Grosvenor Hart Homes: Safeguarding Policy

GROSVENOR

Grosvenor Hart Homes Safeguarding Policy

1. Introduction

This document sets out the Grosvenor Hart Homes (GHH) policy and procedures for safeguarding.

GHH prioritises the safety of tenants above everything else and having a robust safeguarding framework is fundamental to this approach. GHH will proactively work to protect all individuals, including but not limited to, children, including unborn babies and adults at risk from harm and neglect. Safeguarding is about ensuring that both individually and as an organisation, we are alert to and will always address abuse, potential abuse and neglect and take responsibility by raising awareness and understanding and taking proportionate and appropriate action.

The success of this policy depends on the active support of all Policy Users, as defined in section 2.5., to achieve its objectives and recognises the need for a well-defined policy setting out the standards it aims to achieve for safeguarding all individuals. This policy sets out the organisation of, and arrangements for, achieving this aim.

The statutory guidance enshrines the six principles of safeguarding:

- **Empowerment:** Person-led decisions and informed consent
- **Prevention:** Taking action before harm occurs
- **Proportionality:** Ensuring that responses are proportionate, appropriate and as unobtrusive as they can be given the risk presented
- **Protection:** Support and representation for those in greatest need
- **Partnerships:** Local solutions through services working with their communities
- **Accountability:** Accountability and transparency in delivering safeguarding

2. Definitions

2.1. **Safeguarding children**

The action that is taken to promote the welfare of children and protect them from harm. Working Together to Safeguard Children (2023, p7) defines safeguarding children and promoting the welfare of children as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

2.2. Age of a child

A child becomes an adult in law at 18 in England, in line with the United Nations Convention on the Rights of the Child. Many people use the term "young people" but there is no legal definition for the age of a "young person". 16- and 17-year-olds are children, in legal terms.

2.3. **Safeguarding adults**

Protecting an adult's right to live in safety, free from abuse and neglect.

The Care Act 2014 defines safeguarding adults as people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Adults may also make choices about themselves that impacts their own well-being.

2.4. **Adults at risk**

As defined in The Care Act 2014, any person aged 18 years or older who:

- Has care and support needs.
- Is experiencing, or is at risk of, abuse or neglect.
- Is unable to protect themselves because of their care and support needs.

2.5. **Policy users**

Policy users include but are not limited to GHH staff and board members, GHH appointed third party contractors, delivery partners and their third-party contractors, volunteers, customers of the Grosvenor Hart Hub. Where 'you' is referred to in this policy it refers to all policy users.

3. Safeguarding roles at GHH

All those who work for or with GHH share the responsibility for safeguarding but there are individuals within GHH with specific safeguarding responsibilities:

Strategic Safeguarding Lead (SSL)
Helen Brackenbury | helen.brackenbury@grosvenor.com | 07729 096407
In their absence, Helen Keenan| helen.keenan@grosvenor.com | 077793 02647

Designated Safeguarding Lead (DSL)
Jenny Nash | Jenny.Nash@grosvenor.com | 07718 037228
In their absence, Karl Dean | Karl.dean@grosvenor.com | 07591 589247

4. Purpose of this Policy

4.1. The purpose of this policy is to:

- protect children and adults at risk who come into contact with GHH and its Policy Users in the course of its work;
- provide all Policy users with the overarching principles of safeguarding and procedures that guide our approach to safeguarding;
- clearly sets out the expectations of Policy Users when they identify or observe any signs or indicators that might be a cause for concern.
- Reinforce GHH's proactive approach to safeguarding.

4.1. This policy applies to all Policy Users and is based on the following principles:

- The welfare of children and adults at risk is paramount;
- A child is anyone under the age of 18;

- All people, regardless of age, ability, gender, racial heritage, religious belief, sexual orientation, culture or identity, have a right to equal protection from all types of harm or abuse and no person or group of people should be treated less favourably than others in being able to access services which meet their particular needs;
- Some children and adults at risk are additionally vulnerable because of the impact of experiences, their level of dependency, communication needs, disability, age or other factors;
- Working in partnership with children and adults at risk, and parents, carers and other agencies where relevant, is essential in promoting their welfare;
- All concerns, and allegations of abuse will be taken seriously and responded to appropriately.

If you are unsure what this policy means, or how it relates to you and to you in your role, please contact the GHH DSL jenny.nash@grosvenor.com or GHH SSL helen.brackenbury@grosvenor.com

5. Safeguarding Code of Conduct

The Code of Conduct ensures a collective understanding of what kind of behaviour is expected of GHH employees and their representatives. It enables Policy Users to recognise unacceptable behaviours and take necessary action where appropriate.

We will seek to keep children and adults at risk safe by:

- Valuing them, listening to and respecting them;
- Keeping them at the centre of everything we do;
- Ensuring that all Policy Users are informed of our safeguarding policy, have confirmed their understanding of it and have committed to working in line with the GHH approach;
- Keeping a signed register for Policy Users to indicate they have read and understood our safeguarding policy.
- Ensuring that any activities or resources offered to the children or adults at risk are safe and appropriate;
- Ensuring that no photographs are taken of any child (or adult at risk) without specific permissions being sought. In the case of a child, specific, written permission would need to be sought from their parent or guardian.
- Refraining from giving or asking for any personal information not specifically needed for the situation;
- Never making contact (including by social media) with any child or adult at risk met in the context of work outside of the working environment;
- Ensuring that any first aid required is given by appropriately trained personnel;
- Adopting guidelines for the protection and safeguarding of children and adults at risk through clear procedures for Policy Users, e.g. always working in an open environment and avoiding private or unobserved situations and by adhering to the GHH lone working policy where this is not possible;
- Keeping written records of any safeguarding concerns along with steps taken and by whom;
- Sharing information about concerns with agencies who need to know and involving children, parents, carers and adults at risk as appropriate;
- Maintaining confidentiality where sensitive information is shared with the necessary authorities;
- Providing appropriate support to Policy Users as needed through supervision, support and training;
- Assessing risk from a safeguarding perspective in relation to all our activities.

- Ensuring all GHH team members have a Disclosure and Barring Service (DBS) check and those working to unsupervised with children and adults at risk as part of their role are subject to enhanced DBS checks. All DBS checks are updated every 3 years. GHH has a process in place should a check be returned with a positive trace (referenced in the GHH DBS Flow Chart).
- Conducting risk assessments and basic DBS checks on all tenants referred to GHH and processing all applications via a multi-agency matching panel to manage and mitigate any risks posed by tenants and/or their networks.
- Where relevant, requiring evidence of a DBS check for any other Policy Users who will work unsupervised with children or adults at risk.
- Requiring all GHH staff to notify their line manager at the earliest opportunity if they are involved in any activity that results in a police caution or a criminal conviction.
- Providing the GHH Board with a monthly update of safeguarding statistics and trend analysis for the year.
- Ensuring that all personal and/or confidential information held by GHH will be stored securely. Personal information will not be shared with a third party unless absolutely necessary and where GHH is acting in the best interests of tenants, for example when making a referral to another agency with the Tenant's consent.
- Building in safeguarding as a key element of our procurement framework and requiring all suppliers in who have contact with GHH customers to undergo focused due diligence on their safeguarding policy and DBS procedures, undertake an appropriate level of safeguarding training (i.e. Local Children's Level 1 Safeguarding Training and/or GHH Safeguarding briefing), and confirm that they will act in accordance with the GHH Safeguarding Policy and Procedures for reporting a concern about a child or adult.
- GHH has in place a data sharing agreement with key partner agencies.
- Ensuring that all third parties delivering services on behalf of GHH will be required to adhere to data protection and confidentiality requirements for all GHH information, including customers, tenants, service provisions and site locations. Third parties will be briefed on these requirements, in addition to the other measures set out in this safeguarding policy and adherence will be monitored.
- Sharing information about good practice and lessons learnt with Policy Users.
- GHH Whistleblowing Policy sets out the circumstances in which Policy Users can raise concerns with any wrongdoing or malpractice.

6. Understanding and recognising abuse and neglect

We define abuse in its widest possible terms i.e. treatment that either causes harm or has the potential to cause harm to a child or adult at risk. The protection of children and adults at risk is our shared responsibility and if you have any concerns a child or adult is being mistreated, or you have safeguarding concerns about the behaviour of another member of staff or someone working with or for GHH, do something about it by following the flow chart in ***Appendix 12.1 Safeguarding Process Flowcharts.***

Remember! It is better to err on the side of caution and seek advice if you're unsure than do nothing and then something happens to that child/adult.

Statutory guidance dictates that every Local Authority must produce a threshold document for safeguarding children, setting out a framework for intervention and GHH will always follow thresholds of the local authority it is operating in. The threshold document for the Cheshire West and Chester Local Authority can be found here: https://www.cheshirewestscp.co.uk/professionals/continuum-of-need/

6.1. Categories of abuse for children

The categories of abuse for children and adults at risk are different. The categories of **abuse of children** are as follows:

- **Physical Abuse:** May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- **Emotional Abuse:** Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual Abuse:** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- **Child sexual exploitation:** a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity. This may involve the child or young person being given gifts, drugs, money or status in return for performing sexual activities. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
- **Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
    - provide adequate food, clothing and shelter (including exclusion from home or abandonment)
    - protect a child from physical and emotional harm or danger
    - ensure adequate supervision (including the use of inadequate care- givers)
    - ensure access to appropriate medical care or treatment

  It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- **Criminal exploitation:** Criminal exploitation refers to a form of abuse where children and young people are manipulated, controlled or coerced into committing crime. This may include coercion into committed illegal or criminal activity as part of a gang, through county lines operations, where children or young people are coerced into carrying or moving drugs on behalf of an urban gang, or

via cuckooing. It can occur even where a victim appears to have given consent. Criminal exploitation does not solely involve physical contact but may occur through the use of technology.

- **Child trafficking:** Child trafficking is where a child or young person is tricked, forced or persuaded to leave their home and relocated to another area where they are then exploited, forced to work or sold. Children may be trafficked for sexual exploitation, forced marriage, benefit fraud, domestic slavery, forced labour or to commit crimes. Trafficked children may be subject to a range of abuse and neglect, including physical, sexual and emotional abuse.
- **Extremism:** Although not specifically a category of abuse, extremism is something we are very aware of at GHH. As set out in *Working Together to Safeguard Children 2023* "Extremism is defined in the Prevent strategy as the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces. "

6.2. Categories of abuse for adults

There are ten categories of **abuse for adults:**

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

For details of types of each kind of abuse and possible indicators, see the following links:
England: https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse

7. Proactively safeguarding children and adults at risk

You must:

- Be curious and if something doesn't feel right, deal with any issues and concerns.
- Be aware of situations which may present risks to children,
- Be aware of situations which may present risks to adults, particularly adults who are a**t risk**
- Assess, plan and organise your work to minimise these risks;
- Try to avoid lone working with children or vulnerable young people. If your role requires you to lone work with children, then you will be required to undergo an enhanced DBS check and ensure you follow the protocols outlined in the GHH Lone Working Policy. Always let a colleague know where you are unless the situation is an emergency. If an emergency arises, you will be expected to notify a colleague as soon as it is possible to do so.
- Read and understand this policy, ask for any clarifications, and confirm that you have read and understood it, as a requirement of your contract.

8. What to do if you have a safeguarding concern

If you have a safeguarding concern of any description, **follow the Safeguarding Process Flowchart attached as appendix 12.1** and fill in a Safeguarding Concern Report **(Appendix 12.2.).** Below is an overview of the

process to follow when reporting a safeguarding incident/concern whereas the Safeguarding Process flowchart in **Appendix 12.1** is the same process in more detail.

8.1. Overview of the safeguarding process

Policy User has a safeguarding concern about a child/adult, or a child or adult makes a disclosure of possible abuse. If the concern is that a child or adult at risk is at immediate risk of significant harm contact the police on 999, otherwise:

Inform the GHH DSL by telephone or in person of your concern. In the case of a disclosure, if it concerns a child or adult at risk, make it clear you cannot keep the information confidential. If neither the DSL or SSL is available, do not delay in contacting the local authority or police yourself to advise of your concern.

DSL, with reference to the local authority's threshold document, to assess and make judgement of safeguarding concern and if necessary, makes contact with the team in the relevant local authority social care team to make a referral/ ask for advice. This will be by way of phone or written referral depending on the urgency of the concern.

Policy User to write up details of concern in Part 1 of the Safeguarding Concern Record (Section 12.2) within one working day, using the words of the child/ adult where possible, pass to the Designated Safeguarding Lead and follow any agreed actions. They should record to the best of their knowledge:

- The child or adult's name, age, and date of birth
- The child or adult's home address and telephone number
- The group that the child or adult was with and who was the responsible adult, where applicable
- What was said or seen, and by whom – record the exact words that were said
- Date, time, and location of incident/ disclosure.

DSL completes Part 2 of Safeguarding Concern Report record (section 12.3), giving a rationale for their decision and sharing that decision with the person who initially reported the concern. DSL will share their decision and the Safeguarding Concern Report with the SSL within one working day.

SSL completes Part 3 of the Safeguarding Concern Report (section 12.3). If either the person reporting the concern, or the SSL disagree with the DSL's outcome, the SSL will call a meeting for all three in order to reach a conclusion. The decision of the SSL will be GHH's ultimate outcome, however if either the person reporting or the DSL are dissatisfied, they have the responsibility to make a referral in their own right.

DSL to complete Safeguarding part of the GHH Incident Log and communicate any immediate relevant information to those that need to know, update 'My Plan' where appropriate and share lessons learnt to the GHH Team. DSL will ensure a copy of Part 1 is stored in the tenant's case file and Parts 2 and 3 will be stored in the GHH Safeguarding folder.

Where a safeguarding concern has been shared with the DSL and after reference to the local authority threshold document, the DSL determines that this is not a safeguarding concern, the DSL will give consideration to whether the child/ family likely meets the threshold for statutory intervention under 'Child in Need' or whether they meet the threshold for early help services. In these circumstances, consent for a referral should be obtained from the child/ parents/ adult for this request for support.

If necessary, the DSL will seek advice from the Local Authority's Social Care team:

Cheshire West and Chester Children Social care – i-ART
Email: i-ART@cheshirewestandchester.gov.uk
Telephone: i-ART - 0300 123 7047
The team can be contacted 8.30am to 5pm from Monday to Thursday and 8.30am - 4.30pm on Friday. Outside of these hours, or over a bank holiday, please call **01244 977277 (Emergency Duty Team)**.

Cheshire West and Chester Adult Social Care:
Email: accesswest@cheshirewestandchester.gov.uk
Telephone: 0300 123 7034 (Cheshire West Community Access Team) or **01244 977277 (Emergency Duty Team - out of office hours)**

8.2. Consent and Involvement of Parents/Carers

GHH will work on the basis that the best interests of the child or adult at risk must be the overriding consideration when making decisions as to whether to seek consent, prior to making a safeguarding report. Consent must be sought, unless to do so would put a child, adult or other person at further risk. Advice on consent can be sought from the DSL/ SSL or local authority if needed.

- **Consent issues – child**. Consent from the child or parent/carer to refer to the Local Authority is not required. However, it is good practice to inform the parent/carer of a referral, unless to do so could place the child at increased risk of harm or interfere with potential future criminal proceedings, specifically if the parent/carer is the alleged perpetrator.

- **Consent issues –adults at risk without capacity to consent**. If concerns arise and the individual is unable to give consent to information being shared, a referral should be made to the Local Authority. Family/carers should be informed if they are involved in the individual's life & not implicated in any way in the alleged abuse.

- **Consent issues – adults at risk with capacity to consent**. Information about an individual should not be given to family or carers without consent of the individual. Consent must be obtained from the individual concerned before a referral is made to the Local Authority. However, a referral can be made without consent if one of the following exceptions apply:

  a. If other people appear to be at risk of harm (adults or children)
  b. If there is a legal restriction or an overriding public interest
  c. If the person is exposed to life threatening risk & they are unreasonably withholding their consent

d. If the person has impaired capacity or decision making in relation to the safeguarding issues and the withholding of consent.

- A 'legal restriction' in this context means that there may be exceptional circumstances where a service user makes a decision or intends to act in a way that is unlawful or where their care needs to be addressed under the Mental Health Act 1983. An 'overriding public interest' refers to a situation where it is essential to share information in order to prevent a crime or to protect others from harm, e.g. 'Hate Crime' – which we have a statutory responsibility to report in England. This is supported by the Crime and Disorder Act 1998 in England.

- What to do if consent is withheld. In all cases, where an adult at risk is withholding consent and there are concerns about his/her welfare, the Local Authority's opinion on a no-names basis should be sought on the best way to proceed. This may also include taking legal advice where consent has been withheld.

8.3. Your responsibility for escalating concerns

It is important to note that if you raise a safeguarding concern or pass on an allegation, you have a **responsibility to ensure your concern is addressed to your satisfaction**. Therefore, if you feel that your concern has not been addressed to your satisfaction you should escalate the matter to the Strategic Safeguarding Lead.

You also have the responsibility to make a referral directly to the local authority if you are working out of hours and/ or are unable to reach the DSL/ SSL. If a situation arises where you are of the view that your concerns are not being listened to within GHH you must contact the local authority in your own right.

When working in partnership with other organisations, if GHH are of the view that any concerns are not being actioned appropriately in the multi-agency forum, they will escalate this with the local authority.

Remember

If you are worried, do something about it. You will always be protected by the law if you are following the reporting process set out in this policy and you are sharing information in good faith that you think someone is being abused

8.4. Prevention

All risk assessments must have a safeguarding component to them, and everyone must remember that safeguarding does not just apply to activities with children and/or adults at risk. The risk assessment needs to identify all risks and planned actions and be particularly aware of safeguarding concerns if the event is to include those most vulnerable i.e., children and/or adults at risk and be completed by the lead department at least 14 days prior to each event, in consultation with the Designated Safeguarding Lead. The risk assessment must be signed off by the relevant Designated or Strategic Safeguarding Lead.

8.5. **Allegations against GHH Staff, Delivery Partners, Third-Party contractors, Workspace Customers or Volunteers**

If an allegation or disclosure is made against a GHH employee, delivery partner, third-party contractor, workspace customer or volunteer, the same procedure applies and you should follow the flowchart – report to the Designated Safeguarding Lead who will then decide on what action needs to be taken and whether advice needs to be sought from, or a referral made to, statutory services.

Confidentiality needs to be maintained with **no discussion** regarding the allegation **with anyone else.** It is essential that any investigations are not compromised by sharing information or attempting to investigate before reporting – this would include asking leading questions to the person making the allegation. It is also essential to maintain confidentiality and not to speak to anyone other than the Designated Safeguarding Lead because there may be a misunderstanding and that person may be entirely innocent. GHH's Whistleblowing Policy sets out the legal protections offered to those who whistle blow and should be read in conjunction with this policy.

If a referral needs to be made to a statutory service, the Designated Safeguarding Lead will contact the Local Authority Designated Officer (LADO) as well as informing the Strategic Safeguarding Lead. Advice will be taken from Grosvenor's Director of HR about possible suspension, during any investigation.

If statutory services become involved, the outcome of the external investigation will inform the action taken by Grosvenor / GHH (where applicable). This may result in an internal investigation being conducted in line with Grosvenor's /GHH's disciplinary policy (where applicable). The staff member will be given a staff liaison point for the period of investigation by statutory services and GHH. The DSL will represent GHH and at any meetings with statutory services.

8.6. Legal issues

Information Sharing & Confidentiality: <u>You can never guarantee confidentiality to a child or adult who is deemed to be at risk. Information should always be shared if you think a child or adult at risk is suffering, or likely to suffer, abuse.</u>

The protection of children and adults at risk must take precedence over other legal rights. Please be assured that as long as information is shared in an appropriate manner, as set out in the Safeguarding Policy and in good faith, the law will protect you. You should ensure that the information you share 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 shared promptly.

For further guidance for those in England see the statutory guidance on information sharing: Information sharing: advice for practitioners (publishing.service.gov.uk)

9. Training and Support for individuals reporting concerns

It is essential that all staff and volunteers understand what safeguarding means, who it relates to, how to put protective measures in place and know how to report any concerns. At a minimum, all GHH staff will undertake basic safeguarding awareness training in alignment with the local safeguarding framework and an internal safeguarding training session delivered by the DSL as part of the induction procedure for new members of staff. Staff may be required to undertake further safeguarding training depending on their role and who they are working with.

GHH expects those it contracts with, who will either be working directly with GHH tenants or who will process data about GHH tenants, to have a robust safeguarding policy and safeguarding procedures and for their staff to be trained appropriately.

Any delivery partners working with GHH customers who do not have their own safeguarding policy and procedures will be required to provide evidence that staff and contractors have read a summary of the GHH Safeguarding Policy and understand what action to take if they have any safeguarding concerns or

‘something doesn’t feel right’ when acting on our behalf. The Designated Safeguarding Lead will provide guidance on appropriate staff training. As a general rule, GHH expects partners who will be providing 1:1 or group work services to GHH customers to have completed either the Local Children’s Partnership basic Safeguarding training and/or attend a GHH Safeguarding Toolbox Talks briefing.

The Strategic Safeguarding Lead and the Designated Safeguarding Lead(s) and all staff involved in direct delivery of services to children and adults at risk must complete Level 2 and Level 3 safeguarding training delivered by the Local Safeguarding Partnership. This should be refreshed **every three years.**

Attendance at thematic safeguarding training for frontline staff should be identified through supervision or to support emerging trends within specific communities.

All GHH staff should attend annual lunch and learn sessions on safeguarding and domestic abuse.

All other GHH Policy Users or external providers working with GHH customers without their own safeguarding policy and procedure should be trained in the contents of the GHH policy and their responsibilities in relation to it. This must be refreshed and a new acknowledgement completed annually. In addition, they should have access to appropriate safeguarding training on a regular basis – **at least every three years**.

GHH staff will be provided with additional resources and regular internal briefings to enhance their understanding of safeguarding.

It needs to be recognised that reporting concerns and dealing with matters concerning potential abuse can be traumatic. The Designated Safeguarding Lead will always take this into account and will ensure individuals are offered support as appropriate.

10. Review

This policy will be reviewed every three years and added to, or modified, in line with changes in legislation or guidance and may be supplemented in appropriate cases by further statements. Copies and subsequent amendments will be made available to all staff. When a new version of the policy is available, it will be circulated to all Policy Users and a record kept of this.

Version	Date approved	Date for review	Document owner
1.1	19.11.2024	23.09.2025	Helen Brackenbury
1.2	25.03.2025	25.03.2026	Helen Brackenbury
1.3	28.01.2026	27.01.2029	Helen Brackenbury

11. Further Information

For further information:
Children and young people | Cheshire West and Chester Council
Local Safeguarding Adults Board (LSAB) | Cheshire West and Chester Council

12. Appendices

12.1. Safeguarding Process Flowcharts

See separate pdf documents.

12.2. Safeguarding Concern Report – Part 1

Ref. No	

Grosvenor Hart Homes - Safeguarding Concern Report

PART 1 - To be completed by the person reporting a concern within 1 working day and recorded on the GHH case management system in tenant's file

1.1 Details of person reporting concern			
Name		**Company & Job Title**	
Telephone		**Email**	

1.2 Details of the event			
Date of concern/incident		**Time of concern/incident**	
Date record completed		**Time record completed**	
Please provide details of the individual you have a concern about			
First name and surname		**Age and date of birth**	
Address		**Telephone**	
All others present		**Staff present if any**	
Please describe the concern/incident using factual details taking into consideration the sequence of activity, what else was happening at the time and any contributing factors. Please detail what was said or seen, and by whom – record the exact words that were said.			

Please attach any additional relevant documentation.	
Was anyone harmed or injured as result of the concern/incident?	**Yes** ☐ **No** ☐
Provide details of the person/people who have been harmed or injured.	
Please provide details of the injury.	
Was the event witnessed or unwitnessed?	**Witnessed** ☐ **Unwitnessed** ☐
Where relevant, please provide details of those witnessing the event	
Name of witness	**Role** i.e. employee, customer, family member etc.

1.3 Actions taken
Please detail below all immediate actions taken <u>by yourself, the reporting person.</u> Where you have spoken to another person or service you must state who they are, what their role is, which service they work in and a brief overview of the discussion taking place and any <u>resulting actions.</u>

1.4 Internal reporting
Please indicate below who at GHH you have informed
Name:
Job title:
Time person was informed:
Method used to inform them **(must be by telephone or face to face)**

1.5 Immediate outcome
Please detail here any outcomes that you are aware of at the point of recording

Did emergency services attend?	**Yes** ☐ **No** ☐
Please provide further detail.	

1.6 Reporting person's confirmation		
Please sign to confirm that the information provided is, to the best of your knowledge, accurate at the time of recording		
Name:	**Signature:**	**Date:**

12.3. Safeguarding Concern Report – Parts 2 and 3

Grosvenor Hart Homes - Safeguarding Concern Report
PARTS 2 AND 3
(PART 1 recorded on GHH case management system in individual's file)

PART 2- to be completed by the GHH Designated Safeguarding Lead and recorded in GHH Incidents Log/ Safeguarding folder

2.1 Designated Safeguarding Lead details			
Name		**Job Title**	
Date record completed		**Time record completed**	

2.2 Actions taken by Designated Safeguarding Lead and reasons why

2.3 Referral to other agencies		
Has a referral been made to other agencies?	**Yes** ☐	**No** ☐
Which agency or agencies?		
Please state reasons why		
Date referral made	**Time referral made**	
Name of person who took the referral	**Role of person who took the referral**	
Was consent given by the adult/parent to make a referral to other agencies?	**Yes** ☐	**No** ☐
If not, provide reason why		
Has a reflective account been completed?	**Yes** ☐	**No** ☐
If not, please state a reason		

2.4 Outcomes including feedback given to the person reporting the concern

if the outcome indicates that a safeguarding report is not appropriate, what consideration has been given to a referral for Early Help/ TaF/ review of GHH support plan?

2.5. Please provide details of support provided to those involved e.g. EAP offered

2.6. Lessons learned		
Has a reflective account been completed?	**Yes** ☐	**No** ☐
If not, please state a reason		
What lessons were learned?	**How will this be disseminated to the GHH Team and Board?**	

2.7. Designated Safeguarding Lead's confirmation		
Please sign to confirm that the information provided is, to the best of your knowledge, accurate at the time of recording		
Name:	**Signature:**	**Date:**

PART 3 - to be completed by the GHH Strategic Safeguarding Lead and recorded in GHH Incidents Log/ Safeguarding folder

3.1. Strategic Safeguarding Lead details			
Name		**Job Title**	
Date record completed		**Time record completed**	

3.2. Actions taken by Strategic Safeguarding Lead and reasons why

3.3. Outcomes including feedback given to the person reporting the concern

3.4. Strategic Safeguarding Lead's confirmation		
Please sign to confirm that the information provided is, to the best of your knowledge, accurate at the time of recording		
Name:	**Signature:**	**Date:**

3.5. Date of closure
Date:

12.4. Other definitions in England

"Safeguarding" and "Child Protection"
In terms of adults The Care Act 2014 defines adult safeguarding as "protecting a person's right to live safely, free from abuse and neglect". There are more categories of abuse with adults than there are with children. With adults the categories are physical abuse, emotional/ psychological abuse, financial abuse, sexual abuse, organisational abuse, neglect, discriminatory abuse, domestic violence, modern slavery and self-neglect.

In terms of children, the definition of safeguarding is broader and is set out in "*Working Together to Safeguard Children 2023 - A guide to multi-agency working to help, protect and promote the welfare of children*"". This is the statutory guidance that sets out the legislative requirements and expectations of individual services to safeguard and promote the welfare of children, as well as defining how the three local

safeguarding partners (the local authority, ICB and Chief Constable for police) should work together to safeguard local children.

Working Together to Safeguard Children 2023 does not separate safeguarding and promoting the welfare of children. This is the definition:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework

Contextual safeguarding
This considers the risks associated with or influencing a child or young person outside of their family or home. This may relate to school or college, the local community, peer groups or online. These risks raised in these contexts may be inter-related. Contextual safeguarding considers how we can best understand these risks and work to keep children and young people safe in the context of these risks.

Separate to safeguarding children is "**child protection**". Child protection is defined in the Children Act 1989 as where there is "reasonable cause to suspect a child is suffering, or is likely to suffer, significant harm". This relates to unborn babies as well. The Children Act 1989 introduced significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm. Harm is defined as the ill treatment or impairment of health and development.

In simple terms, safeguarding is the overall well-being of the child and every professional and every organisation is responsible for the safeguarding of children. Within that there is child protection, when it is thought a child is either being maltreated or is at risk of maltreatment.

Peer On Peer Abuse

Peer On Peer Abuse includes a range of abuse perpetrated by a child towards another child. This can include physical and sexual abuse, sexual harassment and violence, emotional harm, on and offline bulling, teenage relationship abuse and even grooming children for sexual and criminal exploitation.

Adult at risk/Vulnerable Adult
An adult at risk is defined by the Care Act 2014 as a person 18 and over who;

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

There is a significant difference between the terms “adult” and “adult at risk/vulnerable adult”. The law says adults are allowed to make unwise choices and adults can choose if they want to keep any information about themselves confidential. Adults, including some adults at risk/vulnerable adults can choose not to press charges against an individual who may have assaulted them. These choices can only be overridden by agencies such as the police, health and social care if it is believed the adult did not have the mental capacity to make the decision in the first place.

Local Authority Designated Officer (LADO)

The role of the LADO is set out in Working Together to Safeguard Children 2023 and is governed by the local authorities’ duties under section 11 of the Children Act 2004.

The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

There may be up to three strands in the consideration of an allegation:

- a police investigation of a possible criminal offence;
- enquiries and assessment by children social care about whether a child is in need of protection or in need of services;
- consideration by an employer of disciplinary action in respect of the individual.

Regulated Activity

The new definition of regulated activity in relation to children comprises, in summary:

i. unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/ guidance on well-being, or drive a vehicle only for children;
ii. work for a limited range of establishments (‘specified places’), with opportunity for contact: e.g. schools, children’s homes, childcare premises. Not work by supervised volunteers;

Work under (i) or (ii) is regulated activity only if done regularly[1]

The definition of Regulated Activity for adults defines the activities provided to any adult as those which, if any adult requires them, will mean that the adult will be considered vulnerable at that particular time. These activities are: the provision of healthcare, personal care, and/or social work; assistance with general household matters and/or in the conduct of the adult’s own affairs; and/or an adult who is conveyed to, from, or between places, where they receive healthcare, relevant personal care or social work because of their age, illness or disability.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550197/Regulated_activity_in_relation_to_children.pdf

12.5. **Signs of possible harm or abuse**

Signs of physical abuse:

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or games
- Unexplained bruising, marks or injuries on any part of the body
- Bruises which reflect hand marks or fingertips (from slapping or pinching)
- Cigarette burns
- Bite marks
- Broken bones
- Scalds
- Injuries which have not received medical attention
- Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- Repeated urinary infections or unexplained stomach pains

Changes in behaviour which can also indicate physical abuse:

- Fear of parents or carers being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed – for example, wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour
- Running away from home

Signs of emotional abuse:

- A failure to thrive or grow particularly if a child or adult at risk puts on weight in other circumstances, e.g. in hospital or away from the care of their parents/carers
- Sudden speech disorders
- Persistent tiredness
- Development delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include:

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Being unable to play
- Attention seeking behaviour
- Fear of making mistakes
- Self-harm
- Fear of parents or carers being approached regarding their behaviour

Signs of sexual abuse:

- Pain or itching in the genital/anal area
- Bruising or bleeding near genital/anal areas
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down

- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:
- Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as over-eating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money or expensive gifts
- Not being allowed to have friends (particularly in adolescence)
- Acting in an inappropriate sexually explicit way with adults

Signs of neglect:
- Constant hunger, sometimes stealing food from others
- Constantly dirty or smelly
- Loss of weight or being constantly underweight
- Inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect include:
- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised

It is important to be clear that there may be no outward signs if a child or adult is being abused in some way.