June 2026

Safeguarding Adult

Policy

Document Number: SD03

Owner: Designated Safeguarding Lead

Policy Applicable: Staff, Volunteers and Contractors

Version: 11

Reviewed: Annually

FEAR FREE BREAKING THE CYCLE OF ABUSE

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In a Nutshell

It is important that we safeguard anyone who comes into contact with FearFree including staff, volunteers, contractors, external partners, children and adults. This policy sets out FearFree's commitment and responsibilities to safeguard adults and details steps to be followed. **For children, anyone under 18 please see SD02: Safeguarding Children policy.**

1. Principles

1.1. FearFree prioritises the welfare of adults, young people, and children, ensuring equal protection for all, regardless of personal circumstances, background, identity, belief or ability. Recognising that some individuals may be more vulnerable due to past experiences or specific needs, we emphasise collaboration with families, carers, and agencies to safeguard all we come into contact with.

1.2. To achieve this, FearFree is committed to listening, respecting, and valuing individuals. We adopt protection procedures and are guided by legislation. We provide support and training for staff and volunteers to safeguard in person and online. We are also committed to safe recruitment, sharing safeguarding information, and addressing concerns in partnership with relevant agencies.

2. Definitions

- **Safeguarding**: protecting a persons' health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.
- **Abuse**: Includes physical, psychological, emotional, sexual, financial, coercive control discriminatory abuse and neglect. Abuse can happen online.
- **Vulnerable adult/ Adults at risk:** A person aged 18 or over who is at risk of harm or abuse due to their personal circumstances, such as age, disability, or dependency on others.
- **Child**: Any person under the age of 18.

3. Legal Framework

3.1. This policy is informed by and complies with the following legislation and guidance:

- Children Act 1989 and 2004
- The Care Act 2014
- The Human Rights Act 1998
- Working Together to Safeguard Children 2023

- Safeguarding Vulnerable Groups Act 2006
- Equality Act 2010
- General Data Protection Regulation (GDPR) 2018
- Mental Capacity Act 2005
- Sexual Offences Act 2003

4. Responsibilities

4.1. All staff and volunteers

Protecting adults and children at risk is everyone's responsibility and all staff and volunteers have a professional and ethical duty of care to act. We expect all staff and volunteers to:

- Understand the nature of abuse, how people might be at risk of harm and work to prevent it and keep up to date with information.
- Know FearFree's policy and procedures and know how to respond.
- Act in a timely manner on any safeguarding concern.
- Behave in accordance with the Code of Conduct.
- Be inclusive, kind and compassionate.
- Create an environment which promotes trust, respect and openness.
- Pay due regard to confidentiality and adhere to the data protection policy.

4.2. Line Managers

Line managers are expected to:

- Ensure their staff are aware of the duty to report any allegations or concern of abuse, following the correct procedure.
- Adhere to and operate within FearFree's safeguarding policy and procedures.
- Ensure staff complete relevant training.
- Provide support when staff have witnessed or raised concern and ensure they are aware of the Employment Assistance Programme.

4.3. Safeguarding Leads

Designated Safeguarding Leads (DSL) are appointed by FearFree who are responsible for:

- Ensuring that safeguarding policies and procedures are up to date.
- Leading on safeguarding concerns and ensuring procedures are followed.
- Liaising with statutory agencies where necessary.
- Ensuring all staff and volunteers receive appropriate safeguarding training.
- Maintaining records of safeguarding concerns and actions taken.

Current DSL: Kate Williams
Current DSL: Lydia Little

The **Deputy Safeguarding Lead** (DepSL) is the Senior Manager on Duty responsible for:

- Acting as the first point of escalation for safeguarding concerns.

- Ensure immediate safety measures are in place if required.

5. Safeguarding Procedures

When you have a concern please follow the following procedures:

- SD03-1: Safeguarding Adult Procedure
- SD03-2: Safeguarding Staff Procedure
- SD02-3: First Disclosure Procedure
- SD02-4: Handling Internal & External Safeguarding Referrals Procedure
- SD02-5: Safeguarding Visitors Procedure
- SD02-6: Managing Incidents & Escalations Procedure
- SD02-7: Managing Risks of Harm to Others and from Others Procedure
- SD02-8: Safeguarding Training Procedure
- SD02-9: Seeking Supervision or Reflective Practice Following an Incident Procedure
- SD02-10: Death of a Client Procedure

5.1. Recognising abuse

All staff and volunteers must be able to identify the signs of different types of abuse. This can happen in person or online/on the phone and include:

- **Physical abuse**: Signs such as unexplained injuries, fear of physical contact, or aggressive behaviour.
- **Emotional abuse**: Signs such as withdrawal, low self-esteem, or fearfulness.
- **Sexual abuse**: Signs such as inappropriate sexual behaviour/indecent exposure, unexplained injuries in genital areas, nonconsensual sexual activity
- **Neglect**: Signs such as poor hygiene, malnutrition, or lack of appropriate supervision as a vulnerable adult.

This list is not exhaustive. Please see the following for more information
https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse/

5.2. Reporting a concern

If any staff member, volunteer, or trustee suspects or is made aware of an incident of abuse or neglect, they must:

- **Immediately report** the concern to their line manager and Designated Safeguarding Lead (DSL).
- **Record** the details of the incident on the SD02-6a: Incident and Safeguarding Reporting form (Appendix 1) and then upload to the client's record, noting key information such as dates, times, individuals involved, and what was observed or disclosed.
- **Maintain confidentiality** and share information only with the relevant people such as line manager, DSL or relevant authorities.

5.3. Responding to a disclosure

When responding to a disclosure of abuse:

- **Ensure the space is safe** and away from any potential abusers
- **Listen calmly** and do not interrupt the individual making the disclosure.
- **Reassure** them that they are being taken seriously and that FearFree will act to protect them.
- **Do not promise confidentiality** as safeguarding issues may need to be escalated to statutory agencies.
- **Avoid leading questions;** instead, ask open questions like " tell me what happened?"

5.4. Escalation of concerns

The line manager and/or DSL will assess the concern and, if necessary:

- **Refer the matter** to relevant statutory authorities, such as the local authority's children's or adult safeguarding team, or the Police.
- **Monitor** the situation and take any further steps to ensure the individual's safety, including contacting their family or carers when appropriate and safe to do so.

6. Record Keeping

6.1. All safeguarding concerns, incidents, and actions must be recorded in detail, including:

- The nature of the concern.
- Actions taken and by whom.
- The outcome of any investigations or referrals.

6.2. All records will be stored securely on the client's records and only accessible to relevant FearFree staff, ensuring compliance with GDPR.

7. Mental Health Act

7.1. While FearFree does not typically work directly with individuals under the scope of the Mental Health Act 1983, it remains essential for staff to have a basic understanding of the Act as part of broader safeguarding practices. This knowledge ensures that staff are able to identify potential signs of mental health crises or severe mental illness in the communities we support, enabling appropriate referrals to specialist services. FearFree staff are encouraged to be aware of available mental health resources and to signpost individuals to these services when needed. Although FearFree does not manage or oversee interventions under the Mental Health Act, staff should still approach all interactions with respect for individuals' autonomy, privacy, and dignity, ensuring that any safeguarding concerns related to mental health are handled sensitively and appropriately escalated to the relevant authorities.

8. Deprivation of Liberty Safeguards (DoLS)

8.1. FearFree does not typically engage with individuals who fall under the Deprivation of Liberty Safeguards (DoLS), as our services are not designed for those in residential care or similar settings where regulations would apply. However, as part of our safeguarding responsibilities, staff should be familiar with the principles behind DoLS to ensure that, if a situation arises where a person's liberty might be at risk, it is recognised and responded to appropriately. In cases where a client or member of the community shows signs of vulnerability or impaired decision-making capacity, FearFree staff should refer them to suitable professionals or services, while ensuring that our own practices do not unintentionally infringe on individual freedoms. Any concerns about deprivation of liberty should be escalated through proper channels to ensure that individuals receive the support and protection they need.

8.2. This awareness of both the Mental Health Act and DoLS enables FearFree to engage in comprehensive safeguarding practices, ensuring the safety and wellbeing of those we support, even in cases where specific mental health legislation does not directly apply.

9. Commitment to NHS PSIRF Guidelines

9.1. FearFree are committed to embedding the principles of the NHS Patient Safety Incident Response Framework (PSIRF) within our safeguarding practices. PSIRF is a compassionate approach to responding to patient safety incidents, ensuring that learning and improving patient safety are prioritised while supporting all those affected.

9.2. In accordance with the primary PSIRF objectives, we follow:

- **Compassionate Engagement:** Prioritise engagement and involvement of all parties' effected by an incident, providing support and communication throughout the response process.
- **Systems Based Learning:** Approach responses holistically, acknowledging and drawing insights from the system as a collective to make improvements and prevent future incidents.
- **Considerate and Proportional Responses:** We ensure that responses to incidents are measured, appropriate, and tailored to the severity and impact of the situation, balancing accountability with learning and improvement.
- **Supportive Oversight:** Foster a culture where oversight focus on improving system-wide functioning, ensuring that lessons from incidents drive meaningful change and enhance overall safeguarding effectiveness.

9.3. Integration PSIRF into our safeguarding policy reinforces our commitment to both protecting individuals and professionals, and continuously improving the safety and effectiveness of our services.

10. Recruitment and Vetting

FearFree is committed to safer recruitment practices. This includes:

- **Enhanced DBS checks** for all staff, volunteers, and trustees who work directly with vulnerable adults, children, or young people.
- **Verification of identity and qualifications** for relevant roles.
- **Reference checks** prior to employment or volunteer engagement.

11. Training and Awareness

- All staff, volunteers, and trustees will receive **mandatory safeguarding training** within their induction period.
- **Regular refresher training** will be provided every two years, or sooner if required by legislative changes.
- FearFree will promote a **culture of awareness** through regular team discussions, updates, and briefings.
- The Deputy Safeguarding Leads undertake advanced safeguarding training.

12. Confidentiality and Information Sharing

FearFree is committed to maintaining confidentiality regarding safeguarding concerns but will share information where necessary to protect an individual at risk. This includes:

- Sharing concerns with relevant statutory bodies when required.
- Information shared only on a **need-to-know basis** to protect the adult, young person, or child at risk. Limiting information sharing to those directly involved in the safeguarding process, such as the DepSL and relevant external agencies.
- Ensure compliance with data protection laws and organisational policies when sharing information.

13. Monitoring and review

This safeguarding policy will be reviewed annually by the DSL, Executive Leadership Team and the Board of Trustees to ensure it reflects current legislation, best practice, and the evolving needs of the Charity.

14. Local safeguarding procedures

Find the relevant local Safeguarding procedures: **https://swcpp.trixonline.co.uk/**

15. Appendices:

SD02-6a: Incident & Safeguarding Reporting Form

Use this form to record a concern that you have about a person at Risk of harm.

Remember, if it is an emergency and the person is in immediate danger, phone the police on 999.

Otherwise, once completed, please password protect this form then send it and a separate email containing the password to the DSL@fearfree.org.uk inbox. See the FearFree Safeguarding Policy for details.

IMPORTANT: Please write clearly and only write facts of what you heard or saw, even if the language used was unpleasant.

Date of incident	
Time of incident	
Location of incident	
Section A: Details of Person at Risk	
Client Name: Orchard ID number:	
Adult or CYP:	
Date of Birth	
Disability If yes, please detail:	YES ☐ NO ☐
Do they have care and support needs? If yes, please detail:	YES ☐ NO ☐
Preferred language	
Address	
Telephone number	
Do they have a carer Y/N If yes, the carer's name?	
Address of carer, if different from above	
Section B: How you became aware of the alleged abuse or neglect	

(tick as appropriate)	
I witnessed an incident directly	☐
I have concerns based on potential indicators of abuse or neglect	☐
The person told me directly about abuse or neglect they are experiencing	☐
Someone else told me about potential abuse or neglect of a person.	☐ Their name is: Their relationship to the person is: Their contact details are:
Section C: Full details of the alleged abuse or neglect	
Details Please give full details of the incident/concern/allegation of abuse or neglect	
What exactly did you see/ hear/ witness? Where/ when and what time did you hear or witness this? Record any key factors mentioned: when/ where what time did this happen them? IMPORTANT: *Please write clearly and only write facts of what you heard or saw. Use exact words, even if the language you heard was unpleasant.*	
Your observations	

Please include your observations here:	
A description/ location of any visible injuries	
SECTION D: Alleged abuser Do you have any details about the alleged abuser Y / N	
Name:	
Address:	
Tel number:	
Their relationship (if any) to the person at risk:	
Is the alleged abuser a member of staff/ volunteer/trustee or working with the charity in any way?	☐YES If so, Their role ……. **IMMEDIATELY REPORT THIS TO THE DESIGNATED SAFEGUARDING LEAD**
SECTION E: family/ Main career information and involvement	
Are carer's / family members aware of the concerns / allegations?	☐YES ☐NO
If yes, how did they become aware?	
Is the alleged abuser aware of the concerns / allegations?	☐YES ☐NO

If yes, how did they become aware?	
Who did you report this to in the organisation	
Date and time reported	
Has the adult consented to you reporting this to the deputy safeguarding lead/Designated Safeguarding Officer	☐YES ☐NO

SECTION F: Reporting externally	
Have you sort advice or guidance from the integrated front door team (MASH)? What was the advice given?	☐YES ☐NO
Who did you speak to	
Date and time reported	
Case reference number (if any)	
Have the police been informed?	☐YES ☐NO
If yes, who did you speak to?	
Any case reference number?	
What action are the police taking, if any?	

Detail any other partner organisations you have shared this information with, and reasons? Please include name and contact details.	
SECTION G: Consent and Wishes	
Is the person at risk aware that you are reporting the concern to Social Care, Police or other agencies?	☐YES ☐NO
Have they consented to this?	
Please complete here any further information in respect of their wishes	
Has this been shared with the Designated Safeguarding Lead? **If not? Why?** Ie: *managed at Deputy SL level – no further action*	
Signed by person making this report	
PRINT YOUR NAME	
Your Role in organisation	

DSL Review

Have you identified any outstanding actions? **If so please clearly explain actions to be taken next?**	
Has this been added to the safeguarding spreadsheet?	
Review date:	

PRINT YOUR NAME	
Date	
Your Role in organisation	

SD03-1: Safeguarding Adult Procedure

To ensure the safety, protection, and well-being of adults at risk from abuse, harm, or neglect in accordance with FearFree's commitment to safeguarding and legal obligations under relevant legislation.

Scope

This procedure applies to all staff, volunteers, and associates of FearFree and encompasses all services provided.

Definitions

- **Adult at Risk:** A person aged 18 or over who has care and support needs, is experiencing or at risk of abuse or neglect, and is unable to protect themselves due to their needs.
- **Abuse:** Includes physical, emotional, sexual, financial, discriminatory, neglect, and domestic abuse, among others.

Roles and Responsibilities

- **All Staff and Volunteers:**
  - Be vigilant and recognise signs of abuse.
  - Report safeguarding concerns without delay.
- **Deputy Safeguarding Lead (Senior Manager on Duty):**
  - Act as the first point of escalation for safeguarding concerns.
  - Ensure immediate safety measures are in place if required.
- **Designated Safeguarding Lead:**
  - Lead on safeguarding strategy, policy updates, and complex cases.
  - Liaise with external agencies as necessary.

Procedure

Recognising Abuse

- Be alert to signs such as unexplained injuries, withdrawal, fearfulness, or disclosures from the individual.

Reporting Concerns

- Immediately document and report concern to the Deputy Safeguarding Lead.
- Use the SD02-6a: Incident and Safeguarding Reporting form (Appendix 1) to detail:
  - The individual's details (name, contact, etc.).
  - Nature of the concern.
  - Actions taken so far.
  - Refer to the First Disclosure Procedure if needed.

Immediate Safety Actions

- Assess risk and take immediate action to ensure safety (e.g., contacting emergency services).
- Follow FearFree's confidentiality policy, sharing information only on a need-to-know basis.

Escalation and External Referrals

- The Deputy Safeguarding Lead will decide whether to escalate the concern to external authorities (e.g., Adult Social Care or police).
- Ensure compliance with local safeguarding adult board procedures.

Support for the Adult at Risk

- Provide clear communication and support tailored to their needs.
- Respect their autonomy and involve them in decisions wherever possible.

Recording and Monitoring

- Maintain detailed, confidential records of safeguarding concerns and actions.
- Regularly review cases to ensure resolution and identify patterns or trends.

SD03-2: Safeguarding Staff Procedure

To ensure that FearFree provides a safe and supportive working environment, safeguarding staff from harm, abuse, harassment, or discrimination while promoting their physical and mental well-being.

Scope

This procedure applies to all employees, volunteers, and associates working for or representing FearFree.

Definitions

- **Staff Safeguarding**: Measures taken to protect staff from harm, abuse, or exploitation in the workplace or while carrying out their roles.
- **Abuse:** Includes physical, verbal, or psychological harm, harassment, bullying, or discrimination.
- **Harassment:** Unwanted conduct related to a protected characteristic (as defined under the Equality Act 2010) that violates an individual's dignity or creates an intimidating, hostile, or offensive environment.

Roles and Responsibilities

- **All Staff and Volunteers:**
  - Treat colleagues with respect and adhere to FearFree's Code of Conduct.
  - Report any incidents of harm, harassment, or unsafe working conditions.
- **Line Managers:**
  - Monitor staff well-being and address concerns promptly.
  - Ensure staff have access to support and guidance as required.
- **Senior Management Team (SMT):**
  - Ensure safeguarding policies are implemented effectively.
  - Act as points of escalation for safeguarding concerns relating to staff.
- **Designated Safeguarding Lead:**
  - Oversee safeguarding cases involving staff.
  - Liaise with external agencies as necessary.

Reporting Concerns

- Any staff member experiencing harm, harassment, or unsafe working conditions should report concerns to:
  - Their line manager.
  - The Deputy Safeguarding Lead (Senior Manager on Duty).
  - Alternatively, concerns can be raised through FearFree's whistleblowing policy.
- Reports should include:

- Details of the incident or concern.
- Individuals involved (if applicable).
- Any immediate action taken.

Responding to Concerns

- Managers must:
- Take immediate steps to ensure the safety of the affected staff member.
- Address the issue promptly and confidentially.
- If the concern relates to abuse or harassment, the Deputy Safeguarding Lead will investigate the matter in line with FearFree's grievance and disciplinary policies.
- Serious concerns may be escalated to external bodies, such as the police or employment tribunals, if necessary.

Support for Staff

- **Internal Support:**
  - Provide access to the Employee Assistance Program (EAP) or other counselling services.
  - Offer adjustments to workload or working conditions where appropriate.
- **External Support:**
  - Signpost staff to relevant external organisations for additional help, such as ACAS, unions, or specialist services.

Confidentiality and Information Sharing

- Concerns will be handled sensitively, and information shared only on a need-to-know basis to resolve the issue.
- Staff will be informed before any information is shared externally, except where there is an immediate risk of harm.

SD02-3: First Disclosure Procedure

To ensure all staff and volunteers respond appropriately and effectively to the first disclosure of a criminal offence. This procedure provides clear guidance to ensure the safety, dignity, and wellbeing of the individual making the disclosure.

Scope:

- This procedure relates to first disclosures of criminal offences, whereby a client tells a staff member about a crime that they have been subject to, and the client has never told any other person about this.
- This procedure applies to all staff, volunteers, and contractors who may receive a disclosure during their work.

Responding to a Disclosure

- **Create a Safe Environment:**
  - Stay calm and approachable; ensure the individual feels supported and listened to.
  - Find a private and safe space to talk, while ensuring others are nearby if necessary.
- **Listen Without Judgment:**
  - Allow the individual to speak freely and in their own words.
  - Do not interrupt, probe for unnecessary details, or express shock or disbelief.
- **Do Not Make Promises You Cannot Keep:**
  - Avoid promising confidentiality. Instead, explain that it may be necessary for you to share their information with the appropriate person to help keep them safe. This is particularly important when speaking to children, or those with complex additional support needs.
  - Explain to the client that you will take a written record of what they will tell you and why.
  - Explain that the record could be used in any police investigation or court case.
  - Explain that you will record what they say, but they do not have to tell you everything that happened to them or all the details, only what they want to tell you.
  - So far as is possible, record the account verbatim, i.e. note the same words and phrases the client used to describe what happened.
  - Note any questions that you have asked and the exact answers that were given.
  - When asking questions keep them solely to clarify anything you did not hear clearly the first time.
  - Do not ask probing questions beyond what the client is telling you.
  - Do not ask leading questions.
  - Be aware of the dangers of being perceived to be 'coach' a client.
  - Explain to the client what will happen to the disclosure.

- **Acknowledge Their Feelings:**
    - Respond empathetically: "You've done the right thing by telling me" or "I'm here to help you."

Recording the Disclosure – SD02 3a: First Disclosure Template (Included at end of Procedure)

- **Document Accurately:**
    - Write down the disclosure as soon as possible, using the individual's exact words where feasible.
    - Include the following details:
    - Date, time, and location of the disclosure.
    - The name of the individual making the disclosure.
    - A summary of what was said, avoiding assumptions or interpretations.
    - Any actions taken immediately following the disclosure.
- **Use the Incident and Safeguarding Reporting Form:**
    - Complete the organisation's SD02-6a: Incident and Safeguarding Reporting Form (Appendix 2) and submit it to the Deputy Safeguarding Lead (DepSL) or the Senior Manager on Duty within **24 hours**.

Reporting the Disclosure

Inform the Deputy Safeguarding Lead (DepSL):

- Immediately report the disclosure to the DepSL or Senior Manager on Duty.
- Share all relevant details while maintaining confidentiality and professionalism.

Involve External Agencies if Necessary:

- The DepSL will assess whether the disclosure meets the threshold for referral to external agencies, such as: Local Authority Children's or Adult Services, or The Police (in cases of immediate danger).

Follow Organisational Safeguarding Policy:

- Adhere to established reporting and referral pathways within the organisation.

Providing Support to the Individual:

- **Immediate Reassurance:**
    - Ensure the individual knows they are being taken seriously and that steps are being taken to address their concerns.
    - Involve Relevant Support Services:
    - With consent (where appropriate), offer to connect the individual to additional support services, such as counselling, advocacy, or other professional resources.
- **Avoid Re-traumatisation:**
    - Do not ask the individual to repeat their disclosure unnecessarily.

- Avoid leading questions or making assumptions about the situation.

Confidentiality and Information Sharing

- Information must be shared only on a **need-to-know basis** to protect the adult, young person, or child at risk. Limit information sharing to those directly involved in the safeguarding process, such as the DepSL and relevant external agencies.
- Ensure compliance with data protection laws and organisational policies when sharing information.

Training and Awareness

All staff must receive training on how to handle first disclosures, including:

- Recognising signs of abuse or neglect.
- Active listening and responding sensitively.
- The organisation's safeguarding reporting and referral process.

SD02-3a: First Disclosure Template

Client/Meeting Details

Client Name:	
Client Date of Birth:	
Name of person taking the disclosure:	
Date of Disclosure:	
Telephone (note number): **In person meeting:** **Teams or Zoom:**	
Location of in person meeting:	
Any other persons present:	
Time began:	
Time ended:	

Things to Remember:

- "First Disclosures" is when a victim/survivor tells what happened to them for the first Time and where they have never told anyone else before.

  As such, please remember the following:

- Explain to the client that you will take a written record of what they will tell you and why.
- Explain that the record could be used in any police investigation or court case.
- Explain that you will record what they say, but they do not have to tell you everything that happened to them or all the details, only what they want to tell you.
- So far as is possible, record the account verbatim, i.e. note the same words and phrases the client used to describe what happened.
- Note any questions that you have asked and the exact answers that were given.
- When asking questions keep them solely to clarify anything you did not hear clearly the first time.
- Do not ask probing questions beyond what the client is telling you.
- Do not ask leading questions.
- Be aware of the dangers of being perceived to be 'coach' a client.
- Explain to the client what will happen to the disclosure.

Remember you are not a police investigator, and it is not your job to gather evidence.

Disclosure *Use the space below to record the client's account, using their own words and phrases as far as possible. The box expands as you type.* *If recording the disclosure by hand, append the handwritten pages to this template. Please number, sign and date each page.*

Signature:	

SD02-4: Handling Internal & External Safeguarding Referrals Procedure

To outline the process for managing safeguarding concerns and referrals, ensuring timely and effective action to protect individuals at risk of harm.

Scope

This procedure applies to all staff and volunteers within the organisation and covers both **internal referrals** (concerns raised within the organisation) and **external referrals** (reports made to statutory or external safeguarding agencies).

Definitions

- **Safeguarding Concern:** Any situation where an adult, young person, or child at risk is at risk of harm, abuse, or neglect.
- **Internal Referral:** Reporting a safeguarding concern within the organisation.
- **External Referral:** Reporting a safeguarding concern to statutory agencies (e.g., local authority safeguarding team, police).

Recognising a Safeguarding Concern

All staff and volunteers must remain vigilant for signs of abuse, neglect, or harm, including:

- Physical, emotional, or sexual abuse.
- Neglect or self-neglect.
- Financial exploitation.
- Domestic abuse.
- Modern slavery or trafficking.

Internal Referral Process

a) **Immediate Action**

If someone is in immediate danger, contact emergency services (**999**) before proceeding.

b) **Reporting the Concern**:

- Complete the organisation's SD02-6a: Incident and Safeguarding Reporting From as soon as possible, detailing:
  - Nature of the concern.
  - Date, time, and location of the incident.
  - Names of individuals involved (where known).
  - Actions already taken.
- Submit the completed form to the DSL@fearfree.org.uk inbox within **24 hours** of identifying the concern.

c) **Initial Review by DepSL**:

- The DepSL will review the referral and determine:
    - Whether further internal investigation is required.
    - If an external referral is necessary.

External Referral Process

a) **Criteria for External Referral**:

- An external referral must be made if:
    - The adult, young person, or child at risk is at immediate or significant risk of harm.
    - There is evidence or suspicion of a crime.
    - The concern falls under statutory safeguarding thresholds.

b) **Making the Referral**:

- Contact the relevant external agency, providing:
    - Details of the concern and individuals involved.
    - Any actions taken by the organisation.
- Agencies may include:
    - Local Authority Safeguarding Team.
    - Police (for criminal matters).
    - Multi-Agency Safeguarding Hub (MASH).

c) **Confirmation of Referral**:

- Obtain a reference number or written confirmation from the external agency.
- Download the referral made and email a copy to DSL@fearfree.org.uk
- Record this in the safeguarding tracker stored within the safeguarding folder of SharePoint Leadership & Management documents.

d) **Follow-Up Actions**:

- Cooperate fully with external investigations.
- Provide any requested information or documentation promptly.

Record Keeping

- All safeguarding concerns and actions must be documented and stored securely within client records on the client recording system and on the safeguarding log.
- Records must include:
    - The original concern.
    - Actions taken and decisions made.
    - Correspondence with external agencies.

Confidentiality and Data Protection

- Information must be shared only on a **need-to-know basis** to protect the adult, young person, or child at risk. Limit information sharing to those directly involved in the safeguarding process, such as the DepSL and relevant external agencies.
- Ensure compliance with data protection laws and organisational policies when sharing information.

Support for Individuals

- Provide immediate support to the adult, young person, or child at risk, ensuring their safety and wellbeing.
- Staff and volunteers involved in handling the referral may access supervision or counselling if needed.

Monitoring and Review

- The Designated Safeguarding Lead (DSL) will review referrals to ensure compliance with procedures.
- Safeguarding referral data will be analysed periodically to identify trends and improve processes.

SD02-5: Safeguarding Visitors Procedure

To ensure the safety and wellbeing of all individuals, including children, young people (CYP), adults at risk, staff, and volunteers, during visits to the organisation's premises or events. This procedure outlines how visitors are managed to uphold safeguarding standards and minimise risks

Scope

This procedure applies to all visitors, including contractors, partners, family members, and external professionals, who enter any premises operated by the organisation or attend organisation-led activities.

Pre-Visit Arrangements

Approval of Visitors:

- Visitors must have a clear purpose for their visit.
- High-risk or unscheduled visits (e.g., from individuals with safeguarding concerns) must be pre-approved by a senior manager or the Designated Safeguarding Lead (DSL).

Information Sharing:

- Inform visitors of safeguarding policies before their visit, including expected behaviour and reporting processes.
- Ensure visitors are aware they may only access authorised areas.

Risk Assessment:

- Conduct a risk assessment for visitors where there is a known potential risk to CYP or adults at risk, such as contractors working near sensitive areas.

Arrival and Sign-In Process

Identification:

- All visitors must present valid identification upon arrival.
- Issue visitor badges or passes, which must be always visible.

Sign-In Requirements:

- All visitors must sign in and out using the visitor log.
- Record the following details:
    - Name and organisation (if applicable).
    - Purpose of the visit.
    - Time of arrival and departure.

Supervision and Access

Supervised Visits:

- Visitors should be always supervised if they are in areas where CYP or adults at risk are present.
- Ensure visitors are never left alone with CYP or adults at risk unless explicitly authorised (e.g., external professionals with safeguarding clearance).

Restricted Areas:

- Visitors may only access areas relevant to their visit.
- Secure sensitive areas (e.g., offices with confidential information) to prevent unauthorised access.

Safeguarding Conduct

Behavioural Expectations:

- Visitors must adhere to the organisation's safeguarding policies and code of conduct.
- Any inappropriate behaviour must be reported immediately to the Deputy Safeguarding Lead (DepSL) or Senior Manager on Duty.

Prohibited Items:

- Visitors must not bring any prohibited items (e.g., weapons, illegal substances) onto the premises.

Responding to Safeguarding Concerns

Raising Concerns:

- If a visitor raises a safeguarding concern or staff observe concerning behaviour by a visitor, report it immediately to the DSL or DepSL.
- Complete a SD02-6a: Incident and Safeguarding Reporting Form detailing the concern and actions taken.

Immediate Action:

- If a visitor poses an immediate risk to anyone's safety, take steps to mitigate the risk, including:
    - Asking the visitor to leave.
    - Contacting emergency services (**999**) if necessary.

Follow-Up:

- The DepSL will review the incident and decide on further action, including external referrals if required.

Post-Visit Processes

Sign-Out:

- Ensure visitors sign out before leaving the premises.
- Retrieve visitor badges or passes.

Feedback and Review:

- Gather feedback on any safeguarding concerns or incidents during the visit.
- Use this information to improve visitor management practices.

SD02-6: Managing Incidents & Escalations Procedure

To establish a structured process for identifying, assessing, and responding to incidents and escalations involving safeguarding concerns, behavioural incidents, service delivery issues, or other matters that require urgent attention at a higher organisational level.

Scope

This procedure applies to all staff and volunteers and includes managing escalations related to safeguarding concerns, risks of harm, critical incidents, or unresolved issues in service delivery.

Definitions

- **Escalation:** A situation or concern that cannot be resolved at the current level of management and requires intervention by a more senior staff member or external agency.
- **Immediate Risk:** Any situation where there is a threat to life, safety, or wellbeing that requires urgent action.

Procedure

Recognising the Need for Escalation

- Escalation is required when:
    - A safeguarding concern involves significant or immediate risk to a child, young person (CYP), or adult at risk.
    - There is a serious risk of harm to a person, a staff member, a member of the public, property, or a risk to safety or of loss of life.
    - An issue exceeds the decision-making authority of the current staff member.
    - There are repeated incidents or unresolved concerns despite previous interventions.
    - There is a threat of reputational or legal harm to the organisation.

Immediate Action

- If the escalation involves an immediate risk to an individual:
    - Contact emergency services (999) without delay.
    - Ensure the safety of all individuals involved.
    - Notify the Deputy Safeguarding Lead (DSL) or Senior Manager on Duty immediately.

Reporting and Documentation

Initial Report: Complete an SD02-6a: Incident and Safeguarding Reporting Form with the following details:

- Date, time, and location of the incident or concern.
    - Individuals involved.
    - Actions taken so far.
    - Justification for escalation.
    - Submit the form to the appropriate manager or DSL.

Verbal Notification:

- In urgent cases, provide a verbal summary to the relevant manager, followed by written documentation.

Escalation Pathway

- **Frontline Staff Level:**
    - Attempt to resolve the issue, if possible, within your authority and training.
    - If unresolved, escalate to relevant line manager or the Deputy Safeguarding Lead (DSL).
- **Managerial Level:**
    - Review the issue, including any documentation and actions taken.
    - Implement additional interventions where possible.
    - If further escalation is required, notify the Designated Safeguarding Lead (Head of Services) or appropriate Executive Leadership Team member.
- **Executive Leadership Level:**
    - Complete Safeguarding Log stored in the Leadership & Management SharePoint Drive – Safeguarding folder and monitor progress/outcomes.
    - Address high-risk or organisational-level concerns, including coordination with external agencies if necessary (e.g., local safeguarding teams, police, regulatory bodies) and the Board of Trustees.
    - Approve long-term or systemic changes to prevent recurrence.

Engaging External Agencies

- Escalate to external agencies in the following scenarios:
    - Immediate safeguarding concerns meeting statutory thresholds.
    - Legal or regulatory violations.
    - Specialist support required beyond the organisation's capacity (e.g., mental health services).
    - For NHS commissioned services, escalate as per the Patient Safety Incident Response Framework (PSIRF) Policy and guidance.
- Provide all necessary information to support external investigations or interventions.

Follow-Up and Resolution

- After escalation, the responsible manager must:
    - Monitor the situation until it is resolved.
    - Document all actions, decisions, and outcomes on the Safeguarding Log.
    - Communicate the resolution to all relevant parties, including the individual(s) involved, if appropriate.
- Implement any agreed changes to policies, procedures, or training based on lessons learned.

SD02-7: Managing Risks of Harm to Others and from Others Procedure

To establish a clear and consistent process for identifying, assessing, and managing situations where there is a risk of harm to others or from others, ensuring the safety and wellbeing of all individuals involved.

Scope

This procedure applies to all staff, volunteers, and individuals under the care or supervision of the organisation. It includes managing risks posed by or to adults, young people, or children at risk in all settings where the organisation operates.

Definitions

- **Risk of Harm to Others:** Situations where an individual's actions, behaviour, or circumstances pose a threat to the safety, wellbeing, or rights of others.
- **Risk of Harm from Others:** Situations where an individual is at risk of harm from another person's actions, behaviour, or circumstances.
- **Risk Assessment:** A structured process to identify and evaluate potential risks and implement measures to mitigate those risks.

Procedure

Recognising Risks

- Risks may arise from behaviours such as aggression, bullying, harassment, exploitation, self-harm, or abuse.
- Staff and volunteers should remain vigilant for signs, including:
    - Verbal or physical threats.
    - Escalating tensions or conflicts.
    - Disclosure of harm or threats by any individual.
    - Observed signs of harm, such as injuries or distress.

Immediate Action

- If someone is in immediate danger, call emergency services (**999**) and take steps to ensure the safety of all involved.
- Isolate the individual(s) involved if safe and appropriate to do so, ensuring staff and volunteer safety at all times.

Reporting Risks

- Complete an SD02-6a: Incident and Safeguarding Reporting Form as soon as possible, detailing:
    - The nature of the risk or incident.
    - Names of individuals involved.
    - Date, time, and location.

- Actions already taken.
- Submit the report to the **Deputy Safeguarding Lead (DepSL)** or Senior Manager on Duty within **24 hours**.

Risk Assessment and Management

a) **Initial Assessment:**

- The DepSL or designated staff member will:
  - Review the incident report.
  - Gather additional information if necessary.
  - Assess the level and immediacy of the risk.

b) **Developing a Risk Management Plan:**

- Identify actions to reduce, mitigate or eliminate the risk, which may include:
  - Increased supervision or monitoring.
  - Adjustments to routines or environments.
  - Temporary separation of individuals involved.
  - Referral to appropriate external agencies (e.g., police, mental health services, safeguarding teams).
  - Engage relevant stakeholders, including the individual(s) at risk, their families (if appropriate), and external professionals.

c) **Monitoring and Review:**

- Regularly review the risk management plan to ensure it remains effective.
- Update the plan as circumstances change or new information emerges.

External Referrals

- Where the risk cannot be managed internally or where required by law, make a referral to:
  - Local authority safeguarding teams.
  - Police for criminal matters.
  - Mental health services or other specialised agencies.
- Provide all relevant information and documentation to the external agency.

Record Keeping

- Maintain accurate and detailed records of:
  - The initial risk identification.
  - Actions taken and decisions made.
  - Correspondence with external agencies.
  - Risk management plans and reviews.
- Store all records with the client record database securely in compliance with data protection laws (e.g. UK GDPR).

Support for Individuals Involved

- Provide support to those at risk of harm, ensuring their safety and wellbeing.

- Offer support to individuals who may pose a risk, including referrals to behavioural or mental health services where appropriate.
- Ensure staff and volunteers involved in managing risks have access to supervision and debriefing as needed.

Confidentiality

- Share information only on a need-to-know basis to protect individuals and manage risks effectively.
- Comply with all relevant data protection and confidentiality policies.

Monitoring and Oversight

- The Designated Safeguarding Lead (DSL) will:
    - Monitor all reported risks and actions taken.
    - Conduct regular audits to ensure compliance with this procedure.
- Executive and Senior management will review aggregate data on risk incidents to identify trends and improve practices.

SD02-8: Safeguarding Training Procedure

To ensure that all staff members in Level 2 roles and above, including Senior Practitioners (Level 3), are adequately trained in safeguarding practices, meeting legal and organisational requirements.

Scope

This procedure applies to all staff members (frontline practitioners and equivalent, including volunteers within services who may complete direct or indirect client work) and Level 3 staff (Senior Practitioners and above) within the organisation.

This procedure excludes other volunteers or external contractors engaged by the organisation in areas unrelated to delivering client services.

Procedure

Training Requirements

- **Level 2 Staff (Frontline Practitioners and core organisation staff):**
  - Must complete a minimum of **Level 2 Safeguarding Training**.
  - Training should cover recognising abuse, responding to concerns, and following safeguarding protocols.
- **Level 3 Staff (Senior Practitioners and Managers):**
  - Must complete Level 3 Safeguarding Training.
  - Training should include advanced safeguarding topics, such as multi-agency collaboration, risk assessments, and managing complex safeguarding cases.

Induction Training

- All new staff in Level 2 and Level 3 roles must complete safeguarding training within the first **four weeks** of their employment.
- Temporary staff or contractors in relevant roles must also complete safeguarding training or provide evidence of recent equivalent training.

Ongoing Training and Refreshers

- **Level 2 Staff:**
  - Complete refresher training **every 2 years** or as required by updated legislation or organisational policy.
- **Level 3 Staff:**
  - Complete refresher training annually or more frequently if deemed necessary by organisational safeguarding audits or in response to identified skills gaps.

Delivery Methods

- Training may be delivered through:
  - Online courses approved by the Designated Safeguarding Lead (DSL).

- Refresher in-house training approved by DSLs and delivered by Senior Managers.

Record Keeping

- The HR department will maintain a training log for each staff member, documenting:
  - Dates of completed training.
  - Training provider details.
  - Certificates of completion.
- Managers must regularly review training logs to ensure compliance through the line management process.

Monitoring and Evaluation

- The Designated Safeguarding Lead (DSL) will:
  - Conduct annual reviews of training content to ensure it aligns with current safeguarding legislation and best practices.
  - Monitor training compliance and report gaps to executive and senior management.

Non-Compliance

- Staff who fail to complete mandatory safeguarding training may face:
  - Temporary suspension of duties involving direct contact with vulnerable individuals.
  - Escalation to the Head of Services for further action.

Responsibilities

- **HR Department:** Maintain accurate training records and notify staff of upcoming refresher training deadlines.
- **Line Managers:** Ensure their team members complete required training and address non-compliance.
- **Designated Safeguarding Lead (DSL):** Oversee the content, quality, and delivery of safeguarding training across the organisation.

SD02-9: Seeking Supervision or Reflective Practice Following an Incident Procedure

This procedure outlines the steps for seeking supervision or engaging in reflective practice after involvement with a safeguarding incident. It is designed to ensure that staff are supported in addressing the emotional, professional, and ethical challenges that may arise, and to promote continuous learning and improvement in safeguarding practices.

Scope

This procedure applies to all staff or volunteers who have been involved in safeguarding incidents, including those in direct contact with individuals, those providing support, or those with supervisory roles.

Definitions

- **Supervision**: A formal, scheduled meeting between a staff member and their line manager or supervisor to review the case, reflect on practice, and explore any emotional or ethical concerns.
- **Reflective Practice**: The process of reviewing one's actions, feelings, and decisions in relation to a specific safeguarding incident to improve future practice and personal well-being.

When to Seek Supervision or Reflective Practice

Staff and volunteers are encouraged to seek supervision or reflective practice in the following situations:

- Following involvement in a safeguarding incident, particularly if it involves complex or distressing elements.
- When unsure of how to handle a situation that may impact the safety or well-being of individuals involved.
- When feeling emotionally affected by the incident or uncertain about the impact on personal or professional boundaries.
- After an incident that challenges existing safeguarding procedures or requires a critical reflection of practice.

Procedure for Seeking Supervision

Step 1: Acknowledge the Need for Support

- Recognise when additional support is needed. This could be immediate after an incident or as a follow-up if concerns or emotions persist.

Step 2: Request Supervision

- Contact your line manager or designated supervisor as soon as possible, preferably within 24-48 hours of the incident, to request a supervision session.
- If your line manager is unavailable, contact another senior member of staff or the Designated Safeguarding Lead.

Step 3: Prepare for the Supervision Session

- Reflect on the incident and note key details (e.g., actions taken, decisions made, emotional responses, and any challenges faced).
- Consider any outcomes or areas of improvement in your practice and identify specific issues you want to address during supervision.

Step 4: Attend the Supervision Session

- Use the session to reflect on the incident with your supervisor, discussing any concerns, decisions, and your emotional responses.
- Focus on understanding the impact of the incident on both the individuals involved and yourself, ensuring that safeguarding practices are followed and learned from.
- Develop an action plan for any changes or improvements to practice that may be necessary.

Step 5: Follow-up and Implementation

- After the supervision session, take the time to review the action plan and implement any recommendations.
- Ensure follow-up supervision sessions are scheduled if required, especially for ongoing cases.

Procedure for Reflective Practice

Step 1: Schedule Time for Reflection

- Allocate dedicated time after the incident to engage in reflective practice. This can be done individually or in a peer group.

Step 2: Structured Reflection

- Use structured frameworks for reflection (e.g., Gibbs' Reflective Cycle, Driscoll's Model of Reflection) to guide your thinking:
    - **What happened?** Review the incident and your involvement.
    - **What were you thinking/feeling at the time?** Consider emotional responses and decision-making processes.
    - **What was positive and negative?** Identify successes, challenges, and missed opportunities.
    - **What would you do differently?** Explore changes in practice or approach.
    - **What did you learn?** Draw conclusions about how to improve practice or support for others involved.

Step 3: Record and Document

- Keep a personal reflective log of your insights and actions for future reference and to monitor any recurring themes that might require further attention.

Step 4: Share with your Team or Supervisor

- If appropriate, share your reflections with a colleague, peer group, or supervisor to gain additional perspectives and feedback.
- Seek feedback from your supervisor or safeguarding lead if your reflections suggest areas of concern or potential improvements.

Support for Emotional Well-being

- Safeguarding incidents can be emotionally challenging. Staff should be encouraged to seek emotional support, when necessary, either through formal supervision, external support services, or informal team discussions.
- Recognising the impact of emotional wellbeing is crucial for creating a supportive work environment, which can lead to improved job satisfaction, engagement, motivation and productivity.
- In cases of emotional distress or burnout, staff should be directed to appropriate counselling or employee support programs.

Review and Continuous Improvement

- The effectiveness of supervision and reflective practice will be reviewed regularly by the executive leadership team to ensure the process supports the emotional well-being of staff and enhances safeguarding practices.

Documentation and Confidentiality

- All supervision and reflective practice notes must be treated confidentially and stored securely in line with organisational policies.
- Records should be factual, focused on learning and development, and may be used to inform future training or practice improvements.

Responsibilities

- **Staff**: Seek supervision and engage in reflective practice following a safeguarding incident.
- **Line Managers/Supervisors**: Ensure that supervision is available and conducted in a timely manner. Support staff in their reflective practice.
- **Designated Safeguarding Lead**: Provide guidance and support in relation to safeguarding concerns and ensure that all incidents are properly documented and addressed in a reflective manner.

SD02-10: Death of a Client Procedure

Procedure Statement

- **Underpinning values**: FearFree recognises the significant impact that the death of a client may have. We will hold to the following values in managing this:
    - **Empathy and Kindness:** We will be empathetic and supportive, acknowledging the impact on individuals, friends and family, and other professionals.
    - **Transparent:** We will engage openly with any review processes, providing a transparent account of our service.
    - **Learning:** We recognise that there may be learning and recommendations that arise from the death, and we will be open to adapting and improving our practice as a result from this.

Immediate actions

When a client has died, the following key immediate actions and responsibilities are set out:

Actions by the Support Worker:

- Where a staff member receives information that a client has died – regardless of the circumstances – the following actions must be taken:
    - The Line Manager and Service Manager (if different) must be informed.
    - The Line Manager and Service Manager will provide a sensitive response to ensure the staff member is supported in the event of a client death.
    - Partner agencies known to be working with the client should be updated within a timely manner.
- Care must be taken when sharing sensitive information, ensuring that it is only shared with the relevant people when necessary.
- For further information and guidance on information sharing, please refer to the Data Protection Procedure.

Actions of the Service Manager:

- Inform the relevant commissioner in all circumstances.
- Advise the relevant commissioners where the death is suspected to be related to domestic abuse, suicide, or any other suspicious circumstances.
- Close and lock the client record on the case management database.
- No additional retrospective entries nor changes should be made to the database after the case has been closed (it may be necessary to put additional entries onto the record explaining what actions is being taken with regards to any reviews).

Engagement with Statutory Inquiries

FearFree recognises managing client deaths can have an impact on staff wellbeing and other professionals, and that we have a duty of care to engage in learning following such an event. Some client deaths may trigger statutory reviews, which serve an important purpose into improving practice and mitigating the risk of further serious incidents for professional services.

FearFree will participate in any statutory reviews into deaths, including, but not limited to:

- Criminal Justice proceedings
- Serious Incident Reviews
- Domestic Homicide Review

Where a case is referred to a Statutory Review, a Senior Manager will appoint an appropriate member of staff to engage with the review and participate in the relevant investigations.

The Executive Leadership Team will review the outcome of any statutory inquiry, including informing the Board of Trustees and consider how learning from the review can be embedded into practice.

Support for Staff

The death of a client can cause understandable distress to the support workers involved. It is the responsibility of the Line Manager to ensure that appropriate support is offered to the staff involved. This may include, but is not limited to:

- An opportunity to debrief with the Line Manager, Service Manager or Clinical Supervisor, or combinations as appropriate.
- Additional supervisions as needed.
- Additional Clinical Supervision.
- Use of the organisation's wellbeing offers.

We recognise that outcomes of statutory inquiries may involve recommendations for services. These will be shared with the relevant services in a timely manner.

Please refer to the organisation's wellbeing offers, available via SharePoint or the HR Team for further details on support available to all members of staff.

Concerns Regarding Practice

If a statutory review gives rise to significant concerns about practice, this will be referred to the Executive Leadership Team, who will follow the appropriate procedures.