



SAFEGUARDING POLICY

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1. Policy Framework

1.1 Aim

The purpose of this policy is to ensure a diligent, coherent and consistent approach towards safeguarding adults at risk at Share. Share strives to create a safe and secure environment where service users, staff and volunteers can work together confidently in mutual respect. To ensure this, Share and its people will adhere to this safeguarding policy and procedure.

1.2 Scope

This policy applies to everyone working for or with Share whether in a paid or voluntary capacity. It includes Trustees, paid staff, volunteers, sessional workers, university students on placements, and anyone working on behalf of Share. For ease, all will be called 'staff' in this policy and procedure. It is expected that this policy and procedure will be read, understood and applied by all staff. It will be made available at induction, on our shared drive and on our website. Share students and the public will be made aware of the policy and procedure, and it will be made available to them.

1.3 Values and commitment

Share believes that everyone has the right to live free from fear, violence and abuse. We believe that everyone has the right to dignity, autonomy, privacy and equity. We also recognise that some people are more at risk of abuse than others. We take seriously our responsibilities to safeguard adults in accordance with the Care Act 2014 and current statutory guidance.

1.4 Legal framework

This policy has been drawn up on the basis of law and guidance that seeks to protect adults at risk as contained within the Care Act 2014; Human Rights Act 1998; Mental Capacity Act 2005, including Deprivation of Liberty Safeguards; Public Interest Disclosure Act 1998; Freedom of Information Act 2000; Safeguarding Vulnerable Groups Act 2006; and the UK General Data Protection Regulation (UK GDPR) and Data Protection Act (2018).

1.5 Key principles of safeguarding

The Care Act (2014) sets out the legal framework for how we should work to protect adults who may be at risk of abuse and neglect.

The principles set out in the Act are:

- **Empowerment** – We empower adults to make their own decisions by providing them with support, advice and guidance to make informed choices.
- **Prevention** – Guidance is in place to ensure people know how to recognise abuse and how to seek help and to take action before harm occurs.
- **Proportionality** – Our response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed.

- **Protection** – We provide advice and guidance about keeping safe and signpost or refer to relevant agencies.
- **Partnership** - We work together with other agencies to provide holistic oversight and effective support whilst ensuring confidentiality is maintained.
- **Accountability** – We are clear about the roles and responsibility of all those involved in safeguarding. We deliver a transparent service that provides a robust and effective safeguarding policy and procedure.

2. Identifying Abuse and Neglect for Adults at Risk

2.1 Defining an 'adult at risk'

The Care Act 2014 defines an adult at risk, as someone who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- 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

2.2 Who abuses and neglects adults at risk?

Anyone can perpetrate abuse or neglect. People who abuse are usually well-known to their victims and may even be in a position of trust and power but can also be strangers. People who could perpetrate abuse include:

- family members including spouses/partners and children
- neighbours, friends, acquaintances
- local residents, community members, strangers
- paid staff, professionals and volunteers, carers.

People who abuse sometimes do not realise they are doing it, or can sometimes do so because of the stress involved in caring and act out of character.

2.3 Where does abuse occur?

Abuse can occur anywhere, including:

- the adult at risk's own home
- a carer's home
- a day centre
- a care home
- a hospital
- the workplace
- educational institutions
- on transport.

2.4 Categories and indicators of abuse and neglect

Abuse has been classified into 10 categories:

Category of Abuse	Possible Signs & Indicators
Physical Abuse	
Causing physical harm, such as: • hitting • pushing • pinching • shaking • misusing medication • scalding • restraint • hair pulling	• No explanation for injuries or inconsistency with the account of what happened • Injuries are inconsistent with the person's lifestyle • Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps • Frequent injuries • Unexplained falls • Subdued or changed behaviour in the presence of a particular person • Signs of malnutrition • Failure to seek medical treatment or frequent changes of GP
Sexual Abuse	
Abuse such as rape, sexual assault, or sexual acts to which the adult at risk has not or could not have consented, or to which they were pressurised into consenting, including being made to watch sexual acts. Sexual exploitation is a subset of sexual abuse. It involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.	• The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude • Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck • Torn, stained or bloody underclothing • Bleeding, pain or itching in the genital area • Unusual difficulty in walking or sitting • Foreign bodies in genital or rectal openings • Infections, unexplained genital discharge, or sexually transmitted diseases • Pregnancy in a woman who is unable to consent to sexual intercourse • Incontinence not related to any medical diagnosis • Self-harming • Poor concentration, withdrawal, sleep disturbance

	• Excessive fear/apprehension of, or withdrawal from, relationships • Fear of receiving help with personal care • Reluctance to be alone with a particular person
Psychological or emotional abuse	
Causing emotional or psychological harm, such as: • Threats of harm or abandonment • Being deprived of social or any other form of contact • Humiliation • Blaming • Controlling • Intimidation • Coercion • Harassment • Verbal abuse • Being prevented from receiving services or support.	• Fear • Depression • Confusion • Loss of sleep • Unexpected or unexplained change in behaviour • An air of silence when a particular person is present • Withdrawal or change in the psychological state of the person • Reduced self esteem Deprivation of liberty could be false imprisonment. Aggressive shouting causing fear of violence in a public place may be an offence against Public Order Act 1986, or harassment under the Protection from Harassment Act 1997
Financial or material abuse	
Misuse or exploitation of a person's material goods or financial means, such as: • theft, fraud, internet scamming • coercion about finances including about wills, property, inheritance or financial transactions • misuse or theft of property, possessions or benefits • preventing a person from accessing their own money, benefits or assets • arranging less care than is needed to save money to maximise inheritance • someone moving into a person's home and living rent free without agreement or under duress • false representation, using another person's bank account, cards or documents,	• Missing personal possessions • Unexplained lack of money or inability to maintain lifestyle • Unexplained withdrawal of funds from accounts • Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity • Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so • The person allocated to manage financial affairs is evasive or uncooperative • The family or others show unusual interest in the assets of the person

• misuse of a power of attorney, deputy, appointeeship or other legal authority • rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship	• Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA • Recent changes in deeds or title to property • Rent arrears and eviction notices • A lack of clear financial accounts held by a care home or service • Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person • Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house • Unnecessary property repairs
Neglect / Act of Omission	
Ignoring medical or physical care needs and preventing access to health, social care or educational services or withholding the necessities of life such as food, drink and heating.	• Malnutrition • Untreated medical problems • Bed sores • Confusion • Over-sedation • Deprivation of meals may constitute "willful neglect" • Poor personal hygiene
Discriminatory abuse	
Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ' protected characteristics ' under the Equality Act 2010)	• Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic • Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader • Harassment or deliberate exclusion on the grounds of a protected characteristic • Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic • Substandard service provision relating to a protected characteristic
Organisational / Institutional Abuse	
Neglect and poor practices in organisations and care settings, including care provided in a person's own home. This can range from one off incidents to ongoing ill-treatment that	• Lack of flexibility and choice for people using the service • Inadequate staffing levels • People being hungry or dehydrated

arises from neglect or poor professional practices	• Poor standards of care • Lack of personal clothing and possessions and communal use of personal items • Lack of adequate procedures • Poor record-keeping and missing documents • Absence of visitors • Few social, recreational and educational activities • Public discussion of personal matters • Unnecessary exposure during bathing or using the toilet • Absence of individual care plans • Lack of management overview and support
Self-neglect	
When an adult neglects to care for their personal hygiene, health and surroundings, including hoarding. Intervention should seek to minimise the risk while respecting the individual's choices.	• Very poor personal hygiene • Unkempt appearance • Lack of essential food, clothing or shelter • Malnutrition and/or dehydration • Living in squalid or unsanitary conditions • Neglecting household maintenance • Hoarding • Collecting a large number of animals in inappropriate conditions • Non-compliance with health or care services • Inability or unwillingness to take medication or treat illness or injury
Modern slavery	
Modern Slavery is an international crime, it can include victims that have been brought from overseas, and people in the UK. Slave Masters and Traffickers will deceive, coerce and force adults into a life of abuse, callous treatment and slavery. This abuse includes: • Slavery • Human trafficking • Forced labour • Domestic servitude	• Signs of physical or emotional abuse • Appearing to be malnourished, unkempt or withdrawn • Isolation from the community, seeming under the control or influence of others • Living in dirty, cramped or overcrowded accommodation and or living and working at the same address • Lack of personal effects or identification documents • Always wearing the same clothes

	• Avoidance of eye contact, appearing frightened or hesitant to talk to strangers • Fear of law enforcers
Domestic abuse	
Incident or pattern of incidents of controlling, coercive, or threatening behaviour, violence, or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. Including: • Psychological, • Physical • Sexual • Financial • Emotional abuse • So called “honour-based” violence • Female Genital Mutilation • Forced marriage Age range extended down to 16 (for the purpose of the safeguarding adult arrangements, safeguarding children arrangements would be applied to a person under 18)	• Low self-esteem • Feeling that the abuse is their fault when it is not • Physical evidence of violence such as bruising, cuts, broken bones • Verbal abuse and humiliation in front of others • Fear of outside intervention • Damage to home or property • Isolation – not seeing friends and family • Limited access to money

3. Roles and Responsibilities

3.1 Everyone

This policy and procedure applies to everyone working at or for Share Community and everyone is responsible for safeguarding. Staff who interact regularly with our clients are much more likely to encounter safeguarding concerns so should be aware of how to recognise and respond.

Everyone should:

- read and apply this safeguarding policy and procedure
- be mindful of their own actions and behaviour, ensuring that we are promoting safeguarding, being aware of our position of trust and power, and our duty to our service users
- be alert to potential indicators of abuse or neglect; aware of the risks which abusers, or potential abusers, may pose
- not give any money or gifts to students, and if you find that a student does not have food/drink, please flag this as a potential concern to the Wellbeing team and also record on Civi. This is to help maintain healthy boundaries and also support the student.

- respond to any safeguarding concerns, however small they may appear. Speaking with colleagues and supervisors to clarify any queries or concerns and sharing information so that a full assessment can be made.

Some staff at Share Community have specific responsibilities for safeguarding and these are detailed below.

3.2 Designated Safeguarding Lead and Deputy Designated Safeguarding Lead

The Chief Executive holds overall responsibility for Safeguarding as the Designated Safeguarding Lead (DSL), however elements of this are delegated to the Deputy DSL, who is the Head of Training and Wellbeing.

The responsibilities of the DSL and DDSL are to:

- Promote a safeguarding and listening culture across Share Community.
- Keep updated with safeguarding law, best practice and of emerging trends and themes in safeguarding.
- Set the safeguarding policy and procedure direction in line with statutory guidance, ensure annual reviews are undertaken and be responsible for its implementation.
- Monitor effectiveness and compliance with safeguarding policy and procedures as well as related procedures.
- Ensure effective safeguarding systems and processes are in place, including secure recording and retrieval systems; DSPs are appointed and that safeguarding responsibilities are stated in staff job descriptions.
- Set out required safeguarding training, including induction, and provide training and updates as per staff members roles and responsibilities and ensure HR and Office manager maintains a record of staff attendance at safeguarding training.
- Assist and oversee the work of the DSPs and quality assure management of safeguarding cases, including decisions made.
- Brief trustees at Health and Safety Sub-Committee about safeguarding activity and issues and provide an annual report on safeguarding.

Deputy Designated Safeguarding Lead (DDSL)		
Head of Training and Wellbeing		Direct Line: 020 7801 9815 Ext: 1004
Designated Safeguarding Lead (DSL)		
Chief Executive Officer	Mob: 075 8803 0119	Direct Line: 020 7801 9816 Ext: 1001

3.3 Designated Safeguarding Person (DSP)

The DSPs are operational managers, members of Senior Leadership Team and members of the Wellbeing Team. They have operational responsibilities for safeguarding across Share.

Their responsibilities include:

- promoting a safeguarding and listening culture across our services.
- being aware and updated about changes in safeguarding law and best practice

- providing advice and support on safeguarding matters for staff
- handling individual safeguarding cases including making decisions about them, seeking specialist advice, referring to the police or social care when necessary, working with external agencies, escalating concerns if required, managing record keeping.
- alerting the DSL to any safeguarding concerns relating to allegations against staff; poor practice concerns, staff training needs or any other matters relating to the management of safeguarding.
- assisting the DSL including contributing to the broader safeguarding work e.g. policy development, data collection, safer recruitment, induction and training of staff.
- Keeping adults we work with up to date with the actions we take in response to safeguarding concerns, as far as this is possible, appropriate and safe.

Designated Safeguarding People (DSP)	
Community Food Hub Co-ordinator	Direct Line: 07549 367039
Garden Community Hub Co-ordinator	Direct Line: 020 8050 4172 Ext: 1020
Senior Training Manager	Direct Line: 020 7801 9810 Ext: 1011
Head of People and Culture	Direct Line: 020 7801 9829 Ext: 1022
Head of Volunteering and Community Services	Direct Line: 020 7801 9810 Ext: 1007
Wellbeing Co-ordinator	Direct Line: 020 7801 9818 Ext: 1012

3.4 Trustees

The Trustees are ultimately responsible for the governance of safeguarding at Share Community, ensuring that the organisation is legally compliant and delivering services safely.

The designated trustee for Safeguarding is Kirsty Humby. She sits on Share's HR and Safety subcommittee.

Their responsibilities include ensuring:

- a culture of safeguarding is promoted whereby staff and clients can raise concerns and feel supported.
- there are appropriate policies and staff code of conduct.
- a safeguarding policy and procedure is in place (which includes how to deal with allegations against staff) which is reviewed at least annually, and which is available to and understood/applied by staff.
- safeguarding concerns are managed effectively; there are systems in place for its management; safeguarding is resourced including for training; a DSL is appointed whose role is stated in their job description.
- they receive and review regular feedback on safeguarding activity, understand remedial actions required from the Chief Executive and track progress.

3.5 Safe recruitment

Share's recruitment policy stipulates that all paid staff, volunteers, and trustees have to complete an application form, detailing past work history and listing references. Individuals are then interviewed, and references requested. Only on receipt of satisfactory references from previous employers will a formal offer of employment be made. We check the identity of each potential staff member or volunteer. We ask for proof of any qualifications stipulated within the person specification.

All staff, volunteers, and trustees are required to have an enhanced check through the Disclosure and Barring Service (DBS) before any commencement of work which involves substantial client contact.

Copies of all returned DBS checks and documentation will be kept confidentially and securely locked within the organisation's HR office.

Volunteers can undergo training and induction whilst waiting for the checks to clear but cannot undertake any unsupervised face-to-face work until satisfactory checks have been received.

We renew staff and volunteer DBS checks every three years.

3.6 Training and Staff development

The levels at which staff receives safeguarding training varies depending on their role within Safeguarding at Share. All staff are required to undertake formal safeguarding training at least every three years, either in house or externally. Specific roles, such as Designated Safeguarding People (DSP) and Designated Safeguarding Leads (DSLs) are required to undertake advanced safeguarding training. For volunteers, a mandatory induction training is conducted every two months which includes a section on safeguarding, that covers the safeguarding policy, volunteer responsibilities, and case studies for practical exploration. Volunteers are also offered enhanced safeguarding training each year.

4. Responding to Safeguarding Concerns

4.1 Principles of practice

All Share Community staff will support the adult at risk, who is suspected of having been abused, and recognise and act upon their right to:

- protection from further harm
- be listened to and to be taken seriously
- information and impartial advice
- information about alternative courses of action and to choose from the available options
- express an opinion about criminal charge
- the services of an advocate / independent mental capacity advocate where appropriate
- an appropriate level of investigation

- assurance that any allegation of abuse will be investigated, whilst maintaining confidentiality and adhering to all principles of data protection.

Share Community will support the person reporting an allegation of abuse, and recognise and act upon their right to:

- be taken seriously
- protection and support
- an appropriate level of confidentiality
- be kept informed of the action that has been taken and the outcome(s).

Share Community recognises and will act upon the fact that the person who is alleged to have committed the abuse has the right to:

- seek legal representation and other advice and support as appropriate
- an appropriate level of confidentiality
- the presumption of innocence until the matter has been investigated
- the opportunity to state their case clearly
- be treated with respect.

Share works with adults from its surrounding boroughs including Wandsworth, Lambeth, Southwark and Merton. Adults from Wandsworth and Lambeth are our main beneficiaries.

Share follows the London Borough of Wandsworth Safeguarding Adults at Risk procedures <https://www.wandsworth.gov.uk/report-adult-abuse/>. All concerns and disclosures are reported to the safeguarding team in the borough where the abuse is alleged, and also reported to the Local Authority of the potential victim. As Share works with adults from several boroughs, raising a concern or abuse reporting procedures are amended to meet each boroughs reporting requirements

Team	Web Link to report concern	Contact phone or email
Wandsworth Adult Services Access Team	Web link: Wandsworth Report a concern about adult abuse or neglect (richmondandwandsworth.gov.uk)	Email: accessteam@richmondandwandsworth.gov.uk Phone: 0208 871 7707
Lambeth Adult Safeguarding Team	Web link: Report neglect or abuse of an adult	Phone: 020 7926 5555
Merton Adult Safeguarding Team	Web link: Reporting abuse or neglect – safeguarding adults : Report a concern Merton Council First Response Team – Merton (9am to 1.30 pm, excluding bank holidays) Crisis Line Phone: (1.30pm to 5pm Monday to Friday) Emergency Duty Team (Out of Hours – after 5pm and bank holidays).	Email: safeguarding.adults@merton.gov.uk Phone: 020 8545 4388 Phone: 07903 235 382 Phone: 020 8770 5000 or 0345 6189762

Southwark Adult Safeguarding Team	For adults with a learning disability: For adults with a physical or sensory disability and older people (65 years and above):	Email: LearningDisabilitiesDuty@southwark.gov.uk Phone: 020 7525 2333 Email: OPPDContactteam@southwark.gov.uk Phone: 020 7525 3324
Croydon Adult Safeguarding Team	Web link: Professional referral - Safeguarding concern (croydon.gov.uk)	Phone: 020 8726 6500

Staff and volunteers must familiarise themselves with Wandsworth's policy, which may be found through following this link:

<https://www.wandsworth.gov.uk/health-and-social-care/adult-social-care/adult-social-care-information-and-advice/staying-safe/safeguarding-and-adult-abuse/report-adult-abuse/>

4.2 Information Sharing and Confidentiality

People have the right to expect that all staff and volunteers will deal sensitively and sympathetically with their situation. It is important that information remains confidential and that only those with a 'need to know' should be privy to it; however, it is imperative that the DSPs, DDSL and DSL be informed of any concern or disclosure.

When sharing information about service users with external agencies, the law on confidentiality and information sharing must be applied. The general principle is that clients have a right to expect that their personal information will not be shared with other agencies and that their consent is obtained before sharing. This principle helps to develop trusting relationships with our service users and supports them to engage with us.

There are important exceptions to this general principle. Confidentiality is not offered absolutely, and we have a duty to make reports and share information in certain circumstances when it is in the public interest and may override their consent to share information in these circumstances:

- a person aged 16 years and over lacks the mental capacity to make that decision
- there are emergency or life-threatening situations
- other people are, or may be, at risk

For adult safeguarding, it is important to make decisions with adults about their circumstances. If an adult at risk does not give their consent to sharing safeguarding information, the reasons for this should be explored. Reassurance and support may help to change their view on whether it is best to share information. If they remain firm in their view, have capacity and do not consent to information being shared, in general, their wishes should be respected, and they should be offered support to build confidence and regular reviews provided to continue supporting them.

If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and the reasons why.

The Social Care Institute for Excellence (SCIE) have produced a more detailed guide called Safeguarding Adults: Sharing Information (2019) which is available here:

<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

4.3 Recording

Recording is an important task in safeguarding practice and includes recording of concerns, interventions, decisions, actions and reasoning. Below is good practice in recording of safeguarding concerns.

- Records can be made when gaining information from the adult at risk. Ensure you explain why this is being done (If this isn't possible, make notes immediately afterwards. They must be completed as soon as possible after the event/incident and at the latest within 24 hours)
- Use the adult's own words and phrases
- The record should be legible and avoid acronyms or initials unless these are properly explained and unambiguous.
- Write in plain language with no jargon
- Differentiate between fact and professional opinion or observations
- State the date, time, place and who is present.
- Do not use personal equipment such as phones or notebooks. Records will only be held by Share Community on CiviCRM. Any notes/forms will be scanned/transcribed and then shredded.
- Records must never be kept at home or in places outside of Share Community. They are accessed only by those who are authorised and, on a need-to-know basis.
- Records must never be amended. Additional information or corrections of fact must be written as an additional record and explain why this is being made.

5. Safeguarding Procedure: what to do if abuse is suspected or disclosed about service users

It is the responsibility of all staff to report abuse. It is not staff's responsibility to investigate abuse or alleged abuse.

5.1 Responding to an emergency

If the adult at risk is in danger, first ensure that they are safe and if immediate help is needed, call the emergency services on 999. Alert the DSP as soon as possible.

The DSP will then follow the procedures set out below on 'responding to a safeguarding concern'.

5.2 Responding to a safeguarding concern

Step 1: Speak to a DSP about the concern. This should be done as soon as possible and definitely on the same day that you identify the concern.

Step 2: Record all relevant details on the Safeguarding reporting form (Appendix 2) and give to the DSP. Only ask the person sufficient questions to establish what has happened i.e. whether there was an accident or possible abuse. Be careful not to destroy or contaminate evidence.

Step 3: The DSP will listen and ensure they have a full understanding of any relevant background and then make decisions about the next steps to take (through discussion with another DSP, DDSL or DSL if needed).

The DSP will ensure that the safeguarding concern has been discussed with the client (where it is safe to do so) to obtain their view of what they would like to happen and tell them of our duty to pass on our concerns if this is required.

The DSP will obtain the relevant student's consent to share information to the local authority if necessary.

The DSP will make decisions within 24 hours of being alerted to the concern, in any of the following options:

1. There is no further action to take. This is because there are no safeguarding concerns.
2. The threshold has not been met to refer onwards however the service user does have additional needs. Share will continue to provide support to the individual at risk, such as signposting to other sources of help including helplines, counselling or other avenues of external support. It may involve ongoing monitoring of safeguarding for the person.
3. Referral is made to other agencies, either voluntary or statutory agencies, for support and early help. Such referrals will require the informed consent of the client. It may involve ongoing monitoring of safeguarding for the person by Share.
4. A safeguarding referral is made to Local Authority Social Care department if there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or there are serious concerns about the wellbeing of the person.

The referral must be made immediately by the DSP or DDSL using the procedures and online forms as set out by the Local Authority. Any referral to a local authority must be done with the explicit approval of the DDSL, or, in their absence the DSL. If both are absent, then it should be a member of SLT.

If the referral is made by telephone, this must be followed up in writing immediately and within 24 hours. If the DSP has not heard from the Local Authority within three days of the referral, they must make contact again to clarify. Having made the referral, there may need to be ongoing work required by the DSP, including providing further reports or attendance at meetings, in line with the multi-agency procedures.

If a referral is not accepted or there are delays, the DSP should be advised by the Local Authority and given reasons for these decisions. If the DSP remains concerned, they should

be proactive in pursuing further discussions with the Local Authority and consider escalating their concerns within the Local Authority.

In situations where an Incident Report is made to any third party e.g. a student's next of kin, the relevant local authority, it must be approved by the DDSL and the DSL before being submitted. In either or both of their absences, two members of SLT should approve.

5. Refer to the Police or other Emergency Services if there is an emergency situation requiring immediate action.

Step 4: In all cases, records must be kept of all conversations, observations and reasons for decisions. A decision to take no further action or monitor a situation is as serious as a decision to take action or make a referral.

All records must be written on CiviCRM, no longer than 24 hours after the concern.

- If no further action was deemed necessary to take, this should be logged as a concern under "Wellbeing update" on CiviCRM.
- If further action was taken e.g. signposting, referrals, safeguarding referral to Local Authority, the Wellbeing Team DSP will separately log this as a "Student - Safeguarding" alert on CiviCRM.

Step 5: The DSP also has a role at Share Community to debrief with staff and to offer support and supervision during and after any safeguarding incidents. The DSL/Deputy DSL should also be appraised.

Step 6: The DSL will report all serious incidents of safeguarding at Share to the Charity Commission – as per their definition of Serious [Incidents that need reporting](#). The incident report should be approved by the DDSL and DSL before being sent. In either or both of their absences, it should be approved by two members of SLT

Step 7: All safeguarding incidents will be reported to the HR and Safety Committee in their quarterly meetings. All serious incidents will be reported immediately to the Chair of the HR and Safety Committee and the Safeguarding Lead.

6. Procedure for managing allegations against staff

NB 'Staff' includes trustees, paid staff and volunteers.

Share Community's practices seek to reduce the potential for staff to act in ways that may cause harm to our service users, to other staff and to our reputation.

Staff should raise any concerns about the behaviour of colleagues and Share Community will fully support anyone who, in good faith, reports that a colleague may pose risk to an adult at risk.

Safeguarding concerns about a staff member may arise in various circumstances, for example:

- a service user or a third party makes an allegation implicating a staff member

- concerns about a staff member's behaviour emerge from another route e.g. a complaint or an enquiry
- a specific known person is not victimised but there are concerns about a staff member's behaviour, e.g. a staff member is looking at abusive images of children online or expressing inappropriate views online
- someone has breached the Code of Conduct, or they engage in poor working practices
- they no longer work at Share Community and allegations come to light about them (historical or non-recent concerns).

These concerns may be unfounded, or the allegations may be false or malicious, but they may also be founded. The outcome cannot be known until a proper enquiry has been undertaken using Share's investigation procedure. It is important that all allegations are taken seriously and not ignored. All allegations and concerns must be reported so they can be properly addressed in line with Share's investigation procedure and outcomes recorded. The report must be made immediately or as soon as possible after the concern comes to light and within 24 hours.

6.1 Responding to a safeguarding concern about staff

Where there are safeguarding concerns about staff, including concerns about poor working practices, follow the steps below.

Step 1: Speak to the DSL about your concern on the same day that you identify it. It is not necessary for you to be completely certain, and it is expected that you notify any concerns that may impact on the wellbeing of our service users. The subject of the allegation should not be notified. If the concern is about the DSL or a Trustee, then the Chair of Trustees (or another Trustee) must be notified. Record all relevant details on the Safeguarding Reporting Form (Appendix 2) and hand to the DSL. The DSL will ensure that all subsequent actions and decisions are recorded.

Designated Trustees for Safeguarding	
Chair of Trustees	Email: roberta@sharecommunity.org.uk
Safeguarding Designated Trustee (SDT)	Email: kirstyh@sharecommunity.org.uk

Steps the DSL may take

The DSL will follow this procedure, dealing with matters quickly, fairly and consistently so that individuals are safeguarded, any evidence is secured, and the staff member is supported. This will involve working with others, both internally (including Trustees) as well as external agencies including Police and Local Authority.

There may be up to four strands in the management of a safeguarding allegation against a staff member:

1. A police investigation, if a criminal offence may have been committed.
2. Safeguarding Adults referral.
3. Share Community internal process, including considerations about disciplinary action. These will follow HR policies and processes. The staff member could be suspended pending an investigation.

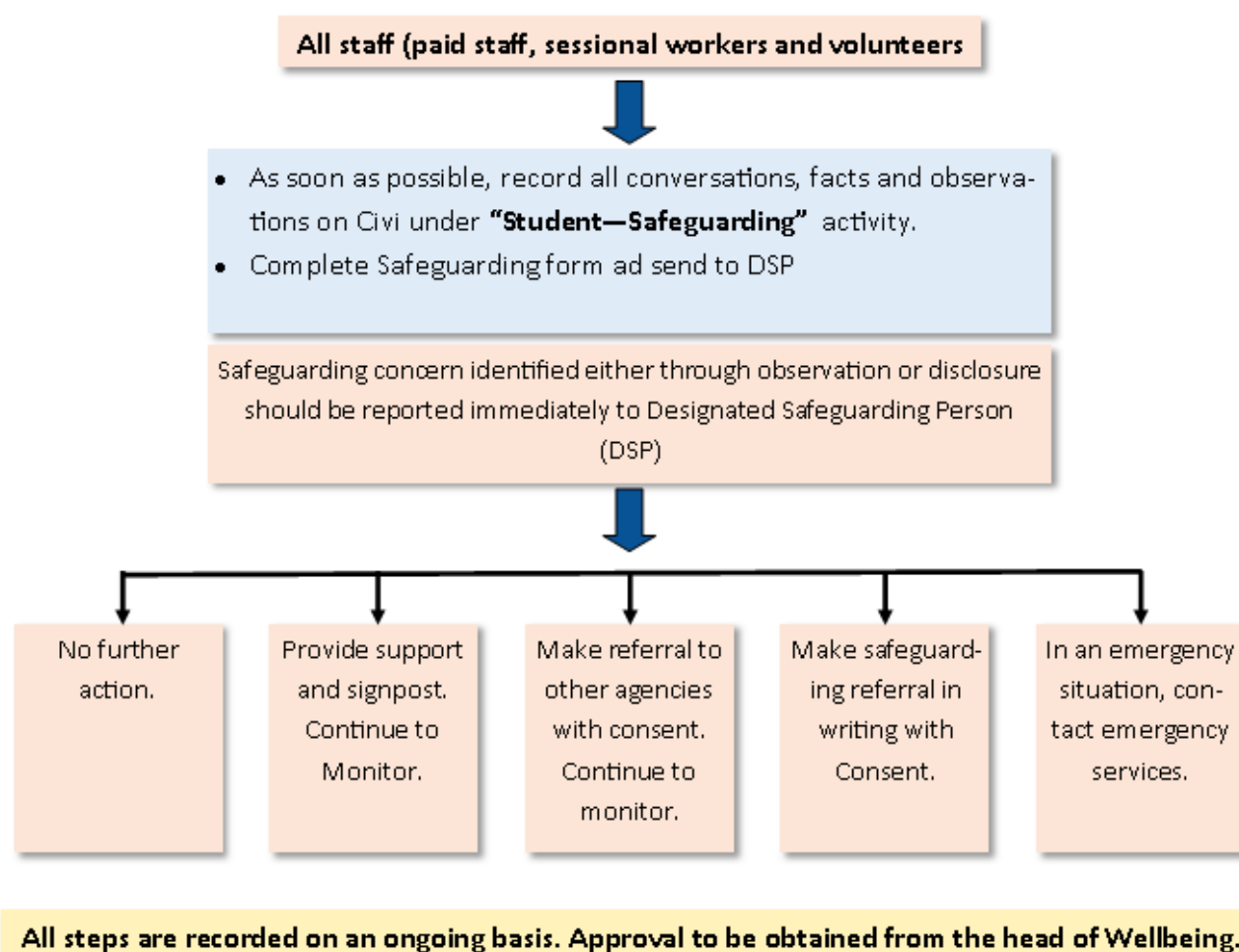
4. DBS Referral. Should the investigation prove the allegations to be correct, the staff member will be referred to the Disclosure and Barring Service.

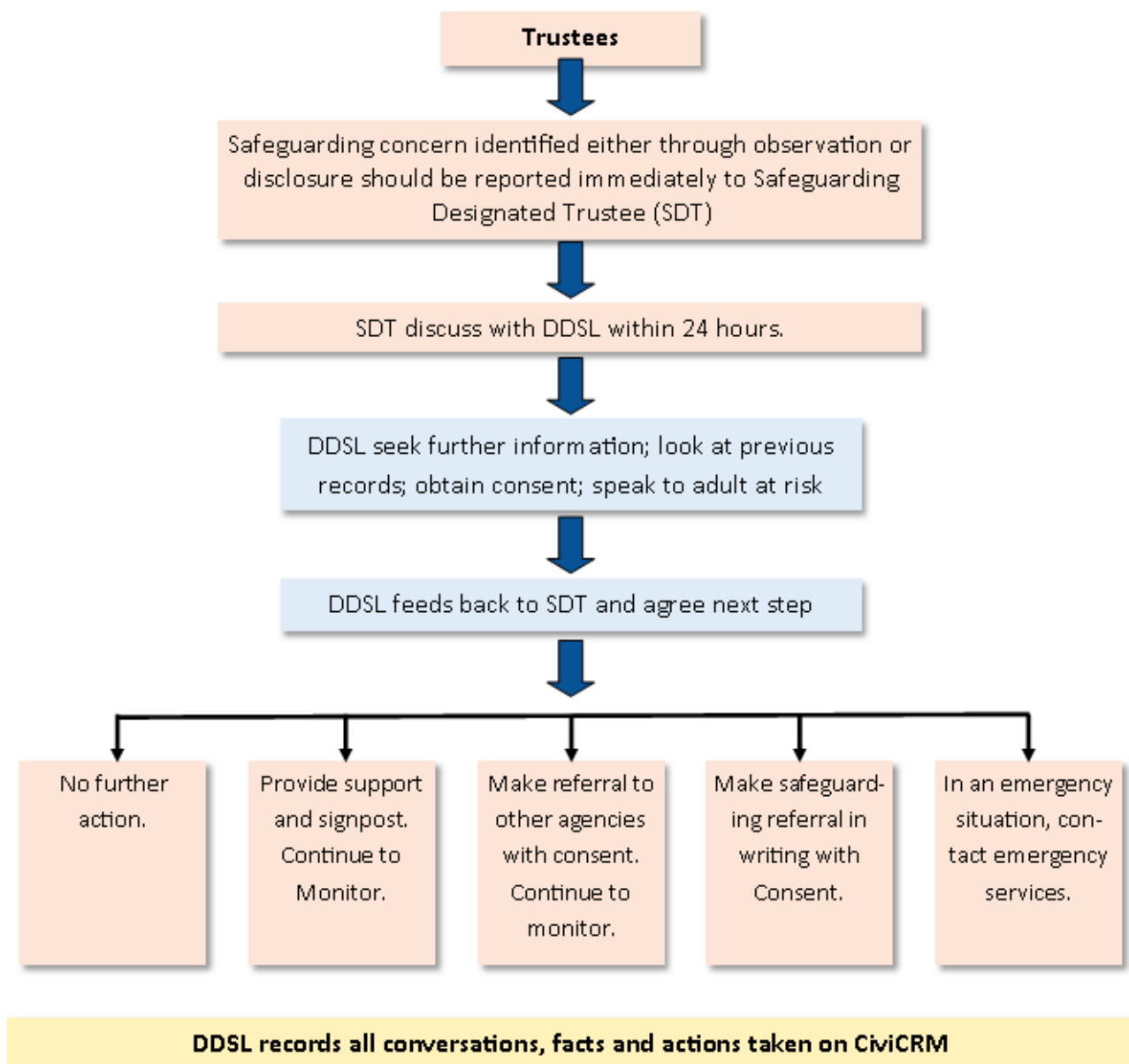
7. Policy control sheet

Date of change/s	Overview of Change/s	Change/s made by	Review/Approved by
21/6/23	Update of new staff names (DDSL) and removal of staff member who has left (DSP)	Abi Carter	Katie Thomas
6/11/23	Inclusion of Florence Hansford as DSP and removal of Shannon Blackwood	Abi Carter	Katie Thomas
24/01/24	3.1 (Everyone's role and responsibilities) updated to include guidance about staff spending money on students	Love Abolade	
27/02/24	3.2 and 3.3: Changed details of DSP from individual names and email to job title and contact numbers	Love Abolade	
27/02/24	6.1 (Step 1) Amended 'Safeguarding Incident Form (Appendix 1)' to 'Safeguarding Report Form (Appendix 2)'	Love Abolade	
27/02/24	Updated process chart to include recording of safeguarding concern on CiviCRM	Love Abolade	
27/02/24	Safeguarding Process Chart moved to appendix 1 and Safeguarding Form moved to appendix 2	Love Abolade	
27/02/24	Updated table of content to reflect changes made to appendix 1 and appendix 2	Love Abolade	
01/05/24	1.1: Removed the word children and changed adult to service user	Love Abolade	
01/05/24	1.2: Changed students to university students on placement	Love Abolade	
01/05/24	Inclusion of Head of People & Culture to list of DSP	Love Abolade	
01/05/24	Inclusion of DSL / CEO's mobile number	Love Abolade	
01/05/24	5.2 (step 4): Inclusion of Wellbeing Team DSP role to log Student Safeguarding alerts on CiviCRM	Love Abolade	
01/05/24	6.1: Inclusion of email addresses of Designated Trustees for Safeguarding	Love Abolade	
09/05/24	3.4: Change of Designated Trustee for safeguarding from Katie Thomas to Kirsty Humby	Love Abolade	
14/05/24	Change of Board Approval from Katie Thomas to Kirsty Humby	Love Abolade	
01/07/24	Inclusion of Lambeth Safeguarding Team	Love Abolade	
01/07/24	Amendments to Flowchart	Love Abolade	
10/07/24	3.6: Inclusion of frequency of staff and volunteers safeguarding training	Love Abolade	
10/07/24	Inclusion of Adult Safeguarding Teams details for Merton Council and Southwark Council and Croydon Council	Love Abolade	

13/12/24	Removal of Head of Student Wellbeing and Impact as DDSL, and inclusion of Head of Training and Digital Integration.	Abi Carter	
13/12/24	Inclusion of Robert Boyce as owner of this policy	Abi Carter	
16/1/25	Inclusion of Garden Hub Co-ordinator is included as a DSP	Abi Carter	
16/1/25	Inclusion of Robert Arnott as the new Chair of Trustees	Abi Carter	
16/1/25	Amendment to reporting processes to include the need for approval from DDSL / DSL / SLT when making safeguarding referrals, submitting incident reports, and submitting serious incident reports to the charity commission	Abi Carter	
23/6/25	Updating Staff members' job titles	Abi Carter	
23/6/25	Updating approval process relating to safeguarding reports being made to LAs to ensure both DSL and DDSL approve them, or, in their absence, two members of SLT	Abi Carter	
11/9/25	Updates to the flowcharts to fully replicate the process set out in the policy	Robert Boyce	Kirsty Humby
31/7/26	Replaced No Secrets in Section 1.3 due to being out of date. Changed Vulnerable adult to adult at risk. Edited "Mental Capacity Act 2005, including Deprivation of Liberty Safeguards" in Legal section.	Robert Boyce	Kirsty Humby

Appendix 1: Safeguarding process chart





Appendix 2: Safeguarding report form

SAFEGUARDING CONCERN REPORTING FORM

This form will be used by members of staff or volunteers to record disclosures or suspicions of abuse. The completed form should be given/sent to a Designated Safeguarding Person.

Your details	
Your name	Your position
Date of concern	Contact number
Student details	
Name	Date of birth
Other relevant info	

Details of the allegation/suspicion/disclosure
What are you recording? ☐ Disclosure made directly to you by the student ☐ Disclosure or suspicion from a third party ☐ Your own suspicions/concerns
Date, time and location of disclosure
Date, time and location of incident
Details – <i>State exactly what you were told/observed and what was said. Use the persons own words as much as possible.</i> • <i>What happened?</i> • <i>Who was involved?</i> • <i>Who raised the concern?</i> • <i>Is there a risk to others?</i>

Views of the individual

- *What do they want to happen?*
- *Have they given consent to report?*

Actions taken so far:

Signed

Date