling the adult with whom the team may be sharing the information with and why;
- Explaining the benefits, to them or others, of sharing information – could they access better help and support;
- Discussing the consequences of not sharing the information – could someone come to harm;
- Reassuring them that the information will not be shared with anyone who does not need to know;
- Reassuring them that they are not alone and that support is available to them.

If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general their wishes will be respected. However, there are a number of circumstances where the Safeguarding Team can reasonably override such a decision, including:

- Whether the adult has the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act (see point 2.3). If there are questions about the adult's capacity to make choices around consent, then the Policy CP3 Capacity and Decision Making will be followed.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent;

- If there is an aspect of public interest (e.g. not acting will put other adults or children at risk);
- Sharing the information could prevent a serious crime;
- If there is a duty of care on a particular agency to intervene (e.g. the police if a crime has been/may be committed);
- The risk is unreasonably high;
- Staff or volunteers are implicated;
- There is a court order or other legal authority for taking action without consent.

The Safeguarding Team will keep a careful record of the decision-making process and what, if any, information was shared in such situations.
Safeguarding Officers will make decisions based on whether there is an overriding reason which makes it necessary to take action without consent, and whether to do so is proportionate because there is no less intrusive way of ensuring safety.
Legal advice will be sought where appropriate. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

If none of the above apply and a decision is taken not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult. Safeguarding Officers will -

- Support the adult to weigh up the risks and benefits of different options;
- Ensure that they are aware of the level of risk and possible outcomes;
- Offer to arrange for them to have an advocate;
- Offer support for them to build confidence and self-esteem, if necessary;
- Agree on and record the level of risk the adult is taking;
- Record the reasons for not intervening or sharing information;
- Regularly review the situation;
- Seek to build trust to enable the adult to better protect themselves

Policy Link:
CP3 Capacity and Decision Making
CP4 Deprivation of Liberty Safeguards
G2 Confidentiality
G6 General Data Protection Regulations

7.3 Procedure for Managing Allegations Made Against Staff or Volunteers

Staff and volunteers must never develop relationships with adults who use our services that could in any way be deemed or perceived to be exploitative or abusive or in any way inappropriate.
Examples of when this may occur-

- Inappropriate touching and coercive behaviour
- Staff and volunteers doing things for adults of a personal nature that they can do for themselves.
- Adults being taken to the home of an employee or volunteer
- Staff and volunteers using language that is offensive and/or abusive.

If staff, volunteers or anyone involved in our services suspects or discloses abuse of this kind then the safeguarding pathway must be adhered to immediately. The Safeguarding Team will inform the Local Authority Designated Officer (LADO) where appropriate.

Where a member of staff/volunteer/trustee is thought to have committed a criminal offence the police will be informed.
The Chief Executive will also be informed and they will share the information with the Charity Commission, CQC and Disclosure and Barring Service where appropriate.

Policy Link:
HR13 Whistleblowing Policy and Procedure
HR15 Recruitment of Ex-offenders and Vetting Processes
HR 8a Disciplinary Procedures
S2 Safeguarding of Children and Young People

7.5 Procedure for Making a Referral to the Adult Social Care

If the Safeguarding Team decide that information regarding an adult at risk needs escalating to Adult's Social Care, then this will be led by the Safeguarding Team. The team make contact with the appropriate Local Authority, the details on which can be located by the NHS Safeguarding App or online.

7.5 Procedure for Out of Hours Safeguarding Concerns

If the safeguarding occurs out of hours, then staff or volunteer must contact the Staff and Volunteer Line on 07889 573398 which is available 24 hours a day. The call handler will decide if contact with the Emergency Duty Team for that Local Authority needs to be made immediately, or if the concern can wait and be dealt with by the Safeguarding Team the next working day.

Contact details for all Local Authority Emergency Duty Teams are accessible via the NHS Safeguarding App or the relevant website.

7.6 Procedure for Submitting a Referral to Adult Social Care

If a formal referral is submitted to a Local Authority, then this must be sent on the relevant Local Authority's Safeguarding form and emailed securely by using an encryption service such as Egress and be password protected. This will then be saved in the patient/clients Safeguarding Team folder.

7.7 Procedure for Disputing a Decision by the Local Authority

If the Safeguarding Team are unhappy with the outcome of a referral, then contact with the relevant Local Authority Social Care department should be made in the first instance.

If after this step, concerns are still present, then the Professional Resolutions Practice Guidance document for the relevant Local Authority should be followed. This can be located on the Adults Safeguarding Board website.

Appendix A: Safeguarding Pathway

If you have a safeguarding concern...

Contact

Email a Safeguarding Officer;
safeguarding@herriothh.org.uk
or call the Staff and Volunteer Helpline on **07889 573 398,**
who will put you in touch with one.

If it is **after 6pm**, **or at the weekend**, please only contact the Staff and Volunteer Helpline, via the number above.

You'll then need to fill out an **'I'm concerned about someone' form**, which will be emailed to you password protected, and must be returned password protected.

To request a form, please email; **safeguarding@herriothh.org.uk.** If you require any support with completing the form, please ask us.

Complete

Safeguarding is your responsibility – how are you living up to it?

Appendix B: **I'm Concerned About Someone**

This form is to be completed by you, the person who has the concerns

My name and contact details:	Role and department:	Date:

My concern is regarding:

Name and D.O.B:	Address and contact details:	Reason for contact with our services:

What I am worried about:

What is going well for this person:

Please continue overleaf

Please email this form to: safeguarding@herriothh.org.uk
Please ensure you send it Password Protected
This form will be reviewed by the Safeguarding Team, please ensure your information is factual and *where opinion is included, please make this clear.*

Appendix B Continued What the patient/client thinks/understands and has consented to:

My thoughts on the possible next steps:

Date received and logged by:

All forms must be Password Protected to avoid a data breach incident. If you need support in how to password protect this document, please ask.

This form should be sent **securely** to the Safeguarding Team within 24 hours of the concern safeguarding@herriothh.org.uk

Please email this form to: safeguarding@herriothh.org.uk
Please ensure you send it Password Protected
This form will be reviewed by the Safeguarding Team, please ensure your information is factual and *where opinion is included, please make this clear.*

Appendix C: **Safeguarding Team Log**

Concern regarding (full name):

Has the 'I'm Concerned' form been completed? ☐

Has the SG team been alerted by email? ☐ Date this happened:

Date, time & Initials of SG Officers involved	Discussion, Decisions & Actions (including evidence of how decisions have been reached)	Written By:
	Action to be taken:	
	Action to be taken:	
	Action to be taken:	
	Action to be taken:	

DATA POINTS AT CLOSURE

Name of reporter	Area of Concern	Service the referral originated from	Escalated to (eg. Early Help, adult NYCC)	Date reported to SG Team	Date closed by SG Team

CATEGORIES OF CONCERN

ADULT	Physical Abuse	Psychological Abuse	Domestic Abuse	Sexual Abuse	Financial& Material Abuse
Modern Slavery	Neglect	Discriminatory Abuse	Organisational Abuse	Self-Neglect	Hate Crime
CHILDREN	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect	