Safeguarding Adults at Risk Policy Barons Court Project

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1.0 POLICY STATEMENT

Barons Court Project (BCP) recognises the fundamental right of all individuals to live a life free from fear of harm, abuse and neglect and we are committed to providing services where the dignity, well-being and safety of all are a priority. We understand that our safeguarding responsibilities extend beyond those using our services, and we will act to report or prevent abuse wherever we become aware of it.

We recognise our responsibility to balance protection from harm with the need for individuals to exercise choice and control over how they live. We will provide clear and simple information to our guests to ensure that they understand their right to be safe from harm and know what abuse is, and we will work with them to facilitate the skills and resources to prevent it or to report it. Our primary aim will always be to prevent harm from abuse or neglect occurring. Where harm does occur, we will respond quickly, effectively, and in ways which are proportionate to the level of risk, taking into account the wishes of the adult and ensuring that they retain as much control in decision-making as possible.

2.0 PURPOSE

The purpose of this policy and accompanying procedure is to:

Outline BCP's commitment to safeguarding adults;

Facilitate a common understanding of what constitutes abuse;

Ensure staff members understand their role and responsibilities with regards to safeguarding adults;

Ensure that staff members know how to report abuse.

3.0 SCOPE

Applicable to all staff, including employees, volunteers, locums and agency staff.

4.0 TERMS & DEFINITIONS

4.1 DEFINITION OF SAFEGUARDING

Safeguarding: refers to work done to protect an adult's right to live in safety, free from abuse and neglect. It is an outcomes focused process that involves organisations working together to prevent and stop the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted, including having regard to their views, wishes, feelings and beliefs when deciding on any action.

4.2 TERMINOLOGY USED IN THIS POLICY

Abuse: For the purpose of this policy and procedure, abuse refers to a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts, and affect one person or more. It may be physical, verbal or

psychological, discriminatory, it may be an act of neglect or an omission to act, or self-neglect or it may occur when a person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, cannot consent, or has been pressured into consenting. It can also include domestic violence, organisational or institutional abuse or modern-day slavery. Abuse can occur in any relationship and in any setting.

Adult at risk: Safeguarding duties apply to a person aged 18 or over who:

has needs for care and support (whether or not the local authority or other agency is meeting any of those needs); *and*

is experiencing, or is at risk of, abuse or neglect; *and*

as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Capacity: The ability to make a decision about a particular matter at the time the decision needs to be made. Capacity is time and decision-specific and all BCP guests must be deemed to have capacity unless it is established that they lack capacity. See below for further guidance.

Designated Adult Safeguarding Manager: The individual(s) within an organisation who has lead responsibility for safeguarding. In BCP, this role is designated to the Director.

Domestic Violence: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality.

Safeguarding Adults Board (SAB): A board set up by each Local Authority (LA) with core membership from the LA, Police, and the NHS, and with the power to include other relevant bodies. Its specific duties, as defined in the Care Act 2014, are to:

Publish a strategic plan for each financial year that sets out how it will meet its core objectives ;

Publish an annual report detailing what it has done to achieve its objectives;

Decide when a Safeguarding Adults Review (SAR) is necessary, arrange for its conduct and implement any findings.

4.3 DEFINITIONS OF ABUSE

Physical abuse may include hitting, slapping, pushing, kicking, restraint, misuse of medication, or inappropriate sanctions.

Domestic violence may include psychological, physical, sexual, financial, or emotional abuse, including coercive or controlling behaviour. It can include forced marriage, female genital mutilation and so-called ‘honour’ based violence.

Sexual abuse may include rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, or sexual acts to which the adult has not consented, or could not consent or was pressured into consenting. This includes sexual relationships with people who are in a position of authority or trust. Sexual relationships or activity between staff members and clients are always abusive, and in some cases may be unlawful, and will lead to disciplinary action.

Psychological abuse may include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable or unjustified withdrawal of services or supportive networks. Many forms of psychological abuse constitute criminal acts and police guidance should be sought as necessary.

Financial or material abuse may include 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, and forced labour and domestic servitude.

Neglect and acts of omission may include 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. Neglect can be intentional or unintentional.

Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, or ethnic origin.

Organisational abuse includes mistreatment, abuse, or neglect by a regime or individuals within services or settings that the adult at risk lives in or uses that violate the person's dignity and human rights. It occurs when routines, systems, or regimes result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts, or curtails dignity, privacy, choice, independence or fulfilment.

Self-neglect includes a wide range of behaviour in relation to neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Patterns of abuse may vary and include:

Serial abusing, in which the perpetrator seeks out and 'grooms' individuals; *or*

Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations of persistent psychological abuse; *or*

Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

Cuckooing is a form of abuse where criminals (often linked to county lines drug networks) take over an adult-at-risk's property by force, coercion, or deceptive befriending.
Once the property has been taken over perpetrators will engage in criminal behaviours such as storing or dealing drugs, hiding weapons, harboring wanted individuals, sex work, or financial abuse.
Cuckooing is a specific criminal offense under UK law (via the Crime and Policing Act). Councils can use existing local authority civil powers like closure orders.

4.3 LEGAL DEFINITIONS

Mental Capacity Act 2005 (MCA): The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the capacity to do so themselves. The Act enshrines five core principles:

A person must be assumed to have capacity unless it is established that they lack capacity.

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.

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

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

Before an act is done, or a decision made, consideration must be given as 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.

Assessment of a person's capacity will normally be undertaken by staff from statutory or health agencies.

5.0 ROLES & RESPONSIBILITIES

The current Designated Safeguarding Lead is Michael Angus (Director) – Tel: 0207 603 5232/Email michael@baronscourtproject.org In his absence the nominated trustee Yvonne Obuaya takes the lead: Tel: 0208 661 7238/Email yo@curadogroup.com or in her absence the Chair of the Board takes responsibility. This is currently Andrew McColl – Tel: 07833181889/Email asmccoll@hotmail.com

The Director:

Has strategic and operational responsibility for adult safeguarding.

Will ensure a regular, programmed review of BCP's Safeguarding Adults Policy and Procedure.

Will ensure that safeguarding is taken into account in review and implementation of all operational policies, procedures, strategies and learning and development systems.

Will hold responsibility for implementing reviews where practice has fallen below expected standard or when mistakes have been made in relation to adult safeguarding.

Ensure that safeguarding is taken into account in review of all HR policies, procedures, strategies and systems.

Ensure that safer recruitment and employment practices are adhered to.

The Designated Adult Safeguarding Manager (The Director) must:

Take responsibility for own learning and development to ensure full competence within the role.

Be familiar with national and local safeguarding procedures and referral processes.

Liaise with colleagues to ensure a timely and proportionate response to safeguarding concerns raised in respect of adults.

Assume management and oversight of individual complex cases of abuse or neglect involving BCP clients, and of all safeguarding alerts raised in respect of BCP employees.

Liaise with colleagues to ensure BCP policy, procedure, operational guidance, and learning and development systems are fully compliant with safeguarding related legislation and good practice.

Be informed of all safeguarding alerts raised in the service.

Liaise with managers and colleagues to ensure a timely and proportionate response to safeguarding concerns.

Ensure that safeguarding is discussed as a key agenda item in supervision sessions.

Monitor the recording and completion of safeguarding alerts and actions, ensuring compliance with policy and procedure.

Undertake periodic evaluation and review of safeguarding records in their services and make recommendations for improved safeguarding practice as appropriate.

Ensure that all employees attend face-to-face safeguarding training at a level appropriate to their role in their first six months in post and refresher training at least every three years.

Ensure all employees are familiar with BCP's Safeguarding Adults Policy and Procedure, know how to recognise abuse and how to report and respond to it, and how to make a direct referral in cases where speaking to a manager would cause unnecessary delay.

Ensure that all staff members (including employees, volunteers, locums and agency staff) receive induction, training, and guidance appropriate to their role, and regular supervision that affords them the opportunity to reflect on their practice.

Be informed of all safeguarding concerns within the service.

Take action to manage safeguarding concerns, including putting measures in place to reduce negative or harmful consequences and prevent future occurrence.

Contribute to effective multi-agency working, taking part in strategy discussions and meetings where requested and recording and communicating conversations, discussions, and decisions to relevant parties.

Ensure that the adult at risk is consulted with and offered opportunity to feed back at every stage of the process.

All staff members (including employees, volunteers, locums, and agency staff) must:

Report any concerns that lead them to believe that an adult is being harmed or is at risk of harm through abuse or neglect to their line manager or other manager in accordance with timeframes specified within this procedure.

Contact emergency services where abuse of an adult indicates an urgent need for medical assistance or where immediate action is needed to protect the person.

Report to the police where a crime has been committed, and take action to preserve evidence where applicable.

Read and familiarise themselves with BCP Domestic Violence and Abuse Policy and Procedure.

Supply information to a Safeguarding Adults Board (SAB) or other person where requested to do so by the SAB and where the request is made in order to enable or assist the SAB to do its job.

6.0 Recruitment of Staff and Volunteers

All staff, Locum Workers and Weekly Volunteers will be subject to an Enhanced DBS Check. This is completed online, through Care Check on behalf of Barons Court Project.

7.0 References

Department for Constitutional Affairs (2007) *Mental Capacity Act 2005: Code of Practice,* London: TSO

Department of Health (2014) *The Care Act 2014,* *http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted*

Department of Health (2014) *Care and Support Statutory Guidance* *https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation*

Department of Health (2000) *No Secrets: Guidance on Developing and Implementing Multi-Agency Policy and Procedures to Protect Vulnerable Adults from Abuse,* London: DoH

Faulkner, Alison (2012) *The Right to Take Risks: Service Users' Views of Risk in Adult Social Care,* London: Joseph Rowntree Foundation

Mandelstam, Michael (2011) *Safeguarding Adults at Risk of Harm: A Legal Guide for Practitioners,* London: Social Care Institute for Excellence

Social Care Institute for Excellence (2011) *Protecting Adults at Risk: London Multi-Agency Policy and Procedures for Safeguarding Adults from Abuse,* London: SCIE

ASSOCIATED DOCUMENTS

Client Risk Assessment, Need Assessment and Support Plan

Safeguarding Adults at Risk Procedure

Safeguarding Adults at Risk Procedure
Barons Court Project

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If you have a concern NOW – see below for immediate guidance

Safeguarding Process Quick Guide

1. If you are concerned that someone will come to **immediate serious harm**, call **999**.

2. If you have a concern, that is not and immediate threat then **notify the DSO** (Michael Angus on 07779 131355) or Yvonne Obuaya, Trustee on 0208 661 7238 at the earliest opportunity. Keep a record of your concerns for the safeguarding report.

3. If the **DSO or Trustee** are not available, contact H&F Safeguarding Team 020 8753 4198 - Option 3 or Adult Social Care – 0800 145 6095 (Monday to Friday 8am – 6pm. 020 8748 8588 (out of hours). Or email: h&fadvice.care@lbhf.gov.uk and they will advise you.

4. **Document** all details, compile, and **send the safeguarding report to the DSO**.

DSO = Designated Safeguarding Officer

Contact Details:

The Director is Michael Angus – Email: michael@baronscourtproject.org – Tel: 07779131355

Nominated Trustee: Yvonne Obuaya Email: yo@curadogroup.com – Tel: 0208 661 7238

Chair: Andrew McColl: Email: asmccoll@hotmail.com

1.0 PURPOSE

The purpose of this procedure is:

To facilitate a common understanding of what constitutes abuse;

To ensure staff members understand their role and responsibilities with regards to safeguarding adults at risk;

To ensure that staff members know how to report abuse, in line with BCP's Safeguarding Policy.

2.0 MANAGEMENT PROCESS

2.1 RESPONDING TO DIRECT DISCLOSURE

2.1.1 A staff member may become aware of abuse or potential abuse of a guest in a number of ways, including direct disclosure by the adult at risk.

2.1.2 Where a guest discloses that they have suffered, or may be at risk of suffering, harm through abuse, the response must be limited to listening carefully to what they say and asking questions only to seek clarification. They should not be pressed for information, asked leading questions, or given assurances of confidentiality. The staff member should find an early point in the conversation to explain that it is likely that they will have to share the information with others.

2.1.3 The staff member to whom the abuse has been disclosed must refrain from expressing horror, disgust, or other negative emotion, or sharing personal opinion or experience but must assure the client that the information they have shared will be taken seriously.

2.1.4 The staff member must record the conversation in writing as early as possible. Where possible, notes should mirror the words spoken by the client.

2.1.5 At the end of the conversation, the staff member should outline what action they will take and within what timeframe, and who the information will be shared with. The guest should be asked their view with regards to a referral to adult social care services, but they should not be given assurance that a referral will not be made.

2.1.6 The allegation must not be discussed with the alleged perpetrator unless the immediate welfare of the client makes this unavoidable.

2.2 RESPONDING TO DISCLOSURE OF DOMESTIC VIOLENCE AND ABUSE

2.2.1 Where a client discloses that they have been subject to domestic violence, the staff member should:

Listen carefully

Acknowledge that what they are describing is domestic violence

Make it clear that they are not to blame

Assert their right to be safe and receive support

2.2.2 Confidentiality is likely to be a key issue for victims of domestic violence. The staff member should find a point in the conversation to explain the limits of confidentiality but offer reassurance that the information will not be shared with the perpetrator and that if information has to be shared without the guest's consent, all efforts will be made to do so with the guest's knowledge so that they can take steps to increase their safety.

2.2.3 The staff member should additionally provide the client with information about local domestic violence services, and make referrals to other agencies as agreed with the client.

2.2.4 Where possible, a DASH risk identification checklist (RIC) should be undertaken with the individual and then recorded on a DASH form on INFORM. Where the DASH RIC indicates a high risk of harm a referral should be made to MARAC and an accompanying Safeguarding Concern raised. Where it is not possible to undertake a DASH RIC and the staff member has serious concerns about the individual's safety, a referral to MARAC can still be made and should be discussed with the local MARAC co-ordinator.

2.2.5 Staff must never attempt to mediate in cases of domestic violence.

2.2.6 Allegations of domestic violence must not be discussed with the alleged perpetrator.

2.3 RAISING A SAFEGUARDING CONCERN

2.3.1 Where a staff member becomes aware of, or suspects that a guest has been harmed, or is at risk of harm through abuse or neglect, they must inform the Director or in his absence the nominated Trustee immediately where practicable and within four hours.

2.3.2 Where the line manager is implicated in the abuse, they must inform the Director or, in the case of the Director being implicated the Chair or another Trustee.

2.3.3 The concern should then be recorded using the Safeguarding Concern record and submitted to the Manager to whom the concern was reported.

2.3.4 Where there are significant immediate concerns in relation to the wellbeing of a guest, for example where urgent medical attention may be required, or where immediate police involvement may prevent harm or further harm occurring, the staff member should call the relevant emergency services and then contact a manager.

2.3.5 Staff members should be aware that, in some circumstances there may be forensic evidence present that will prove vital in any subsequent investigation and in such circumstances should act to preserve such evidence. This may involve restricting access to an area of a building or avoiding cleaning or tidying a room unless given express permission to do so.

2.4 DEATAILING A CONCERN

2.4.1 The Safeguarding Concern record must contain a detailed and factual account of current concerns, and any relevant incidents or events that are directly connected to the concern.

Consider:

- How and when did the concern arise?
- When did the alleged abuse occur?
- Where did it take place?
- Has it happened more than once?
- What are the details of the alleged abuse?
- What impact has this had/is having on the individual?
- What has the adult at risk said about the abuse?
- If abuse was disclosed by the perpetrator, what have they said about it?
- Are there any witnesses?
- Is there any potential risk to anyone visiting the adult at risk?
- Are there potential risks to other individuals?
- Would the adult at risk potentially be put at risk by a visit at home?
- Is a child (17 and under) also at risk? If so raise a parallel Safeguarding YP Concern.
- Is the adult at risk aware of the Safeguarding Concern? If not why not?
- Has the adult at risk given consent to a Safeguarding Concern being raised?
- If abuse was disclosed by the perpetrator, are they aware that a Safeguarding Concern is being raised?

2.5 DEATAILING IMMEDIATE ACTION TAKEN

Detail whom you have spoken to, advice given and any actions taken to secure the immediate safety of the adult at risk:

- Have emergency services been contacted? If so, who? What action have they taken?
- If a crime has been committed, detail the crime number and badge number(s) of attending officers.
- Detail any immediate plan that has been put in place to protect the adult (or others) from further harm.
- If a child is at risk, have children's services been informed?
- If safeguarding concerns relate to domestic violence, has a DASH RIC been undertaken? If so what was the score?
- In cases of high-risk domestic violence, has a MARAC referral been made?

2.6 CONCERNS REGARDING STAFF MEMBERS

2.6.1 Where an individual raises an allegation or concern in respect of a staff member, the response must be limited to listening carefully and asking questions only to seek clarification. The staff member to whom the allegation has been reported must refrain from offering their opinion or alternative explanations, or making assumptions. At no stage should the allegation be discussed with the alleged perpetrator.

2.6.2 A staff member who has been informed of, or who has any other reason to suspect that a colleague has been involved in the abuse of a client must record their concerns in writing and inform the Director or in his absence the Chair or nominated Trustee immediately. Where the line manager is implicated in the abuse, they must inform the relevant Director, or in their absence or if they are implicated to the Chair or nominated Trustee.

2.6.3 Suspension of the alleged perpetrator will be considered if:

- Their presence in the workplace will bring them into contact with the alleged victim(s).
- The allegation warrants police investigation.
- The allegation is so serious that it might be grounds for dismissal; or
- Their continued presence in the workplace may hinder investigation or potentially leave an individual(s) at risk of harm.

2.6.4 Suspension is a neutral act and does not imply guilt.

2.7 CONCERNS REGARDING CARERS WHO ARE RELATIVES OR FRIENDS

2.7.1 Where BCP is providing support to a guest and it is identified that they are receiving care from a friend, relative or neighbour, this should be recorded.

2.7.2 If the carer is alleged to have been a perpetrator of the abuse or where it is thought that through a lack of knowledge or their own needs make them unable to adequately care for an adult at risk, this should be discussed with the Director so a decision can be made as to whether to raise a Safeguarding Concern.

2.8 ENQUIRY AND EXTERNAL NOTIFICATION

2.8.1 Upon receiving notification of a safeguarding concern, the Director must take immediate action to evaluate risk and take reasonable and practicable steps to safeguard the adult at risk and any other individuals who may be at risk.

2.8.2 All safeguarding enquiries/external notification must comply with local authority guidelines.

2.8.3 The Director may decide that they need to speak to the adult at risk in order to:

- Gain clarification as to what has happened
- Seek the guest's views on what they would like to be done
- Give information about the safeguarding process and
- seek the guest's views on a referral to adult social care.

If so, they must do so in a safe and private place.

2.8.4 The Director will decide whether a referral should be made to adult social care, taking into consideration the views and wishes of the adult at risk. The referral must be made immediately where urgent and always within twelve hours of receiving the safeguarding concern. In the Directors absence a Trustee will decide with a member of staff supplying them with the information required to make the decision.

2.8.5 A referral will always be made where there is concern that a guest is being or is at risk of being abused or neglected, or is at risk of significant harm and:

- The guest has capacity and wants or has assented to a referral being made.
- The guest has been assessed as lacking capacity to make a decision about their own safety, and it is believed that a referral would be in their best interests.
- Referral is necessary to prevent a crime being committed.
- Children or other adults are or may be at risk of harm.

- A staff member or volunteer is implicated.
- Concerns relate to organisational or systematic abuse.

2.8.6 Where there are children present in the household, it is possible that they may also be at risk of harm and a referral to children's social care should therefore also be considered. Where it is unclear as to the best course of action in these circumstances, contact children's social care for advice and guidance.

2.8.7 Where a decision is made not to refer, this decision must be discussed and agreed with the Director or in their absence the Chair or the nominated Trustee, and the decision and reasons for it recorded on the Safeguarding Concern Record.

2.8.8 At the point that all immediate management actions have been taken and an enquiry made (or not made) the Safeguarding Concern Record is submitted to the Director or in their absence the Chair or the nominated Trustee for approval. This is to evidence that all actions to date have been agreed and are appropriate.

2.8.9 The local authority should inform the Manager of what action, if any, will be taken, who will take it and timescales. All decisions should be available in writing and must be recorded in the 'Ongoing Management and Outcomes' Section of the Safeguarding Concern Record. This part of the record remains open and updated for as long as the safeguarding enquiry is open with the local authority.

2.9 CONSENT AND INFORMATION SHARING

2.9.1 Our guests have the right to independence, choice, and self-determination and this extends to determining what information is shared about them with other agencies. In the context of adult safeguarding these rights can be outweighed by other considerations. For example, emergency or life-threatening situations may warrant the sharing of relevant information with emergency services without consent.

2.9.2 The law does not prevent the sharing of personal or sensitive information within organisations. BCP employees must never give personal assurances of confidentiality to clients. All adult safeguarding concerns must be reported to the Director or in their absence the Chair or the nominated trustee in accordance with processes and timeframes outlined in this procedure.

2.9.3 It is good practice to seek consent prior to sharing information with an external agency, and consent should always be sought unless doing so might increase risk of harm to the client or another person.

2.9.4 Where an adult at risk who has capacity states that they do not want a safeguarding referral to be made to adult social care, the employee must seek guidance and support from the relevant Director or in their absence the Chair or nominated Trustee. The guest's wishes will be respected if all parties are satisfied that:

- The guest is not acting under undue influence, coercion or intimidation
- They fully understand the implications of their decision.
- Failure to act will not place them at further risk of substantial harm.
- Failure to act will not place other individuals at risk of harm.
- There is no duty of care to intervene, for example, where referral may prevent crime.

- Additional guidance may also be sought from adult social care services.

2.9.5 Where a decision is made to share information about a guest without their consent they must be informed, unless doing so would increase the risk of harm to them or to other people. The decision and the reasons for it must be recorded clearly on the Safeguarding Concern Record.

2.9.6 SEVEN GOLDEN RULES OF INFORMATION SHARING

1. The Data Protection Act, GDPR and other legislation are not barriers to justified information sharing, but provide a framework to ensure that information is shared appropriately.
2. Unless you believe it would increase risk of harm, be open and honest with guests about why, what, how and with whom information will, or could be shared and seek their agreement to do so.
3. Seek advice from the manager if you are in any doubt about sharing a piece of information.
4. Share with informed consent wherever possible and respect the wishes of those who do not consent to share confidential information. Information may be shared without consent where there is good reason to do so, such as where safety is at risk.
5. Consider safety and wellbeing. Base information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected.
6. Necessary, proportionate, relevant, adequate, timely and secure: Ensure that the information is necessary for the purpose for which you 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, and is shared securely.
7. Keep a record of your decision and the reasons for it.

2.9.7 INFORMATION SHARING FLOWCHART (Attached as Appendix A).

3.0 SAFEGUARDING PLANNING AND REVIEW

3.1 Where a safeguarding enquiry has been submitted and a safeguarding plan implemented, the manager will continue to liaise with the local authority, attend review meetings and work with relevant local agencies to minimise risk or potential risk of harm and abuse.

3.2 The Director should ensure that the safeguarding plan and all necessary information is communicated to staff in the service and where appropriate to the adult concerned.

3.3 The member of staff should keep the 'Ongoing Management and Outcomes' section of the safeguarding concern record updated with information and the Director should be kept updated about the effectiveness of the safeguarding plan.

3.4 Where appropriate the Director will ensure the caseworker keeps the client's Risk Management Plan updated with relevant information from the safeguarding plan.

4.0 CLOSING AN ENQUIRY

4.1 A safeguarding concern referred for enquiry can only be closed when:

- Agreed with the local authority
- Agreed with the Director
- When a guest no longer receives support from the project.

4.2 Dependant on the outcome of the safeguarding concern and enquiry an investigation may be conducted by the Director once the enquiry is closed to review the effectiveness of BCP's actions and the local borough multi-agency working.

5.0 PERFORMANCE STANDARDS

Performance standard one: All safeguarding concerns must be recorded, reported and managed in accordance with processes and timeframes outlined in this document.

Performance standard two: Any decision not to share concerns relating to abuse or neglect of an adult at risk with Adult Social Care must be discussed and agreed with the Designated Adult Safeguarding Manager (The Director), or in their absence the Chair or the nominated Trustee.

Performance standard three: The Director will undertake a regular review of safeguarding practices within services, ensuring quality and consistency of recording and decision-making.

6.0 MONITORING & REPORTING

Compliance with this procedure will be monitored through line management. Key Performance Indicators will be communicated to the Board at regular intervals.

7.0 Contact details for LBHF Safeguarding Team

Lead Safeguarding Officer – Eamon Scanlon Te:l 07818421521Email: eamon.scanlon@lbhf.gov.uk

https://www.lbhf.gov.uk/crime/victim-support/safeguarding-adults

Safeguarding adults
Tackling abuse of adults

Raising a Safeguarding Alert:

If you are being abused or you suspect that someone is being abused, please contact the safeguarding team .

- 020 8753 4198 - Option 3 or Adult Social Care – 0800 145 6095 (Monday to Friday 8am – 6pm.
- 020 8748 8588 (out of hours)

You should also complete the safeguarding adults alert form (doc) and return to us at: safeguardingadults@lbhf.gov.uk

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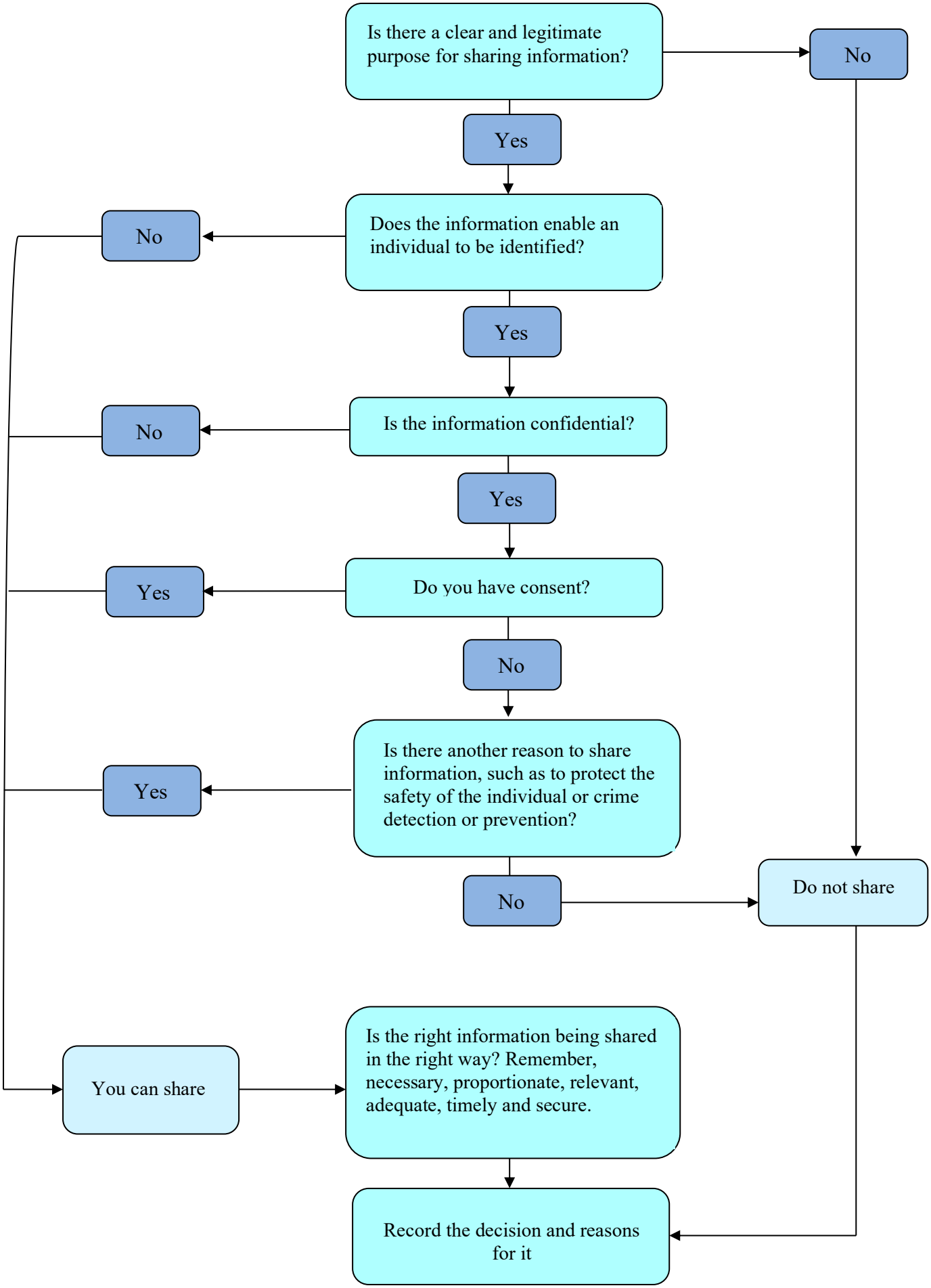
ASSOCIATED DOCUMENTS

Client Needs Assessment, Risk Assessment and Support Plan

Incident Form

Safeguarding Adults at Risk Policy

Appendix A


Is there a clear and legitimate purpose for sharing information?
No
Yes
Does the information enable an individual to be identified?
No
Yes
Is the information confidential?
No
Yes
Do you have consent?
Yes
No
Is there another reason to share information, such as to protect the safety of the individual or crime detection or prevention?
Yes
No
Do not share
You can share
Is the right information being shared in the right way? Remember, necessary, proportionate, relevant, adequate, timely and secure.
Record the decision and reasons for it