



SAFEGUARDING POLICY

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Contents

1. Policy Framework.....	3
1.1 Aim	3
1.2 Scope.....	3
1.3 Values and commitment.....	3
1.4 Legal framework	3
1.5 Key principles of safeguarding.....	3
2. Identifying Abuse and Neglect for Adults at Risk	4
2.1 Defining an ‘adult at risk’	4
2.2 Who abuses and neglects adults at risk?.....	4
2.3 Where does abuse occur?.....	4
2.4 Categories and indicators of abuse and neglect.....	5
3. Roles and Responsibilities.....	9
3.1 Everyone	9
3.2 Designated Safeguarding Person	10
3.3 Designated Safeguarding Lead and Deputy Designated Safeguarding Lead.....	10
3.4 Trustees.....	11
3.5 Safe recruitment	11
3.6 Training and Staff development	12
4. Responding to Safeguarding Concerns.....	12
4.1 Principles of practice.....	12
4.2 Information Sharing and Confidentiality	13
4.3 Recording	14
5. Safeguarding Procedure: what to do if abuse is suspected or disclosed about service users	14
5.1 Responding to an emergency	14

5.2 Responding to a safeguarding concern	14
6. Procedure for managing allegations against staff	16
6.1 Responding to a safeguarding concern about staff	17
7. Policy control sheet.....	18
Appendix 1: Safeguarding reporting form	19
Appendix 2: Safeguarding process chart	21

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 Community. Share strive to create a safe and secure environment where children, adults, volunteers and staff 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 Community whether in a paid or voluntary capacity. It includes Trustees, paid staff, volunteers, sessional workers, students, 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 and on our shared drive. 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 Community 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 very seriously our responsibilities to protect adults who use our services in accordance with government guidance as set out in *No Secrets*.

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; Public Interest Disclosure Act 1998; Data Protection Act 1998; Freedom of Information Act 2000; Safeguarding Vulnerable Groups Act 2006 and Deprivation of Liberty Safeguards, Code of Practice 2008.

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 law defines a vulnerable adult 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, including:

- 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	
<p>Causing physical harm, such as:</p> <ul style="list-style-type: none"> • hitting • pushing • pinching • shaking • misusing medication • scalding • restraint • hair pulling 	<ul style="list-style-type: none"> • 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	
<p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • Excessive fear/apprehension of, or withdrawal from, relationships • Fear of receiving help with personal care • Reluctance to be alone with a particular person
<p>Psychological or emotional abuse</p>	
<p>Causing emotional or psychological harm, such as:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 <p>Deprivation of liberty could be false imprisonment.</p> <p>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</p>
<p>Financial or material abuse</p>	
<p>Misuse or exploitation of a person's material goods or financial means, such as:</p> <ul style="list-style-type: none"> • 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, 	<ul style="list-style-type: none"> • 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

<ul style="list-style-type: none"> • misuse of a power of attorney, deputy, appointeeship or other legal authority • rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship 	<ul style="list-style-type: none"> • 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
<p>Neglect</p>	
<p>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.</p>	<ul style="list-style-type: none"> • Malnutrition • Untreated medical problems • Bed sores • Confusion • Over-sedation • Deprivation of meals may constitute “willful neglect” • Poor personal hygiene
<p>Discriminatory abuse</p>	
<p>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)</p>	<ul style="list-style-type: none"> • 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
<p>Organisational/institutional Abuse</p>	
<p>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</p>	<ul style="list-style-type: none"> • Lack of flexibility and choice for people using the service • Inadequate staffing levels • People being hungry or dehydrated

<p>arises from neglect or poor professional practices</p>	<ul style="list-style-type: none"> • 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
<p>Self-neglect</p>	
<p>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.</p>	<ul style="list-style-type: none"> • 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
<p>Modern slavery</p>	
<p>Modern Slavery is an international crime, it can include victims that have been brought from overseas, and vulnerable people in the UK. Slave Masters and Traffickers will deceive, coerce and force adults into a life of abuse, callous treatment and slavery.</p> <p>This abuse includes:</p> <ul style="list-style-type: none"> • Slavery • human trafficking • forced labour • domestic servitude 	<ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • Avoidance of eye contact, appearing frightened or hesitant to talk to strangers • Fear of law enforcers
Domestic abuse	
<p>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:</p> <ul style="list-style-type: none"> • Psychological, • Physical • Sexual • Financial • Emotional abuse • so called 'honour based violence • Female Genital Mutilation • Forced marriage <p>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)</p>	<ul style="list-style-type: none"> • 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
- 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 Person

The DSPs are operational managers, members of senior management 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 Person (DSP)	
Florence Hansford	Florenceh@sharecommunity.org.uk
Mitchell Gordon	MitchellG@sharecommunity.org.uk
Peri MacRae	PeriM@sharecommunity.org.uk
Claire Smith	ClaireS@sharecommunity.org.uk
Nirmalan Kugathasan	NirmalanK@sharecommunity.org.uk
Robert Boyce	RobertB@sharecommunity.org.uk

3.3 Designated Safeguarding Lead and Deputy Designated Safeguarding Lead

The Chief Executive holds overall responsibility for Safeguarding as the DSL, however elements of this are delegated to the Deputy DSL, who is the Head of Student Wellbeing and Impact.

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)	
Love Abolade	lovea@sharecommunity.org.uk
Designated Safeguarding Lead (DSL)	
Abi Carter	AbiC@sharecommunity.org.uk

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 Katie Thomas.

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 pertaining to any vulnerable adult issues 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

All staff are required to undertake training in safeguarding, either in house or externally. The levels at which staff will be trained will be dependent on their role within Safeguarding at Share.

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 charges
- the services of an advocate / independent mental capacity advocate where appropriate
- an appropriate level of investigation
- assurance that any allegation of abuse will be dealt with in a confidential manner

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 follows the London Borough of Wandsworth Safeguarding Adults at Risk procedures. All concerns and disclosures are reported to the Wandsworth Access Team. 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/>

Wandsworth Adult Services Access Team: 0208 871 7707

Email: acessteam@richmondandwandsworth.gov.uk

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 1) 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 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. 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.

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 out.

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, it should be “Student - Safeguarding” activity.

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.

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.

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 Incident Form (Appendix 1) and hand to the DSL. The DSL will ensure that all subsequent actions and decisions are recorded.

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

Appendix 1: Safeguarding reporting 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? <input type="checkbox"/> Disclosure made directly to you by the student <input type="checkbox"/> Disclosure or suspicion from a third party <input type="checkbox"/> 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> <ul style="list-style-type: none"> • <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	
<ul style="list-style-type: none">• <i>What do they want to happen?</i>• <i>Have they given consent to report?</i>	
Actions taken so far:	
Signed	Date

Appendix 2: Safeguarding process chart

