

SGPP1 Safeguarding Adults

Summary	Document detailing how NYHC (North Yorkshire Hospice Care) aims to safeguard adults at risk from abuse. This is both a policy and accompanying procedures in one.
Document reference,	SGPP1 Safeguarding Adults (Safeguarding Policy and Procedure number 1 – Safeguarding Adults) <i>Which type of Organisational Document?</i> Policy and accompanying procedures
Applies to	All of NYHC
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Scrutiny group(s) who have seen this document	Safeguarding Team at NYHC
Ratified by	Board of Trustees
Date of ratification	27 th September 2023
FREDIE Compliant?	Yes. EIA completed by M.Itson June 2021, Reviewed August 2023
Is a Data Protection Impact Assessment required? If no, please give a reason	Yes Completed by M.Itson June 2021. Reviewed August 2023
Does this policy need to be audited? If so, against what standards?	Yes – by the policy standards set out by the North Yorkshire Safeguarding Adults Board. Completed by M.Itson August 2023 as part of this review.
Links to national/regional evidence/research or policies that have informed thinking on this policy	https://www.scie.org.uk/
Version	2
Available on	T Drive Website
Related organisational documents	June 21 - Detailed throughout document. From Aug 2023 - Social Media Policy
Date of implementation	September 2023
Date of next formal review	September 2025

Document Control

Date	Version	Action	Amendments
June 2021	1	New SG pathway detailed	Added in.
August 2023	2	'Think Family, Work Family' 'Abuse By Children' 'Safeguarding roles at NYHC'.	Additional details added in

1 Introduction

1.1 Policy scope

This policy covers all work and services carried out by North Yorkshire Hospice Care (NYHC), a registered charity in England and Wales (518905). All staff and volunteers, where appropriate, 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, concerns, disclosures or suspicions of abuse via our organisations Safeguarding Pathway (see Appendix A).

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 safeguarding concerns and 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 adults.

We recognise that this policy may serve to support people in their personal lives. The Safeguarding Team are here to support individuals with any safeguarding concerns, including those not connected to their work with NYHC.

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 neglect¹ 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.

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

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, 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 or condition which may be physical and/or mental, 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, Work Family' In adult safeguarding work, all staff and volunteers working with the person at risk must take a Think Family, Work Family approach. This approach recognises that people often live as part of a family, whose members provide support for each another. This approach is important in helping to understand the unique circumstances of any adult or child, and the strengths and resources within the family to provide for their needs. As part of this, everyone has responsibilities to recognise the wider needs of families and to enable or sign-post those in need of support, to required services.

4.3.1 Safeguarding Children and Young People

This extends to thinking about whether there are children in the family or environment, and whether the Safeguarding Pathway should be followed for any 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.

4.3.2 Abuse By Children

Parents or Carers experiencing abuse from their children may be reluctant to seek help, fearing judgement from agencies or negative consequences for their child. It is important to note that young people using violence against parents may sometimes have safeguarding needs themselves. Alongside raising a safeguarding adults concern for the parent/person at risk, the Safeguarding Team will also need to consider the safeguarding needs of the child or young person.

5 Key Safeguarding Roles within NYHC

5.1 The Head of Safeguarding

The Head of Safeguarding oversees the management of Safeguarding structures throughout NYHC. This includes -

- Motivating and enabling all 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.
- Chairing the Safeguarding Team meetings.
- Creating the Safeguarding Workplan
- Taking the lead on reviewing the annual Safeguarding Training Pathway.
- Leading on monitoring and reviewing all policies, procedures, guideline and information documents relating to safeguarding, and auditing their implementation.

- Attending the Local Safeguarding Partnership Groups.

The Head of Safeguarding joins the Board of Trustees meetings to present the Safeguarding Dashboards and discuss any relevant safeguarding topics.

5.2 The Safeguarding Team and Safeguarding Officers

The NYHC Safeguarding Team consists of named staff members who are designated Safeguarding Officers (SO).

The Safeguarding team exists to ensure that safeguarding knowledge is embedded into every element of NYHC.

They respond and manage any safeguarding concerns to which the team are alerted.

The Safeguarding Officers meet as often as required; this can be at very short notice.

The Safeguarding Team also have a formal meeting, once a month, supported by Safeguarding administrator.

Key Tasks of the Safeguarding Team

- To instil the mantra that 'Safeguarding is Everyone's Responsibility' into the culture of NYHC and challenge whenever this fails to be demonstrated, with a view to learning and improvement.
- To ensure all concerns are discussed, considered and any actions are agreed and undertaken as described in procedures section of the Children and Adults Safeguarding Policies (SGPP1 and SGPP2).
- To oversee the annual review of the Safeguarding Training Framework, ensuring it meets the training needs of all sections of NYHC, reflects any statutory changes and advancement in good practice, alongside formal registration requirements.
- To create and build upon external relationships with other safeguarding agencies, including the Local Authority.
- To cascade any learning from training or information sessions attended with the team.
- To support the Head of Safeguarding in the creation of safeguarding practice guidelines, dashboards and other relevant organisational documents
- To lead on Safeguarding Supervision sessions as and when required.
- To respond proactively to the audits undertaken by the Safeguarding Governance Level

5.3 The Safeguarding Governance Level

The overall aim of the Safeguarding Governance Level is to ensure that the safeguarding structure is meeting the needs of those who access NYHC services and following policy and procedure.

The Governance Level also check that NYHC are following local and national guidelines on best safeguarding practice.

Key Tasks of the Safeguarding Governance Level

- To oversee the working of the Safeguarding Team's case management system by undertaking three audits, every quarter, on closed safeguarding cases.

These audits examine

- 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.
- To feedback these findings to the Safeguarding Team. This may be achieved by joining a standard monthly meeting or sending the findings to the Chair to discuss with the group.

6 Organisational Safeguarding Structures in Place throughout NYHC

6.1 Safer Recruitment and Volunteering

These processes are managed by the HR Services, and they can call upon the Safeguarding Team for support when needed.

See Policies - Safer Recruitment, Disclosure and Barring and Recruitment of Ex-offenders

6.2 Safer Employment

This term refers to the safeguards NYHC put in place post the onboarding process in recruitment.

For example, asking staff to repeat Self- Disclosure documents, Safeguarding Supervision and annual appraisals. Additional details can be found in the documents listed in 6.1

6.3 Training

NYHC 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 formally reviewed by the Safeguarding Team and Board of Trustees every three years.. This training pathway details the minimum training requirements for all different types of roles within NYHC, including trustees.

6.4 Safeguarding Supervision

A separate Guideline details the process of Safeguarding Supervision, SGG3.

6.5 Making Safeguarding Information Available at Point of Access.

At point of access to one of our services, 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 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 only be taken if the correct process has been followed.

For example, photographs may be required for clinical purposes. It should be noted that a chaperone can be requested at any time. See Chaperone Policy CP25.

Another example could be for publicity purposes. In cases such as these, the Marketing and Communications team will be involved and CRT11 Case Study Policy followed. ?

6.7 Board of Trustees (BOT)

The work of the Safeguarding Team is brought to the Board of Trustees by the Head of Safeguarding.

This includes a quarterly dashboard and an annual rolling dashboard. The dashboard includes all main data points regarding any opened Safeguarding cases

Additionally, any item of particular interest can be taken to the BOT, 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

The Safeguarding Team must be informed of any safeguarding concern, from any area of NYHC's work, within 24 hours.

The Safeguarding Team is contactable via two central email addresses (safeguarding@heriothh.org.uk and safeguarding@saintmichaelsospice.org) and a central phone number (the Staff and Volunteer line 01423 200100). There is a clear out of hours pathway detail on the poster (see Appendix A).

Upon receiving details of the safeguarding concern, at least two Safeguarding Officers (SO) must then discuss it.

The person (or a member of that team) who raised the concern will, if appropriate, be invited to join the discussion.

In the absence of a Safeguarding Officer, a member of the Safeguarding Governance Level can act as a Safeguarding Officer.

The discussion must-

- Decide whether 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
If it doesn't meet the threshold to be opened at a Safeguarding Level and be treated as a 'Cause for Concern'. Details of this process can be found in SGG4 Managing Lower Level Concerns Within Services.

If a case is opened, it will be monitored regularly by at least 2 members of the Safeguarding Team.

Outcomes may include a referral to another agency, such as the police or Social Care.

As some of our services are regulated by the Care Quality Commission (CQC), there may be a requirement for a CQC safeguarding notification to be made. This will be decided by the Registered Manager or the Deputy Registered Manager.

Cases can be closed by agreement of at least 2 SG officers.

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

7.2 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 self-advocate.

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 follow the North Yorkshire Safeguarding Boards 'Persons in a position of trust' Policy - 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:

HR 49 Professional Boundaries

HR13 Freedom to Speak Up

HR15 Recruitment of Ex-offenders and Vetting Processes

HR 8a Disciplinary Procedures

SGPP2 Safeguarding of Children and Young People

7.4 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 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 01423 200100 . 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 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. Some Local Authorities have secure forms in which to submit the referral.

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



WORRIED ABOUT SOMEONE?

If you've seen or heard
something that concerns you...

SPEAK TO THE SAFEGUARDING TEAM NOW

**IT BEGINS
WITH A
CHAT...**

Safeguarding concerns
should always be talked
through with a
safeguarding officer.
No worry is too small.

**MONDAY - FRIDAY
9AM-5PM**

Email safeguarding@herriothh.org.uk or
safeguarding@saintmichaelshospice.org
Give your number and ask for
someone to call you.

**OUT OF HOURS:
7AM-11PM, EVERY DAY**

INCLUDING WEEKENDS AND BANK HOLIDAYS
Call the Staff and Volunteer Line
(01423 200 100). Say you need to
speak to a Safeguarding Officer.
Give your number and ask for
someone to call you back.

SAFEGUARDING IS EVERYONE'S BUSINESS

North Yorkshire Hospice Care is a registered charity in England and Wales (518905) with a family of services operating as Herriot Hospice Homecare, Just 'B', Saint Michael's Hospice and Talking Spaces. North Yorkshire Hospice Care is a company limited by guarantee, registered in England and Wales (2121179). Registered address Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8NA.