



Adult's Safeguarding Policy and Procedures

Date of last review: April & July 2024

Date of next review: July 2025

Designated Safeguarding Lead:

Josephine Lay, Clinical Lead

Designated Safeguarding Advisors:

- Rebecca Parkhill, Service Manager (maternity cover)
- Anna Barnes, Specialist Practitioner (in the absence of DSL and Service Manager)
- Alessia MacDonald, Specialist Practitioner (in the absence of DSL and Service Manager)
- Gemma Halliwell, CEO

Lead Trustee for Safeguarding and Child Protection:

Rob Senior, Clinical Trustee

Staff Name	Title	Date Reviewed
Natalie King	Service Manager	Jan 2023
Josephine Lay	Clinical Lead	Jan 2023, July 2024
Gemma Halliwell	CEO	March 2023
Rebecca Parkhill	Service Manager cover from Nov 2023-Nov 2024	April 2024
Steve Livings	Chair of Board	April 2024

The policy will be reviewed on a formal basis each year, or sooner in light of new guidance, legislation; or where relevant learning or good practice emerge nationally or locally.

This policy applies to all staff, including senior managers and the Board of Trustees, paid staff and sessional workers or anyone working on behalf of The Green House.

When to use this policy

This policy should be read in conjunction with the Children's Safeguarding Policy and the Whistleblowing Policy.



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Policy Statement

The Green House is committed to safeguarding and promoting the welfare of all children, young people, and adults. Safeguarding adults at risk is a specific activity that is undertaken to protect adults with care and support needs to keep them safe. We are committed to practice in a way that protects them and recognises that all adults, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity, have a right to equal protection from all types of harm or abuse.

Adult Safeguarding Aims:

This policy sets out:

- To prevent harm and reduce the risk of abuse and neglect to adults with care and support needs.
- To safeguard adults who receive The Green House's services in a way that supports them in making choices and having control in how they choose to live their lives.
- To provide staff and volunteers with the overarching principles that guide our approach to adults at risk.
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- This policy seeks to adhere to The Bristol Safeguarding Adults Board (BSAB) joint safeguarding adults policy:
<https://bristolsafeguarding.org/media/zxgbrvyf/regional-joint-safeguarding-adults-policy-july-2023.pdf>

This policy has been drawn up on the basis of UK law and guidance that seeks to protect adults with care and support needs, namely:

- The Care Act 2014 - [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)
- Safeguarding Vulnerable Groups Act 2006
- Sexual Offences Act 2003
- Health and Social Care Act 2012
- Mental Capacity Act 2005
- Equality Act 2010
- Human Rights Act 1998
- Data Protection Act 2018
- Youth Justice and Criminal Evidence Act 1999 – special measures for 'vulnerable' and/or 'intimidated' witnesses. Intermediaries for those with difficulty giving their evidence.
- Various criminal laws

Adult safeguarding duties

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, any kind 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.

** When someone over 18 is still receiving children's services (for example in an education setting until the age of 25) and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements with children's safeguarding and other relevant partners involved as appropriate. The level of need is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act.*

Young people who receive leaving care or after care support from children and family services are included in the scope of adult safeguarding, but close liaison with children and family service providers is critical in establishing who is the best person to lead or support young people through adult safeguarding processes.

Adult safeguarding prevents the abuse of power. Adults at risk are dependent on others to meet their everyday needs. The Green House may be working directly or indirectly with adults experiencing, or at risk of, abuse or neglect.

The safeguarding of adults supports the human rights of people who are unable to claim these for themselves. People who use The Green House's services should be treated with dignity and respect, receive high quality, compassionate care and be safe from harm and abuse.

This includes having due regard to the need to eliminate discriminatory abuse, harassment and victimisation.

Principles

This policy and associated procedures are based on the six principles of safeguarding that underpin all adult safeguarding work.

1. **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.*
2. **Prevention** Strategies are developed to prevent abuse and neglect that promote resilience and 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.*
3. **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.*
4. **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.*
5. **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.

6. **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.*

Types of Abuse

The Care Act's statutory guidance lists 10 types of abuse but states that local authorities 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** – including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.
- **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** – including 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.
- **Psychological / emotional abuse** - including 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 of services or supportive networks.
- **Financial or material Abuse** - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with Wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** - 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.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.
- **Discriminatory Abuse** - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational Abuse** - including neglect and poor care 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.
- Although ‘**Exploitation**’ is not a category recognised in the Care Act guidance, Green House will also be mindful of Exploitation – including taking unfair advantage of a person, grooming, using a child or adult with care and support needs for the purpose of sexual gratification, prostitution of children/adults, forced labour, drug running.

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. Professionals and others 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 recorded and appropriately shared.

Safeguarding children and young people

In all adult safeguarding work, all staff working with the person at risk must take a **Think Family** approach and establish whether there are children in the family. Staff should also establish 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 person alleged to have caused harm. **Think Family** recognises and promotes the importance of a whole-family approach:

- No wrong door – contact with any service offers an open door into a system of joined-up support. This is based on more coordination between adult and children's services.
- Looking at the whole family – services working with both adults and children take into account family circumstances and responsibilities.
- Providing support tailored to need – working with families to agree a package of support best suited to their particular situation.
- Building on family strengths – practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities. For example, family group conferencing creates a safe environment where families can

identify the reasons for problems, to understand the triggers and the impact of associated behaviours so that solutions can be agreed.

- Children and young people may be at greater risk of harm, or be in need of additional help, in families where: adults have mental health issues, misuse substances or alcohol, are in a violent or coercive relationship, have complex needs or have learning disabilities. For further information see Working Together to Safeguard Children: [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100276/working-together-to-safeguard-children-2023-statutory-guidance.pdf)
- Abuse within families reflects a diverse range of relationships and power dynamics which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all those at risk. In particular, staff may be assisted by using Domestic Abuse risk management tools as well as safeguarding risk management tools. Staff providing services to adults, children and families should have appropriate training whereby they are able to identify risks and abuse to children and vulnerable adults

Please read the children's safeguarding policy for further details.

Mental Capacity and Consent

The presumption in the Mental Capacity Act 2005 (MCA) is that adults have the 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 adult safeguarding. All interventions need to take into account the ability of adults to make informed choices about how they wish to live their lives and the risks they are wanting to take. This includes their ability to understand the implications of their situation and to take action themselves to prevent abuse, and to participate fully in decision-making about interventions.
- The MCA provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. It applies to anyone over 16 who is unable to make some or all decisions for themselves. All decisions taken in the adult safeguarding process must comply with the Act. It is essential that in any level of safeguarding enquiry the mental capacity of those involved is clarified at the outset.
- The MCA outlines five statutory principles that underpin the work with adult who may lack mental capacity:

1. A person must be presumed to have capacity unless it is established that they lacks capacity.
2. A person is not to be treated as unable to make a decision unless all

practicable steps to help them do so have been taken without success;

3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.

4. An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests;

5. 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.

- Learning from Safeguarding Adults Reviews continues to reveal that staff working with adults who lack mental capacity are not fully complying with the principles of the act. The majority of adults requiring additional safeguards are likely to be people who lack the mental capacity to make decisions about their care and support needs.
- Mental capacity refers to the ability to make a decision about a particular matter at the time the decision is needed. It is time and decision specific. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time, as may their ability to execute it as a result of impairment to their executive functioning. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety. Staff must satisfy themselves that the adult has the mental ability to make the decision themselves. If not, it is best to err on the side of caution, identify the risks and consider support or services that will mitigate the risk. Advocacy support can be invaluable and may be provided by an IMCA (Independent Mental Capacity Advocate) or another appropriate advocate.
- It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect should there be concerns over their ability to give informed consent to:
 1. Planned interventions and decisions about their safety.
 2. Their safeguarding plan and how risks are to be managed to prevent future harm.

• The MCA says that '*...a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further a person is unable to make a decision if they are unable to:*

- *Understand the information relevant to the decision;*
- *Retain that information long enough for them to make the decision, or*
- *Use or weigh that information as part of the process of making the decision, or*
- *Communicate that decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).*



- Where there are disputes about a person’s mental capacity or the best interests of an adult deemed to be at risk, and these cannot be resolved locally, legal advice should be sought about whether an application to the Court of Protection is required.
- If a person has capacity but is deemed to not be able to make, informed decisions because of high levels of coercion and control and are deemed to be at high levels of harm that consideration should be given to the inherent jurisdiction of the Court of Protection.

Commitments, The Green House will:

1. Recruit safely to ensure that all staff and Trustees have enhanced Disclosure Barring Service (DBS) checks prior to engaging in any work with the organisation and are precluded from involvement in the organisation as appropriate.
2. Provide clear and detailed procedures on decision making, accountability and recording of child safeguarding situations.
3. Provide thorough and effective **training** to staff on child protection policies and procedures through the training providers outlined below. Refresher dates for interagency training are based on guidance given by Keeping Bristol Safe Partnership. The appropriate training levels for all staff and managers including Safeguarding Leads are set out in the Keeping Bristol Safe Partnership Board (KBSP) training programme: <https://bristolsafeguarding.org/training/kbsp-training/>

Role	Training	Renewal/ refresher dates
Office staff (who aren't in client facing roles)	Minimum of Level 2 Children's Safeguarding Training through Level 2 Safeguarding Children Accredited Online Course (highspeedtraining.co.uk)	In-house refresher training (yearly)
Frontline staff (all client facing roles)	Minimum of Working Together: Our Shared Responsibility (Level 2) KBSP Advanced (Level 2) Safeguarding Adults Online Training (highspeedtraining.co.uk) or the new KBSP	1. Complete KBSP refresher training every 2 years 2. Complete In-house refresher training (yearly)



	Introduction to Safeguarding Adults	
Safeguarding Advisors	Minimum of Advanced Child Protection Training For Safeguarding Leads and Specialist Practitioners (Level 3) KBSP New KBSP Introduction to Safeguarding Adults	1. Complete KBSP refresher training every 2 years 2. Complete In-house refresher training (yearly)
Designated Safeguarding Lead	Minimum of Child Protection For Managers (Level 4) KBSP New KBSP Introduction to Safeguarding Adults	1. Complete KBSP refresher training or specialist safeguarding every 2 years
Trustees	Minimum of Level 2 Children's Safeguarding Training through Level 2 Safeguarding Children Accredited Online Course (highspeedtraining.co.uk)	In-house refresher training (yearly)
Lead Trustee for safeguarding (and clinical trustees)	Minimum of Level 2 Children's Safeguarding Training through Level 2 Safeguarding Children Accredited Online Course (highspeedtraining.co.uk) Safeguarding training for charity trustees NSPCC Learning	In-house refresher training (yearly)

All course links can be found on the Keeping Bristol Safe Partnership website below - [Welcome to the Keeping Bristol Safe Partnership website. \(bristolsafeguarding.org\)](https://www.bristolsafeguarding.org/)

4. Appoint a member of staff as Designated Safeguarding Lead and other key members of staff as Safeguarding Advisors.
5. Provide regular and consistent supervision and support to staff who have as their basis, the safety and welfare of clients
6. Ensure that the organisation is able to learn from specific adult safeguarding situations and review policy and procedures as a result if necessary

7. Maintain a current knowledge of adult safeguarding procedures nationally and within the Bristol, BANEs, North Somerset and South Gloucestershire area. A resource of these can be found here: [Adult safeguarding](#)
8. A training log is kept by the HR officer to track that all training is in line with this policy and to ensure staff have access to Safeguarding refresher training in a timely way.

In addition, Staff and trustees will seek to keep children and young people safe by:

- Valuing, listening to and respecting them.
- Adopting child protection practices through procedures and a code of conduct for staff.
- Developing and implementing an effective e-safety policy and related procedures.
- Providing effective management for staff through support and supervision:
 - ✓ All direct services staff attend weekly or fortnightly team meetings where relevant client cases can be discussed.
 - ✓ All direct services staff attend weekly team or whole service meetings; team discussion and review of safeguarding / risk/ clinical concerns is a standing item on the agenda.
 - ✓ All therapists attend monthly 'case management' meetings with the Clinical Lead where all current cases are discussed.
 - ✓ All Family Support and Survivor Voice Practitioners attend 6-weekly case and line management where all current cases can be discussed.
 - ✓ All staff will request a safeguarding consultation, with the DSL, to discuss their concerns as soon as practicably possible.
 - ✓ All therapists have a minimum of one hour of external clinical supervision each month (depending on caseload size).
 - ✓ All direct support staff have external clinical supervision (1-1.5 hours monthly).
 - ✓ All office/administrative staff are offered optional internal group supervision 6- weekly.
 - ✓ The Service Administrator is offered monthly internal clinical supervision
 - ✓ All external clinical supervisors work under contract to The Green House and are required to immediately raise any safeguarding concerns with the Clinical Lead/ Service Manager.
 - ✓ The external supervisors provide a written report annually to the Clinical Lead/Service Manager with safeguarding concerns as a standing item and they meet once a year with the Clinical Lead/Service Manager to discuss the staff's performance and raise any concerns.
 - ✓ All staff have a minimum of 6-weekly individual line management meetings with their designated line manager.

✓ The DSL and/other staff with safeguarding responsibilities, are available on a daily basis to discuss any safeguarding concerns and provide support and supervision as required to staff.

- The Green House will ensure information is easily and accessibly available to young people, parents, carers and staff about safeguarding adults at risk; and about good practice in safeguarding [including on the website] [Bristol-Safeguarding-adults-booklet-easy-read-guide-2014.pdf](#)
- Sharing information about Safeguarding Adults and good practice with staff, Trustees and other professionals that work with the organisation
- Sharing concerns and relevant information as necessary with agencies who need to know and involving the adults at risk.

It is the responsibility of TGH to ensure they have a skilled and competent workforce, who can implement the roles and responsibilities required to protect adults at risk and ensure an appropriate response when adult abuse or neglect does occur.

Training should take place at all levels within an organisation and be updated routinely to reflect best practice.

Regular line management and case supervision meetings will also provide opportunities for reflective practice which is essential in enabling staff to work confidently and competently with difficult and sensitive situations.

Roles and Responsibilities

Role Description: Designated Safeguarding Lead: Clinical Lead

Duties include:

- Being the main contact within The Green House in relation to Adult Safeguarding i.e., enquiries from external parties.
- Named contact for all safeguarding concerns across all services at The Green House
- Named contact for CYP and Adult Safeguarding Services
- Discussion with staff and checking information is logged by staff on OASIS
- Responsible for updating the safeguarding database including incidents where staff report concerns to statutory agencies (e.g. Social Services).
- Completing Adults Safeguarding Training which will be updated every 2 years. Maintaining awareness of updates in local Safeguarding Adults guidance.
- Communicating to Trustees any safeguarding issues that need to be escalated to them at 6-weekly meetings where safeguarding is a standing agenda item.
- Ensuring that Policies and Procedures & resources relating to safeguarding are up-to-date and reflect best practice and current guidelines

- Working alongside HR officer and Service Manager to ensure staff members are appropriately trained in Adults Safeguarding and that training is updated regularly.
- Providing 1:1 case and Line Management meetings for clinical staff every 4 weeks where Safeguarding is a standing agenda item.

Not responsible for:

- Making all necessary Safeguarding referrals - A referral to Early Help/ Social Care will usually be completed by the designated worker for the child/ young/ person/ adult.

Planned absence:

Staff are informed that the Safeguarding Advisors are the named members of The Green House team responsible for Safeguarding in the absence of the Safeguarding Lead.

Role Description: Safeguarding Advisors

Duties include:

- Being available for The Green House staff to discuss Safeguarding Concerns
- Communicating with DSL about safeguarding concerns raised to ensure clear information-sharing and joint-working across the services.
- Completing Advanced Child Protection Training which will be updated every two years. Is aware of updates in local Adult and Child Safeguarding guidance.
- Ensuring Safeguarding is a standing item on the agenda for weekly team meetings.
- Ensuring staff members are appropriately trained in safeguarding Adults and that training is updated regularly. The appropriate training levels for all staff and managers, are set out in the Keeping Bristol Safe Partnership Board (KBSP) training programme. <https://bristolsafeguarding.org/training/kbsp-training/>

Not responsible for:

- Making all necessary Safeguarding referrals - A referral to Early Help/ Social Care will usually be completed by the designated worker for the child/ young/ person/ adult.

Role Description: Responsibilities of the Lead Trustee for Safeguarding

Guidance taken from NCVO site: [Introduction to safeguarding for trustees | NCVO](#)

The Working Together to Safeguard Children statutory guidance requires any charity working with children to have both a lead trustee for safeguarding and an operationally focussed designated safeguarding lead.

The Charity Commission states that safeguarding is the responsibility of all trustees. Hence the lead trustee is not to be the only person among the trustees who understands safeguarding.



What is a lead trustee for safeguarding?

The lead trustee for safeguarding will, in most cases, be a volunteer from within the board who has skills, experience and confidence in the area of safeguarding.

Wherever possible, we will distinguish between the strategic, advisory and governance role of a lead trustee and the day-to-day operational designated safeguarding lead.

Responsibilities (in addition to their wider responsibilities as a trustee):

1. Strategic

- Consider the organisation's strategic plans and make sure they reflect safeguarding legislation, regulations specific to your activities, statutory guidance, and the safeguarding expectations of the Charities Commission.
- Work with the CEO and designated safeguarding lead regularly to review whether the things the organisation has put in place are creating a safer culture and keeping people safe.
- Check the organisation's risk register reflects safeguarding risks properly and plans sensible measures to take, including relevant insurance for trustees' liability.
- The Green House delivers activities that need inspections (such as audits from the KBSP) and so the lead trustee will be aware of how ready for those inspections we are and respond to any following reports.
- Make sure there is space on the agenda for safeguarding reports and help trustees understand and challenge those reports.

2. Effective policy and practice

- Make sure there is an annual review of safeguarding policies and procedures and that this is reported to trustees.
- Understand the monitoring your charity does to see whether policies and procedures are effective.
- Call for audits of qualitative and quantitative data (either internal or external) when they're needed.
- Learn from case reviews locally and nationally, to improve your organisation's policies, procedures and practices.
- Oversee safeguarding allegations against staff or volunteers, together with CEO and designated safeguarding lead.
- Be a point of contact for staff or volunteers if someone wishes to complain about a lack of action in relation to safeguarding concerns.

3. Creating the right culture

- Champion safeguarding throughout the organisation.
- Attend relevant safeguarding training events and conferences.
- Support the trustees in developing their individual and collective understanding of safeguarding.

- Attend meetings, activities, projects to engage with staff, volunteers and beneficiaries to understand safeguarding on the ground.
- Work with the chair, CEO, designated safeguarding lead and communications team in order to manage all serious safeguarding cases.
- Support regular safeguarding updates for staff, volunteers and beneficiaries.
- Make sure you have ways of gathering the views of staff and volunteers in relation to safeguarding and sharing these with the board.

Support from the chair

The chair should make sure that the lead trustee for safeguarding either has the required knowledge, skills, and experience or is supported to develop these.

This can include:

- setting up regular meetings together with the lead trustee, CEO and designated safeguarding lead
- making sure the lead trustee is allocated enough time at meetings to provide full and detailed reports on safeguarding
- encouraging the lead trustee to take part in local and national partnerships that can help you keep up to date with safeguarding messages, trends and priorities.

Procedures

This document sets out what action will be taken if it is suspected that an adult with care and support needs is at risk of harm, through abuse or neglect.

General Guidance

DO:

- Make sure the individual is safe.
- Assess whether emergency services are required and if needed call them.
- Listen
- Offer support and reassurance.
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them.
- Ensure notation of dates, times and persons present are correct and agreed.
- Take all necessary precautions to preserve any forensic evidence.
- Follow correct procedure.
- Explain areas of confidentiality; immediately speak to a designated person for support and guidance.
- Explain the procedure to the individual making the allegation.
- Remember the need for ongoing support.

DON'T:

- Confront the alleged abuser.
- Be judgmental or voice your own opinion.
- Be dismissive of the concern.

- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence.
- Consult with persons not directly involved with the situation.
- Ask leading questions.
- Assume Information.
- Make promises.
- Ignore the allegation.
- Elaborate in your notes.

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the Designated Safeguarding Adult Lead.

Information Sharing and Confidentiality

Sharing the right information, at the right time, with the right people is fundamental to good practice in adult safeguarding – The Green House is committed to this in order to:

- Prevent death or serious harm.
- Coordinate effective and efficient responses.
- Enable early interventions to prevent the escalation of risk.
- Prevent abuse and harm that may increase the need for care and support.
- Maintain and improve good practice in adult safeguarding.
- Reveal patterns of abuse that were previously undetected and could identify others at risk of abuse.
- Identify low-level concerns that may reveal people at risk of abuse.
- Help people access the right kind of support to reduce risk and promote wellbeing.
- Help identify people who may pose a risk to others.
- Reduce organisational risk and protect reputation.

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding, these rights can be overridden in certain circumstances such as an emergency or life-threatening situation.

TGH will try and gain the person's consent to share information. So long as it does not increase the risk, practitioners should inform the person if they need to share their information.

TGH will follow relevant local authority procedures/guidance/protocols setting out the processes and principles for sharing information between organisations.



Frontline staff and volunteers should always report safeguarding concerns in line with The Green House's policy – this is usually to their line manager and DSL in the first instances except in emergency situations.

All staff must ensure that when they share information, they do so in a way that is compliant with the General Data Protection Regulation (GDPR) which was incorporated into UK law by the Data Protection Act 2018.

- The GDPR and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
- When sharing or requesting personal information from someone, staff must be certain of the basis upon which they are doing so and should always take advice from The Green House's data protection officer (DPO) if unsure.
- Staff must be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement and, even when sharing without consent, tell them when information is being shared unless it is unsafe or inappropriate to do so.
- Staff should share with consent only where appropriate and where sharing the information does not fall under a different lawful reason. Where staff have consent, they must be mindful that an individual would have the expectation that only relevant information would be shared and must have the option to withdraw their consent.
- Staff should consider safety and well-being and base their information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Information sharing should always be necessary, proportionate, relevant, adequate, accurate, timely and secure: Staff must ensure that the information shared is necessary for the purpose for which they are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, is shared securely, and that arrangements are in place for it to be returned or destroyed.
- Staff must always keep a record of their decisions and the reasons for them – whether it is to share information or not. If a decision is made to share, then record what you have shared, with whom and for what purpose.

General Procedure

The Designated Adult Safeguarding Lead for The Green House is the Clinical Lead for CYP Services.

No individual staff member will be expected to make a decision regarding the safeguarding of adults alone.



If a member of staff has a concern about an adult at risk they can call Care Direct (details at the end of the policy) to consult with them; if they are advised to complete an urgent safeguarding referral they must do so. This referral also needs to be logged through The Green House internal safeguarding process in order to raise a discussion with the Designated Safeguarding Lead/ Advisor.

Maintaining the confidentiality of those who use The Green House is a vital part of the ethos of the organisation and generally, this can be assured. Adults with care and support needs who are at risk of abuse or neglect can be reassured that no information can be disclosed without their consent, unless related to a significant risk to their life, the lives of others or the welfare of a child.

Consent must be “informed” – the person giving consent needs to understand why information needs to be shared. Who will see their information, the purpose to which it will be put and the implications of sharing that information. An assessment of an adult at risk’s capacity to understand why information needs to be shared may say that they do not have the “capacity” to understand or make decisions about information sharing. They cannot therefore give “informed” consent. If the person cannot consent, we do need to still share the information as that would be in their best interests and we would need to contact social services for advice.

If confidentiality cannot be maintained, only relevant and necessary information will be shared with the appropriate people.

The Safeguarding Advisor will always inform the Safeguarding Lead within 24 hours of the discussions which have taken place.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping adults at risk, safe.

When sharing information staff should use their judgement when making decisions on what information to share, and when, and should follow the established procedure. Abiding by the following principles will help this process:

Necessary and proportionate

When taking decisions about what information to share, you should consider how much information you need to release. The Data Protection Act, 2018, requires you to consider the impact of disclosing information on the information subject and any third parties. Any information shared must be proportionate to the need and level of risk.

Relevant

Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

Adequate



Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely

Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations, and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

Detailed Referral Procedure

The following procedures should be followed:

Referrals can only be made where the organisation has sufficient information about the service user (one or more of the following: name, address, contact details, date of birth).

If a staff member suspects that an adult with care and support needs is being abused or at risk of being abused, they must report the matter to their Safeguarding Lead/ Advisor within 24 hours in order that a discussion can take place. If the abuse is happening now, they may need to contact the police if the person is in immediate danger.

The staff member is responsible for explaining the safeguarding process and next steps to the child or young person. The staff member should not use any leading questions when addressing a disclosure.

Staff will always try to gain consent to make a referral. If there is no consent from the service user to make a referral, the member of staff in consultation with the Safeguarding Lead/Advisor will make a decision about whether confidentiality will need to be breached and a referral made.

If it is decided that a formal referral is necessary, the staff member will contact the designated helpdesk or designated Social Worker (see end of the procedure) and pass on the information which is relevant and necessary to the Safeguarding concern.

If the Safeguarding Advisor / Lead are not clear this is Safeguarding, they can contact the Safeguarding Adults Team (see appendices) to discuss and ask for advice. They



would then record the conversation, the advice given, the time, date and person's name they spoke to on the person's OASIS notes.

Reassurance will be provided to the client through all stages of the process where possible, ensuring their wellbeing and informing them about the process.

It is the responsibility of the local authority safeguarding team to then respond to the referral and update the staff member who made the referral. If we have concerns about how the referral is responded to and reason to believe a child/young person in service remains at risk of harm, then we will follow the local authority escalation procedure (discussed later). It is not the responsibility of the staff member to follow up the outcome of their social care referral if the client is no longer in service with us.

It is good practice for social care to update the referrer of the outcome of their referral. Staff must update OASIS and the DSL about the outcome of the referral made if the client remains in service and in contact with them.

Situations where no referral is possible may leave staff members with uncomfortable feelings and these should be discussed in person with the Safeguarding Lead / Safeguarding Advisor/ Line Manager and/or their Clinical Supervisor.

Record Keeping

Good record keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to an individual's care and safety. If records are inaccurate, future decisions may be flawed and harm may be caused to the individual. Where an allegation of abuse is made, all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

It is equally important to record when actions have not been taken and why e.g. an adult with care and support needs with mental capacity may choose to make decisions professionals consider to be unwise.

Accurate and up-to-date records of safeguarding concerns are essential for a number of reasons:

- They can help you identify concerns at an early stage.
- They can help you identify patterns of concern.
- They can enable you to record seemingly minor issues to build a more complete picture of what a person may be experiencing.
- They help you monitor and manage safeguarding practices, including decision making, actions taken and agreed joint strategies with other agencies.
- They can provide you with evidence to support actions both within your organisation and when working with external agencies.

- They can support you to demonstrate action taken to reduce impact of harm.
- They can provide continuity when staff or volunteers change or are unavailable.

Record Keeping Procedures

Our internal safeguarding recording process can be found here: [The Green House - Safeguarding Process Flow Chart.docx](#)

Types of Records:

1/ Safeguarding and clinical concerns log (Spreadsheet)

- DSL uses this to keep a track of the safeguarding concerns about clients reported by staff.
- It gives a quick guide to outstanding cases and actions. It does not include any personal details, which should be kept in the safeguarding case file on OASIS.
- The concerns log also helps DSL to report both internally and externally on the number and types of safeguarding concerns we're receiving.

2/ Safeguarding case file (on OASIS)

- A safeguarding case file is our record of any decision making, actions or information related to the concern. Records must be made of these, clearly indicating who was present. These will be recorded on The Green House database (OASIS) on the client's file under the 'Safeguarding' tab.
- The safeguarding tab on OASIS will be filled in by the staff member and DSL/advisor involved to record any discussions or actions taken.

Keeping and storing records

There is no one way to set up safeguarding records but there are key things that should be in place.

- They should be started as soon as you become aware of any concern, in as much detail as possible
- Use clear and straightforward language.
- Use the child/young person's own words where possible
- Be concise and accurate, so they can be understood by anyone not familiar with the case.
- Clearly differentiate between facts, opinions and judgements. Be clear when stating your own opinion e.g. "in my opinion John looked..."
- Make sure they're up to date and preferably in chronological order.

Monitoring and Review of Safeguarding Concerns

- Monitoring. There may be a need to continually monitor the situation internally, to make sure actions are being taken and the situation does not get worse.
- The DSL is ultimately responsible for deciding when a safeguarding concern is 'closed'. Each concern will be different. Some may be closed the same day; others may take several months.

- All safeguarding concerns should be closed once it's been agreed that the staff member involved, safeguarding lead/advisor supporting them and DSL no longer have any ongoing role or any actions left to complete.
- If the police or social services are involved, they will inform you of the outcome of an investigation or tell you when there are no further actions required from you.
- Anyone involved in the safeguarding concern should be informed that it has been closed and Safeguarding Lead/Advisor should complete any safeguarding records and file them securely. DSL holds oversight of this through the concerns log.

Escalation Policy

If staff members are in professional disagreement with the outcome of a referral to a statutory service, the Safeguarding Lead can support that staff member to use the [Escalation Policy - Adults](#) outlined by the local authority (Bristol).

Links to other local authority escalation procedures are:

South Gloucestershire: [Integrated Working Protocol \(southglos.gov.uk\)](https://www.southglos.gov.uk)

BANES (Bath and North East Somerset): [BCSSP Escalation Procedure \(bathnes.gov.uk\)](https://www.bathnes.gov.uk)

North Somerset: [NSSAB joint escalation policy.pdf](#)

Risk assessment and management

Achieving the balance between the right of the individual to control their care and ensuring adequate protections are in place to safeguard wellbeing is a particularly challenging task.

Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and should be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

Risk is often thought of in terms of danger, loss, threat, damage or injury, although in addition to potentially negative characteristics, risk taking can have positive benefits for individuals and their communities. Positive risk-taking is a process which starts with the identification of potential benefit or harm. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth.

Whistleblowing / Professional reporting

Whistleblowing is the act of reporting concerns about malpractice, wrongdoing, or fraud. All staff, paid or unpaid, who work with anyone who is experiencing, or at risk of, abuse or neglect, have an individual responsibility to raise concerns about poor

practice and a right to know that The Green House will support them if they are acting in good faith. Wherever possible, the anonymity of the professional reported will be respected by the investigating body. Professional reporting can be difficult for the member of staff and must be recognised as important and courageous.

Please see [Whistleblowing Policy Apr24.pdf](#) for the procedure for raising any malpractice concern (that does not involve immediate safeguarding). Examples include:

- A criminal offence – for example, fraud
- Risk or actual damage to the environment
- A miscarriage of justice
- Their organisation is breaking the law – for example, if the organisation doesn't have the right insurance
- Someone is covering up wrongdoing

[Protect - Speak up stop harm - Protect - Speak up stop harm \(protect-advice.org.uk\)](#)

Provide free expert advice to whistle-blowers, helping you decide how best to raise your concern, advising you on what protection you are entitled to and what you can do if things go wrong.

The NSPCC Whistleblowing Advice Line offers free advice and support to professionals with concerns about how child protection issues are being handled in their own or another organisation.

Contact the Whistleblowing Advice Line on:

0800 028 0285

help@nspcc.org.uk

Informant Procedure

4.1 Allegations made against a member of staff at The Green House

Any allegation or concern that an employee or volunteer has behaved in a way that has harmed, or may have harmed, a child must be taken seriously and dealt with sensitively and promptly, regardless of where the alleged incident took place.

Depending on the situation, an appropriate response may involve:
the police investigating a possible criminal offence

- our local child protection services making enquiries and/or assessing whether a child is in need of support
- our organisation following the relevant disciplinary procedures with individuals concerned.

If the information you have regarding risk to a child/adult relates to abuse by a member of The Green House, you should immediately inform the Safeguarding Lead in the first instance, or if the allegation concerns the CEO, you should speak directly to the Chair of the Board of Trustees.



The Safeguarding Lead, staff’s line manager and the Chair of the Board of Trustees will immediately inform the individual concerned that they are suspended from duties pending investigation. This is not an assumption of guilt but serves to allow the appropriate investigation to take place and protects the member of staff or volunteer support worker from further allegations.

The Safeguarding Lead or Chair of the Trustees will arrange for an investigation to be completed as swiftly as possible. This is to be in line with the Keeping Bristol Safe Partnership Board (KBSP) procedure ‘Managing allegations against people who work with children’.

Managing concerns about adults who work or volunteer with children and young people

[LADO Concerns Professionals Bristol Referral Form \(bristolsafeguarding.org\)](http://bristolsafeguarding.org)

The appropriate Local Authority Designated Officer (LADO) also needs to be informed that an allegation has been made and an investigation is ongoing.

It is not necessary for individuals who raised the concern to prove the wrongdoing that is alleged to have occurred or is likely to occur. It will be a matter for the Police, LADO and/ or local authority safeguarding to assess whilst the person is suspended from duties.

If the staff member has raised an issue with the Safeguarding Advisors or the Safeguarding Lead and it is their professional opinion that the Safeguarding Lead is not acting on the concerns raised, then the staff member may need to make a judgement on whether the Informant procedure highlighted below should be followed.

Contact Details for Referrals:

If concerned about the immediate safety of an adult at risk the police should be contacted at any time by dialling 101. In emergencies, dial 999.

What can you do if you suspect someone needs safeguarding?

Local Authority	Adult Social care referral/consult	Emergency duty contact
Bristol	0117 922 2700	01454 615 165.
BANES	01225 394200	01454 61 51 65
South Glos	01454 868007	01454 615165



North Somerset	01275 888801	01454 615165
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Other helpful telephone numbers:

Police - Safeguarding Coordination Unit	01823 363 666
Care Quality Commission (CQC)	03000 616 161
Action on Elder Abuse-	08088 088 141
Childcare Duty Desk -	01225 396 313
Southside Family Project (BANES) -	01225 331 243
Victim Support -	08081 689 111
Total Advocacy	01823 339 494
Age UK	0800 055 6112

If the person is in a care home:
 Where you feel that the care is unsatisfactory but does not amount to abuse, you may wish to ask to speak to the Manager of the Home first to see if the situation will be remedied. You can also report it to the Care Quality Commission, 03000 616 161

What can you do if you suspect someone needs safeguarding in **Somerset**?

You can telephone Somerset Direct if you are concerned about adults with care and support needs in Somerset 0300 123 2224

Other Helpful telephone numbers:

Somerset Direct – Children and Young People	0300 123 2224
Emergency Duty Team (after 5 o'clock and at weekends)	01458 253 241

Record of changes made:

Staff Name	Changes Made	Date Changes Made
Natalie King	Updated Safeguarding Lead and Safeguarding Advisors	Dec 2022
Natalie King	Updated Record Keeping section to reflect current case management system and Safeguarding log/tracker for recording Safeguarding Concerns	Jan 2023
Natalie King/ Josephine Lay	Updated contact numbers under Contact details for referrals section	Jan 2023



Natalie King	Updated contact numbers under Contact details for referrals section	Jan 2023
Natalie King	Added Whistle-blower advice line	Jan 2023
Natalie King	Updated UK Legislation	Jan 2023
Natalie King	Updated Safeguarding Adult Multi-Agency Policy 2016/2019	Jan 2023
Gemma Halliwell	Updated procedure for malpractice	March 2023
Natalie King	Removed Susie Hay as listed Safeguarding Lead	July 2023
Natalie King	Added KBSP safeguarding training levels and High-Speed Safeguarding training for office and frontline staff, Safeguarding Advisor and Designated Safeguarding Lead.	Sept 2023
NO LONGER IN USE. WE WILL REFER TO OLD VERSIONS OF POLICIES IN ARCHIVE AS OF APRIL 2024		

