

SAFEGUARDING PROCEDURES AND GUIDELINES

1. When carrying out work for Sue Lambert Trust (SLT) staff and volunteers may be made aware of information that causes concern that someone may be at risk of harm – all staff and volunteers working for Sue Lambert Trust (SLT) have a responsibility to act upon any information that they have regarding any risk of harm to individuals – be they clients or people in contact with, or connected to, clients – providing that they are clear that there is a risk posed.
2. Risk of harm may come from all types of abuse. The abuse may be:
 1. **Physical abuse** e.g. shaking, slapping, pushing or kicking someone
 2. **Domestic violence abuse** e.g. emotional and physical violence, bullying, threats, mental and verbal abuse, financial and social control over one person by another within the home or family, Female Genital Mutilation (FGM), "honour" based violence
 3. **Sexual abuse** e.g. any sexual activity that the person does not want, understand or agree to
 4. **Psychological/Emotional** e.g. threats of harm or abandonment or humiliation, intimidation or verbal abuse
 5. **Financial and material abuse** e.g. stealing someone's money or denying them access to their money or possessions, Hate and "mate" crime
 6. **Modern slavery**
 7. **Discriminatory abuse** e.g. abusive remarks or actions regarding a person's age, race, religion, sex or abilities
 8. **Organisational and Institutional abuse** e.g. involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people
 9. **Neglect and acts of omission** e.g. ignoring someone's medical or care needs, or withholding food, drink or aids to daily living
 10. **Self-neglect**
3. The Clinical Lead is the responsible lead for safeguarding at SLT. They are responsible for ensuring that the Safeguarding Policy is applied and for overseeing individual cases where information is being disclosed. Where the Clinical Lead is not available because of leave or sickness this responsibility will be taken over by the CEO or Operations Manager.
4. Where it is clear that there is a risk and that the person perceived to be at risk is a child or a vulnerable adult then there is a duty to share that information with the relevant agency so that appropriate action can be taken
5. Where the client/person affected and at risk is a non-vulnerable adult then the adult will make the decision as to whether further action should be taken. The matter may be discussed with the supervisor, the Clinical Lead or the CEO with consent of the client/person affected
6. Client consent should always be sought where possible – the exception will be where it is not possible because of the potential urgency of the situation or where sharing with the client may escalate the risk.
7. **Remember that the need to protect children and vulnerable people from harm overrides other principles such as data protection and confidentiality. Therefore should you have any concerns about current or future risks to clients or others related to them then it is crucial that you raise the issues with a designated manager immediately.**
8. All individual workers have a responsibility to raise concerns about the safety of others – confidentiality will be maintained as far as possible with information shared only on a 'need to know' basis. All staff

and volunteers must inform the Clinical Lead of any safeguarding issues that arise and keep them informed of any information being shared and action being taken.

9. Where there is an urgent need to refer with any delay likely to increase the risk then the referral must be made using the guidelines below without delay. The Clinical Lead must be advised of the referral as soon as reasonably possible

10. In all cases staff/volunteers must be aware that the safety of the child/vulnerable adult is paramount. Having considered all the issues the staff member/volunteer must take action as they see appropriate providing they are doing so in good faith, and are able to justify their decision.

11. This policy and procedures will apply equally when there are concerns relating to the behaviour of a staff member, volunteer or trustee. The staff member/volunteer/trustee may refer the matter to any of the following members of staff :

- Clinical Lead
- Chief Executive Office
- The Chair of the Board

Note that the SLT Whistleblowing Policy protects all staff who make allegations against colleagues – provided the allegation is made in good faith (see below)

12. All safeguarding referrals will be fully documented and will be held securely. In addition details of the referral made will be fully documented using the standard SLT form and a copy kept on the individual client's file.

13. Feedback from referrals will be monitored centrally to ensure that appropriate action is being taken. In addition the individual worker raising the concern will continue to monitor the situation with the client. If there are concerns that the matter is not being effectively managed then the matter will be referred back to the designated manager.

14. The designated manager will be responsible for escalating concerns when required.

15. Safeguarding cases will be reviewed by the Senior Management Team monthly to ensure appropriate practice and highlight any management actions required.

Safe working practices

16. SLT has a policy to maintain safe working practices whenever possible, this will include:

- Lone working with clients to be minimised – wherever possible contact with clients will take place when there are colleagues in the building
- Ensuring that all contact with clients is monitored – any contact outside the SLT building will be notified in advance by the staff/volunteer
- Advising clients of the way in which they can raise any concerns or issues about their worker – this will be through the client contracts, within our building, and on our website
- Having a clear Professional Boundaries Policy and providing training and guidance on appropriate professional boundaries and monitoring compliance with these boundaries

Whistleblowing

17. SLT recognises that it must support staff or volunteers who raise concerns about the organisation's policy and practices or the conduct of staff and/or volunteers. SLT is committed to:

- Promoting their approach to whistle blowing throughout the organisation

- Investigating any concerns raised
- Reporting any issues of potential abuse to the Local Authority Designated Officer (LADO)
- Dealing with the matter sensitively – taking care to maintain confidentiality and supporting individuals affected by the investigation
- Supporting the whistle blower – taking care to maintain confidentiality and not taking any action against the whistle blower unless there is clear evidence of a malicious allegation being made

Where there are concerns about the behaviour of a member of staff or volunteer and that this may be resulting in harm to a client the matter will be referred the LADO team – tel 01603 223473

Counsellors

18. All counsellors will be guided by the British Association Counselling and Psychotherapy (BACP) guidelines when carrying out their work, and they will apply these guidelines when working with clients. However all counsellors are required to comply with SLT policy and guidelines when they have safeguarding concerns.
19. In certain circumstances there may be a conflict between the key BACP principles – in these circumstances counsellors must consider all the details of the individual case and decide which principle is overriding. If you feel that someone may be being abused then it is important to tell someone.
Firstly speak to the Clinical Lead, or the supervisor or the Operations Manager. You will then need to decide whether there is a risk of harm, and whether it is appropriate for you to discuss the matter further with your client, and/or make a referral to the relevant agency.

Complaints

20. Should anyone wish to raise a complaint or concern about the application of this policy or the management of an individual case they should refer the matter to the Chief Executive Officer. If the complaint is regarding the conduct of the Chief Executive Officer then the matter should be raised with the Chair of the Trustees.
21. The investigation may be delegated to the Operations Manager or the Clinical Lead as appropriate.
22. Such matters will be investigated within 5 working days and a written response given to the complainant within 20 working days.
23. The matter will be investigated in confidence and any information shared will be on a 'need to know' basis.
24. The investigation will be documented and details will be held confidentially on the client or staff/volunteer/trustee file as appropriate.
25. Any remedial action required will become the responsibility of the person managing the complaint.

PROCEDURES

Potential abuse of children

The term child refers to children and young people aged 18 and under.

What is child abuse?

Child abuse will often fall into the following categories:

- Physical abuse – causing physical harm to the child
- Sexual abuse – sexual touching, all penetrative sex, encouraging a child to engage in sexual activity, intentionally engaging in sexual activity in front of a child or not taking proper measures to prevent a child being exposed to sexual activity by others, 'grooming' children for sexual activity, taking, making, permitting to take, distributing, showing or advertising indecent images of children, paying for the sexual services of a child or encouraging them into prostitution or pornography, showing a child images of sexual activity
- Emotional abuse - severe and persistent ill treatment of a child which undermines their confidence and self-worth
- Neglect - children are neglected if their essential needs (food, water, shelter, warmth, protection and health care) – the things they need to develop and grow – are persistently not met

Consultation lines

Where there is concern that a child may be at risk of harm, it is possible to discuss the matter in confidence prior to making a formal referral.

The consultation line should be used when you are unsure whether to make a formal referral. This may be because you wish to discuss your understanding of the situation, or to clarify whether the situation meets the criteria for a referral.

You can contact the following numbers to discuss the case, dependent on where the child lives:

West Norfolk/Breckland – 01553 669350

Norwich/South Norfolk District – 01603 224134

North Norfolk/Broadland/Gt Yarmouth – 01493 850317

When you contact this number you will be able to discuss the case with a Children's Services Manager – if no-one is available they will call you back within one working day. You will be sent written confirmation of the conversation and the advice given within 10 working days.

If you have concerns that there is a significant or urgent risk of harm you should not use the consultation line prior to making a referral – you should make a referral as outlined below immediately.

For cases requiring immediate attention contact by telephone

0344 8008021 (CADS) Children's Advice and Duty Service

If you have a concern about a child or children then telephone the Children's Advice and Duty Service (CADS) on **0344 800 8021** immediately. You will be put through to a Social Worker who will take all of the relevant details. Make sure you are prepared with full details of the child and family, plus what your concerns are, details of any support we have provided to the child/family and what you would like to happen. Ensure you gain consent from the parent/carer unless to do so would place the child at further risk of harm or undermine a criminal investigation. If you have not sought consent from the parent/carer, please will inform the CADS worker of this and the reason for this.

The CADS worker will agree a way forward with you and keep you informed. They will send a written record of your conversation within 5 working days. The outcomes could include a full referral to the Multi Agency Safeguarding Hub (MASH) for further investigation, the Police, or for work with Early Help. We will not investigate and will be led by the Local Authority and/or the Police.

We will make careful records of all conversations including the dates and times of who we spoke to, the information shared and the action agreed. We do not need to send a written referral.

Full details on this process can be found at www.norfolkscb.org under 'How to Raise a Concern'.

The Trust understands that if we are unhappy about a decision made by CADS or MASH we can use the Resolving Professional Disagreements policy on www.norfolkscb.org and contact the Safer Programme for more advice on this process.

Potential abuse of vulnerable adults

Who is a vulnerable adult?

When people think about adult abuse, many people think of frail older people. Older people may sometimes be vulnerable, but a vulnerable adult can be anyone over the age of 18 who has a physical or sensory disability, or a learning difficulty or a mental health problem, and who may be unable to protect themselves from abuse or harm.

The Safeguarding Vulnerable Groups Act 2006 defines a vulnerable adult as a person aged 18 years or over and who

- Is living in residential accommodation, such as a care home or a residential special school
- Is living in sheltered housing
- Is receiving domiciliary care in their own home
- Is receiving any form of healthcare
- Is detained in lawful custody (in a prison, remand centre, young offender institution, secure training centre or attendance centre, or under the powers of the Immigration and Asylum Act 1999)
- Is under the supervision of the probation services
- Is receiving a welfare service defined as the provision of support, assistance or advice by any person, the purpose of which is to develop an individual's capacity to live independently in accommodation or support their capacity to do so
- Is receiving a service or participating in an activity for people who have particular needs because of their age or who have any form of disability
- Is an expectant or nursing mother living in residential care
- Is receiving direct payments from a local authority or health and social care trust in lieu of social care services

Who may be an abuser?

- Either a woman or a man
- A partner, child or relative, or other household member
- A friend or neighbour
- A volunteer worker
- A health or social worker
- A member of staff in a care home, a nursing home, a sheltered housing scheme or day centres
- Another vulnerable adult
- Anyone else who comes into the home

Remember when discussing possible abuse with a client or other person

- Always listen carefully
- Make a note of what has happened or what you are worried about
- Do not confront the person you think is responsible for the abuse
- Do not destroy any evidence
- Do not start to investigate the situation

Making a referral

You can contact any of the agencies listed below. They will take your concerns seriously and will work with you or others to make sure everyone is safe. You can contact any of the agencies listed below and they will be able to offer help and support.

Adult Community Services - Norfolk Care Connect

Available 24 hours a day **0344 8008020**

Police Adult Abuse Investigation Unit

01603 276332

Police

Main Switchboard 0845 456 4567

Emergency 999

Care Quality Commission

03000 616161

Finally please complete the safeguarding referral form and place on the client's file. Please notify the admin team of the referral and the client code so that the Safeguarding Spreadsheet can be updated.

After you have made a referral – it is crucial that you follow up any referrals that you make – you must not forget about it until you know that another agency has taken on responsibility.

Ask the agency that you have referred to, to let you know when they will get back to you to confirm any further action to be taken, note the date and ensure you chase up. If you are concerned that you may not be able to do this then please refer the matter on to a colleague for them to follow up in your absence.

Information shared should be on basis of need to know – stress that you need to know because you are unable to close the case until you know that the matter has been picked up, investigated and is being appropriately dealt with.

If you are concerned that a referral may not be properly actioned please refer the matter to the Clinical Lead, CEO, or the Operations Manager without delay.

Failure to follow up on referrals has led to ongoing abuse for many vulnerable people.