

Safeguarding Policy and Procedure

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Policy Statement

Living a life free from harm and abuse is a fundamental human right and is an essential requisite for health and wellbeing. At Keech Hospice we are committed to protecting everyone who use our services (adults, children, and young people) from harm. Through this policy we aim to inform staff, volunteers and people who use our services of the overarching principles that guide our approach to adult and child protection.

Adults, children and young people using the services of Keech Hospice must not suffer any form of abuse, neglect or improper treatment and in undertaking their duties, all staff and volunteers must prioritise promoting the wellbeing of all patients and carers using our services. This includes but, is not limited to:

- Ensuring the views and wishes of those using our services are known and listened to.
- Preventing harm through person centred assessments and responses and acting on outcomes of incident and complaint reporting processes.
- Responding effectively to concerns when they are raised by anyone about patients, carers, staff, volunteers either being harmed, at risk of harm or causing harm.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
		Version number:	10.2
	Page 1 of 25		

As an organisation, Keech Hospice is committed to ensuring a culture that promotes openness and transparency within which staff and volunteers are competent to recognise, share and respond promptly to concerns relating to the wellbeing and welfare of adults and where all adult safeguarding concerns raised are investigated and any actions arising from an enquiry acted upon. In addition, Keech Hospice will ensure appropriate support is provided to those individuals using the service or working for the service who either make allegations of abuse, or actually experience abuse.

Keech Hospice has a zero-tolerance approach to abuse of any kind. It will work with other agencies in accordance with the local protocols prevailing in Bedfordshire, Luton, Hertfordshire and Milton Keynes. The lead agencies with statutory responsibility in the protection of adults or children are Social Services, the Police and the NHS. They are supported by the local Safeguarding Adults and local Safeguarding Children’s Boards alongside the Care Quality Commission (CQC).

Aim and Scope of Procedure

This policy and procedure aims to ensure that patients and families receive care and treatment within appropriate professional boundaries from staff who work within an organisation with a positive attitude towards prevention, detection and management of abuse.

Abuse and neglect can take many forms. It may be an isolated incident, a series of incidents or a long-term pattern of behaviour and could affect one person or more, whether in someone's home, in public or in an institutional setting. It can take place in any environment. It may be a deliberate act, or the result of negligence or ignorance. Adults and children from all classes, of all ages and of all abilities are abused, and the abuser may be known to them or be a stranger.

This policy and procedure clearly sets out the responsibilities and actions that must be taken by Keech Hospice staff or volunteers whenever a concern or allegation about actual or potential abuse of a patient, family member or carer arises either at the hospice or in the community. By following this procedure, staff and volunteers will meet their duty of care and treat safeguarding issues as an integral part of the care of the individual in a way that maximises the welfare and safety of service users and fulfil all duties within the limits of their own professional responsibilities.

Related Policies/Procedures

- Bullying and Harassment Policy
- Complaints and Concerns Policy and Procedure
- Health and Safety Policy - Lone Working
- Mental Capacity, Consent and DoLS Policy and Procedure
- Recruitment, Retention and Promotion Policy and Procedure
- Risk Management Framework and Policy
- Whistleblowing Policy and Procedure

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
		Version number:	10.2
	Page 2 of 25		

Policy Monitoring and Review

- Periodic case review
- Reports to Audit and Risk Committee and management
- Policy review 3 yearly at a minimum

Compliance with Statutory Requirements

- Care Act 2014
- Carers and Disabled Children’s Act 2000
- Children Act 1989 and Children Act 2004
- Children and Families Act 2014
- Children and Social Work Act 2017
- Equality Act 2010
- Mental Capacity Act 2005

Responsibility/Accountability

All staff:

- To act upon any safeguarding concerns they have seen or heard.
- To raise concerns as per the policy.
- To attend mandatory safeguarding training as required.

All care practitioners/volunteers:

- To be aware of their ‘duty of care’ towards all patients and families they come into contact with, and to be responsible for the safety and wellbeing of those patients and families whilst in their care.
- To raise any concerns with their line manager or shift leader within the timescales.
- To take emergency action if deemed necessary.
- To raise concerns as per the policy.
- To complete the risk assessment to manage immediate and long-term risk with others as required.
- To manage concerns raised out of hours.
- To attend MDT’s and contribute to outcome planning.
- To complete allocated outcome tasks in a timely manner.

Safeguarding Policy and Procedure			
	Page 3 of 25	Date of publication:	Feb 2025
		Next version due:	May 2026
		Version number:	10.2

- To make a referral to the relevant statutory safeguarding team if agreed by the internal safeguarding MDT/line manager.
- To be aware of and act upon the mandatory duty of all healthcare professionals in England and Wales to report cases (actual and suspected) of female genital mutilation (FGM) to the police.
- To attend 'Prevent' training. To follow the Safeguarding Procedure Flowchart whenever there are concerns that someone may be involved in supporting, or actively participating in, violent extremism.

Line managers, shift leaders and senior nurses:

- To acknowledge safeguarding concerns raised by practitioners/volunteers.
- To review concern discussion form and complete the risk assessment – identifying next steps – including forwarding for a full MDT.
- To support colleagues to complete safeguarding concern form.
- To talk through safeguarding concerns with colleagues and follow processes of sharing information.
- To manage and oversee safeguarding concerns which are raised out of hours.
- To share the responsibilities of the Social Workers, Lead Nurses and Clinical Director in regard to safeguarding.

Social Workers:

- To arrange and chair internal safeguarding MDTs.
- To review discussion forms and risk assessments.
- To work in the MDT process to review the risk assessment and identify outcomes.
- To contribute in the evaluation and delivery of safeguarding training packages, in liaison with the Keech Learning and Development Officer.
- To be available for staff support so that staff can speak in confidence with regard to safeguarding matters.
- To support the social work assistance in supporting the reporting process.

Lead Nurses and Clinical Director:

- To ensure that all team members are aware of and have an understanding of the Safeguarding Policy and Procedure.
- To ensure that staff receive the appropriate internal or external safeguarding training relevant to their role.
- To be available for staff support so that staff can speak in confidence with regard to safeguarding matters.
- To ensure that team members are aware of the Whistleblowing Policy and Procedure and are aware of how to implement it in a confidential manner.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
		Version number:	10.2
	Page 4 of 25		

- To ensure safeguarding incidents are reported externally as required, e.g. to the Care Quality Commission and relevant Integrated Care Board.

Safeguarding Children

Safeguarding is the action that is taken to protect children from abuse and maltreatment. It is also to prevent harm to children’s health and development; to ensure that children grow up in safe and effective care and to take action to enable all children and young people to have good outcomes and applies up until their 18th birthday. This applies to all children, regardless of their age, gender, disability, race, religion, or sexual orientation. All staff at Keech Hospice have a responsibility to keep children safe and to report concerns appropriately. Local authorities then have overarching responsibility for promoting the welfare of children in their area and preventing them from suffering significant harm. Local authorities have a duty to investigate any referrals but can only do so with the full cooperation of other agencies, both statutory and voluntary.

Disclosures by Children

Disclosures is the process whereby a child or young person starts to talk about their experiences of abuse or harm. This may be a single event or over a long period of time. Children may disclose directly or indirectly:

- Directly – making a specific statement as to what has happened to them.
- Indirectly – making more ambiguous statements that may indicate they are trying to tell you something.
- Behaviourally – displaying behaviours which signal that something is not right.
- Non-verbally – drawing pictures, through play or writing note/letters.

Children may only make partial disclosures because they are worried about what might happen next, or about getting someone they care about in trouble. It is important that staff and volunteers at Keech Hospice use the following principles if a child makes a disclosure:

- Show you care – give the young person your full attention, keep your body language open and be compassionate. Reassure them that their feelings are important and that you have heard them. Do not directly question them but reflect back what they are telling you or use phrases such as “tell me more about that” or “you have been very brave today; I am here if you want to tell me anything else”.
- Take your time – respect pauses and try not to interrupt the child, let them go at their own pace, and recognise that this may just be the start of many conversations.
- Check your understanding – this shows you care and show them that you want to get it right. It also allows for checking ready for recording the events.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
		Version number:	10.2
	Page 5 of 25		

It is really important to make accurate notes as soon as possible after the disclosure. This includes the child's name, date of birth and address. What exactly was said, using their exact words if possible and any information the child has given you about the alleged abuser. Be clear with the child or young person that you will have to pass the information on if you feel they, or another child is at risk, so that the right support can be put in place. Do so whilst reassuring them they have done the right thing. Once your recording is complete, immediately complete a cause for concern and/or inform the social work team, your line manager or whoever is in charge that day.

Adult Safeguarding

The purpose of adult safeguarding is, wherever possible, to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs. The statutory framework introduced under the Care Act 2014 applies to any person aged 18 or over where the Local Authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- Has needs for care and support (regardless of the level of need and whether or not the Council is meeting any of those needs).
- Is experiencing, or is at risk of, abuse and neglect.
- As a result of those needs, is unable to protect themselves against the abuse or neglect or the risk of it.

Under Section 42 of the Care Act 2014, the Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case, and if so, what action and by whom.

Disclosures by adults

If a patient or family member discloses an allegation of abuse to any member of the hospice team (including volunteers), the following guidelines must be followed:

- Remain calm and do not show shock or disbelief. Treat the person with dignity and respect.
- Listen carefully to what is being said.
- Do not ask detailed, leading or probing questions, as this may affect the credibility of evidence gathered.
- Consider the use of communication aids if needed, to help the patient express themselves better.
- Demonstrate a sympathetic approach, acknowledging regret and concern at what is being said to have happened.
- Ensure that any emergency action has been or is being taken (e.g. medical attention, reporting a crime, etc.). Ensure the safety and wellbeing of the individual.

Safeguarding Policy and Procedure			
	Page 6 of 25	Date of publication:	Feb 2025
		Next version due:	May 2026
		Version number:	10.2

- Confirm that the information will be treated seriously, be open and honest, and do not promise to keep a secret.
- Give the person information about the steps that will be taken (see Safeguarding Procedure Flowchart at Appendix 1).
- Give the person contact details of Social Services and the Police so that they can report any further issues or ask any questions that may arise.
- Inform them that they will receive feedback as to the outcome of the concerns they have raised once a plan of action has been discussed as per procedure.
- It must be made clear to the person that if he/she discloses something that involves a significant risk to themselves or someone else (e.g. other people in the community), that this information has to be passed on as per safeguarding procedure and the law.

Disclosure of confidential information for the purposes of a safeguarding investigation is considered to be necessary in the public interest, as stated in the Code of Professional Conduct (Nursing and Midwifery Council 2015). It further allows disclosure of confidential information without consent 'where disclosure is essential to protect the patient or client or someone else from the risk of significant harm' (clause 5.2). Consent to share information must be sought from the patient if they have capacity and if doing so does not place the patient or staff/volunteers at increased risk. As explained in the 'Information sharing' heading in the Principles of Adult and Child Protection section above, there are conditions under which confidential information can be shared without consent, however staff have a responsibility to explore approaches which may help someone to understand why information needs to be shared and obtain consent. If consent cannot be obtained, then the Confidentiality Policy and Procedure must be followed to determine whether (and how) information should be shared. Staff and volunteers may seek support from the Caldicott Guardian (Clinical Director) for specialist advice on matters of confidentiality. If the reason consent cannot be obtained is because the client lacks capacity, the Mental Capacity, Consent and DoLS Policy and Procedure must be followed to determine whether information should be shared on the basis of the client's 'best interests'.

In all cases, medical attention must be sought where there is a possibility that an injury may have occurred, even where there are no visible signs. Consent for medical intervention must be sought from the patient unless the patient is at serious risk of harm from injuries and requires immediate medical attention.

Staff must only obtain information insofar as sufficient to be able to tell the police, medical personnel or management what is believed to have happened, when and where. Staff must not interview any person alleged to be responsible for abuse or neglect; this is the responsibility of the statutory authorities/police. If a crime is alleged, contact the police on 999 for an emergency (e.g. rape, serious physical or sexual assault, robbery) or on 101 for non-emergencies.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
	Page 7 of 25	Version number:	10.2

Domestic Abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality.

It could be long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations, or persistent psychological abuse.

If there is concern of domestic abuse in relation to vulnerable adult, follow the processes as detailed in the Safeguarding policy.

Domestic abuse always has an impact on children. Being exposed to domestic abuse in childhood is child abuse. Report following the processes as detailed in the Safeguarding policy.

If domestic abuse concern is with a non-vulnerable adult, i.e. staff or volunteer, seek advice from HR.

HR will support the individual looking at a safety plan with them and seeking advice from Bedfordshire domestic abuse partnership as needed <https://bedsdv.org.uk/>

Reporting Incidents and Dealing with Concerns/Information Sharing

Timely information sharing and recording is vital in keeping everyone safe but the information is also on a 'need to know' basis. Any decisions on sharing information must be made during the MDT, including who is going to take responsibility for recording the information. It is important, however, that what lead to the cause for concern is recorded on SystemOne in a clear and factual way. Use language that is clear and precise but be sure that the information you are sharing is accurate and be transparent as to what is your opinion and what is factual. Give enough information so that other professionals who have access to SystemOne know that a concern has been raised but also be reassured that the subsequent MDT and outcomes will be recorded by the lead social worker or chair of the MDT which will detail all the information that is needed.

Once a disclosure has been made/abuse identified a Safeguarding Alert Form must be submitted as soon as possible and within 24 hours.

Safeguarding Alert forms must be emailed to safeguarding@keech.org.uk which is monitored during office hours by:

- the internal Social Workers
- the Deputy CEO/Clinical Director
- the Associate Directors for Patient Services (Adults and Children) and Lead Nurse for Supportive Care
- the Head of Quality & Governance

Safeguarding Policy and Procedure			
	Page 8 of 25	Date of publication:	Feb 2025
		Next version due:	May 2026
		Version number:	10.2

The designated professional who picks up the Safeguarding Alert Form will respond to confirm who will lead the process of arranging the internal MDT. The MDT will take place as soon as practicable and within 24 hours.

Safeguarding forms will be scanned into SystemOne with a brief overview recorded of meetings and discussions held.

All entries on SystemOne regarding a safeguarding concern/allegation, including scanned Cause for Concern forms, may be saved with 'Safeguarding' visibility settings in the interest of confidentiality, because at this stage the matter could be only a 'concern'. It is up to the professional making the record whether they deem it appropriate to mark the entry as 'safeguarded' or not, balancing the interests of the patient's confidentiality vs. the interests of co-ordinating care with other relevant agencies who may need to be aware that a concern has been raised. In any event, if the internal MDT agrees that the concern warrants a formal safeguarding alert then the safeguarding referral form must be scanned onto SystemOne within 24-hours of it being written and must be set to 'Normal' visibility. Any actions regarding substantive safeguarding matters must be input with 'Normal' visibility. Any formal approaches (agreed at internal MDT) to Social Services or other agency, must also be input with 'Normal' visibility - enabling other professionals involved to be aware of what actions have been taken for the patient's safety.

Multi-Disciplinary Team (MDT)

An MDT to be held within 24 hours within receiving a Safeguarding Alert Form (see Appendix 3).

An MDT can take place following a Safeguarding Discussion Form (See Appendix 2), if assessed to be required by the receiving safeguarding lead.

Who attends?

The MDT will ideally comprise of the shift leader, social worker, doctor, nurse, the person who raised the concern and any other member of staff who has involvement with the patient/child/family. Minimum requirement is for at least 2 members of staff from different disciplines.

What next?

The MDT will agree outcomes, actions and a timescale. MDT proforma will be completed.

Possible outcomes may include talking to the patient/carers/family, talking to outside agencies who are involved with the patient/family to see if there are any further concerns or context, organising an external MDT, discuss referral to the local authority, make referral to other agencies, e.g. MASH and adult social care or no further action. The referrer will be kept informed at all times.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
	Page 9 of 25	Version number:	10.2

Outcomes

After the internal safeguarding MDT has met, all information discussed and outcomes agreed must be recorded in the patient/relative's SystemOne record by the lead. If the concern is about someone who is not registered on SystemOne then the Social Work team will keep an electronic record securely on the K: drive (with only members of the email having access). If the decision is made that a referral to social care is needed the following actions may happen: the local authority may investigate and decide there is no further role for them or make suggestions as to what support services may be needed for the patient's family.

Children's Services:

They may decide to arrange a meeting often called a Team around The Child (TAC), or a Team Around the Family (TAF) which is a support mechanism when they don't meet the threshold for a formal Section 17 investigation (known as a child in need/CIN assessment). A CIN may be commenced which identifies what additional support the family need to ensure the child reaches their full potential.

If the local authority deem that the child has suffered significant harm a Section 47 investigation will be undertaken and an initial child protection conference will be arranged (ICPC). It is likely you will be expected to attend this meeting and you will then be a part of what is known as a core group which is decided at the ICPC. This is a plan which is designed to keep the child from suffering further abuse or harm. Families can move between a S17 and a S47 and this is decided between professionals.

Adult Services:

If the local authority deem that the adult has suffered significant harm a Section 42 enquiry under The Care Act 2014 will be undertaken. Adult Social Care will lead on this investigation and will request for information sharing and attendance to relevant strategy meeting and case conferences.

The Local Authority may request an internal investigation to take place they will set clear questions which need investigating and will set a time frame for the submission of this report. The local authority may also request an internal investigation or information shared following an alert received from an external agency about our care of a patient.

The Local Authority may not recommend safeguarding intervention and may alternatively refer the patient to Adult social carer for assessment and outcome planning.

Review

The team will regularly meet to discuss progress. The lead will review the MDT outcomes until actions are completed.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
	Page 10 of 25	Version number:	10.2

Low Level Concerns

If there is a low level of concern with no formal disclosure or evidence, the safeguarding discussion form must be completed and discussed with your line manager and the Social Work team.

These forms will be emailed to the safeguarding@keech.org.uk inbox which will be monitored and acknowledged as detailed above.

The risk assessment will be reviewed and if additional information is needed, the relevant parties will be contacted.

Reporting Incidents Out-of-Hours

The safeguarding process is the same at all times. Concerns which arise outside office hours are to be brought to the attention of the senior person on shift who will use the process above to risk assess the situation. They can escalate concerns to the on-call manager, relevant Lead Nurse or Clinical Director as they deem necessary.

If immediate action is required via police or Emergency Duty team, the senior on-call manager must be made aware.

The MDT process will continue during the next working day.

Non-Care Areas

All areas of the organisation are accountable to the safeguarding policy. All paid and unpaid members of the organisation have a duty under safeguarding.

Retail

To follow the process as identified above.

Volunteers may be deemed vulnerable and reasonable adjustments required to limit potential safeguarding issues.

Fundraising

To follow the process as identified above.

Safeguarding to be considered within risk assessments.

Dealing with Concerns About Colleagues

If there is concern that a patient is at risk from a member of staff or volunteer, then these concerns must be raised immediately with a line manager or shift leader, and action taken in accordance with the Safeguarding Procedure.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
	Page 11 of 25	Version number:	10.2

Internal disciplinary measures will be taken by the management team alongside any social service/policy investigations. This may result in the removal from shift or immediate suspension of the alleged perpetrator.

Confidentiality must be maintained; however information sharing will continue.

Concerns about colleagues in positions of trust with children

Keech Hospice staff, volunteers and students are likely to hold positions in which they are entrusted with the care of a child. Additional action is required if any adult in a position of trust with children behaves unacceptably towards children. This includes not only their behaviour at work, but any behaviour witnessed anywhere in any setting. Unacceptable behaviour is classed as:

- behaving in a way that indicates they may pose a risk of harm to children
- behaving in a way that has caused harm to children
- committing a criminal offence against or related to a child.

If any Keech Hospice staff member, volunteer or student is believed to have behaved in such a way the local authority LADO will need to be informed within 24 hours of the alleged incident/offence/concern. The LADO will assess the information received and may request a full LADO referral is completed. As part of the process, consideration of in-work safeguards will be made, for example whether suspension of the member of staff, student or volunteer is necessary while the matter is further investigated. Once the investigation has been concluded, alongside any Keech Hospice disciplinary procedure, it may then be necessary to also inform the Disclosure and Barring Service and their professional body if appropriate.

e-Safety

The term 'e-Safety' is used to describe proactive methods of safeguarding children and adults when they use digital technology. While simply blocking everything which may pose a risk to children or vulnerable adults can work in the short-term, e-Safety focuses on educating people in methods of safeguarding themselves to prevent risks in the long term.

Staff who have a concern about risks to a child or adult patient from using digital media must raise a Safeguarding Alert form in line with the normal reporting process described above.

Safety risks on the internet

When working with patients/clients who are using the internet while at Keech, staff must:

- Talk with the young person/vulnerable adult to agree the kind of sites they can safely visit when at Keech. Talk to them about e-safety issues, and how it affects them.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
	Page 12 of 25	Version number:	10.2

- Tell the young person/vulnerable adult not to give out their personal details, including name, address, telephone number, school or clubs they may attend, to anyone over the net. If the patient/client uses the internet to arrange meetings with people, suggest that a parent, carer or friend goes with them. Warn the patient/client not to accept any gifts (electronic or otherwise) from strangers.

Social media

Staff and volunteers must maintain a professional boundary with service users on social media sites and apps, see Social Media Policy for further details.

Use of the internet by staff

As per their signed data security network access agreement.

Mobile phones

All messages between staff and patients/clients must be logged in full in the patient’s/client’s SystemOne record.

The Supportive care and Social Work teams are provided with work mobile phones for communications, as do Lead Nurses and on-call nurses.

Personal phones must not be used for work purposes by care staff.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
		Version number:	10.2
	Page 13 of 25		

Equality Impact Assessment (EIA)

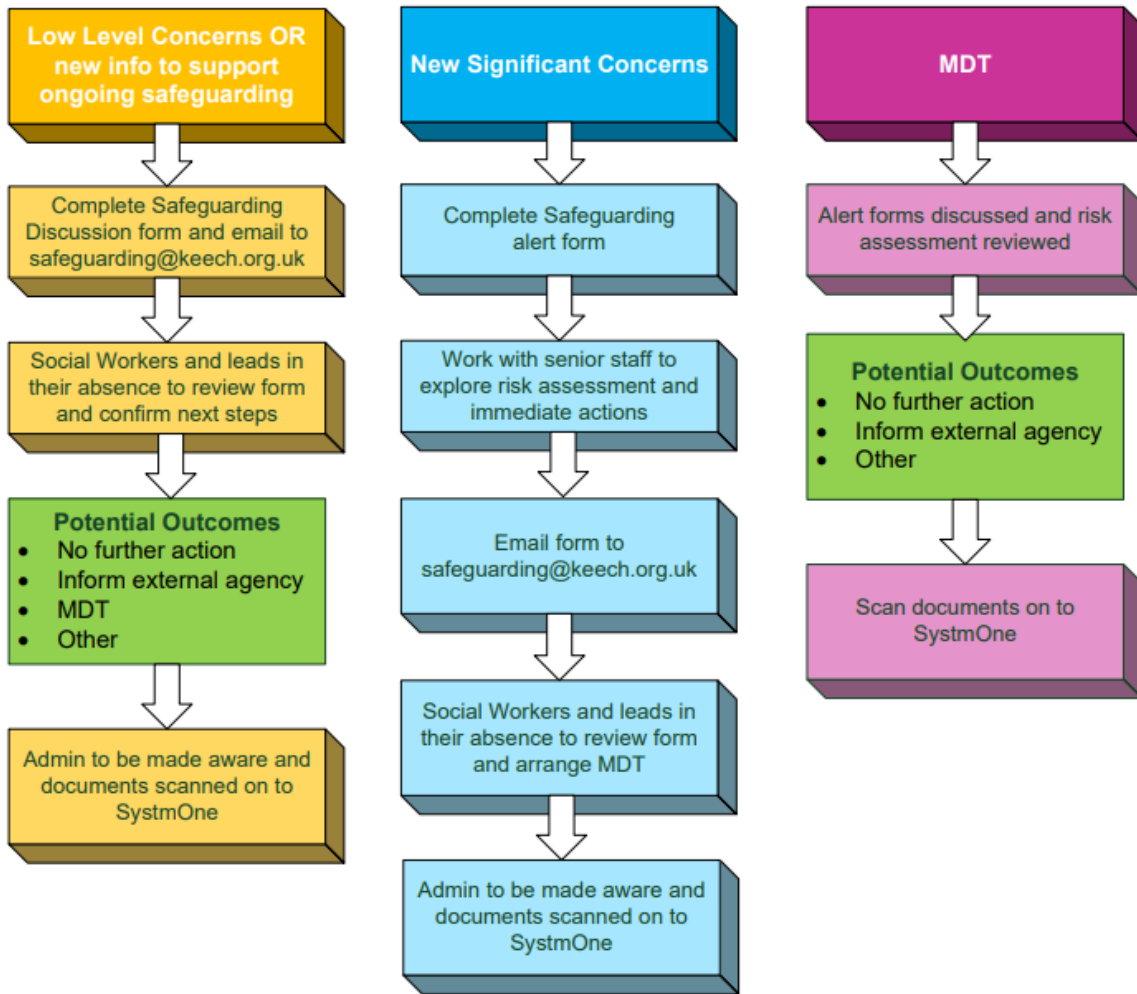
Keech Hospice aims to design and implement services and policies that meet the diverse needs of our service users, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Equality Act 2010 and aims to promote equal opportunities for all. This policy has been assessed to ensure that no service user receives less favourable treatment on the protected characteristics as defined in the Equality Act.

Protected Characteristic	Potential positive impacts	Potential negative impacts	Mitigation strategies
Age	Ensuring age-appropriate services and support.	Age discrimination or lack of age-appropriate services.	Implementation of policies to prevent age discrimination and provide age-appropriate services.
Disability (Learning Difficulties / Hearing Impairment / Visual Impairment / Physical Disability / Mental Illness)	Providing accessible services and reasonable adjustments.	Inaccessibility or lack of reasonable adjustments.	Ensuring accessibility and provision of reasonable adjustments for disabilities.
Gender Reassignment	Supporting individuals undergoing gender re-assignment.	Discrimination or lack of support for gender re-assignment.	Provision of support and prevention of discrimination for gender reassignment.
Marriage or Civil Partnership	Recognizing and respecting marital or civil partnership status.	Discrimination based on marital or civil partnership status.	Recognition and respect for marital or civil partnership status in policies.
Pregnancy & Maternity	Providing support during pregnancy and maternity.	Lack of support during pregnancy and maternity.	Provision of support and accommodations during pregnancy and maternity.
Race	Promoting racial equality and cultural sensitivity.	Racial discrimination or cultural insensitivity.	Promotion of racial equality and cultural sensitivity through training and policies.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
		Version number:	10.2
	Page 14 of 25		

Protected Characteristic	Potential positive impacts	Potential negative impacts	Mitigation strategies
Religion or Belief	Respecting religious beliefs and practices.	Discrimination based on religion or belief.	Respect for religious beliefs and practices in policies and procedures.
Sex (gender)	Promoting gender equality and preventing discrimination.	Gender discrimination or inequality.	Promotion of gender equality and prevention of discrimination through policies and training.
Sexual Orientation	Supporting individuals regardless of sexual orientation.	Discrimination based on sexual orientation.	Support of individuals regardless of sexual orientation through inclusive policies.

Safeguarding Procedure Flowchart



If emergency response is required contact emergency services on 999 and follow emergency processes. In this event a Safeguarding Alert form can be completed in retrospect.

If social services are required in an emergency, out of hours please ring the Emergency Duty Team on 0300 300 8123.

Safeguarding Policy and Procedure		
	Page 16 of 25	Date of publication: Feb 2025
		Next version due: May 2026
		Version number: 10.2

Safeguarding Discussion Form

Name of patient:	
Date of birth:	
NHS number:	
Home address:	
Others living at this address (inc. children):	
GP:	
Next of kin/ persons with PR:	
Concerns to be discussed:	<i>(attach photos/body maps as required)</i>
Risk Assessment – Lead worker (from safeguarding inbox) to complete	
What is the risk:	
Outline of the referrer’s concerns:	
What are our concerns:	
What are the views/desired outcome of the patient or their family?	
Actions to reduce concerns/safety measures:	
What next:	
Form Completed By	
Name:	
Designation:	
Team:	
Date and Time:	
Form Shared With	
Name:	
Designation:	
Signed:	
Date and Time:	

Safeguarding Alert Form

Name of patient:	
Date of birth:	
NHS number:	
Home address:	
Others living at this address (inc. children):	
GP:	
Next of kin/ persons with PR:	
Summary of situation and alert:	<i>(consider capacity and communication needs)</i>
Describe immediate actions taken:	<i>(attach photos/body maps as required)</i>
Risk Assessment – to be completed by team raising the concern	
What is the risk:	
What are our concerns:	
What are the views/desired outcome of the patient or their family?	
Actions to reduce concerns/safety measures:	
What next:	
Form Completed By	
Name:	
Designation:	
Team:	
Date and Time:	
Form Shared With	
Name:	
Designation:	
Signed:	
Date and Time:	

Once completed, please forward this form to both the Keech Social Workers, the Lead Nurse for your service and the Clinical Director. If sending by email, you can use the safeguarding@keech.org.uk address to ensure it goes to all the necessary people.

Safeguarding Policy and Procedure			
	Page 19 of 25	Date of publication:	Feb 2025
		Next version due:	May 2026
		Version number:	10.2

MDT Template

Attendees:			
Categories of abuse:			
Overview of the MDT discussion:			
Risk Assessment			
What is the risk?			
Any disagreements			
What are the views/desired outcome of the patient or their family?			
What are the plans to keep the person safe?			
Outcomes			
Form Completed By			
Name:			
Designation:			
Team:			
Date and Time:			
Form Shared With			
Name:			
Designation:			
Signed:			
Date and Time:			

Types of Abuse

Category of adult abuse	Definition
Self-neglect	Types of self-neglect include: lack of self-care to an extent that it threatens personal health and safety; neglecting to care for one's personal hygiene, health or surroundings; inability to avoid self-harm; failure to seek help or access services to meet health and social care needs; inability or unwillingness to manage one's personal affairs. Indicators of self-neglect include: very poor personal hygiene; unkempt appearance; lack of essential food, clothing or shelter; malnutrition and/or dehydration; living in squalid or unsanitary conditions; neglecting household maintenance; hoarding; collecting a large number of animals in inappropriate conditions; non-compliance with health or care services, and; inability or unwillingness to take medication or treat illness or injury.
Organisational abuse	May include discouraging visits, or the involvement of friends/relative. Rigid regimes. Insufficient staff or high staff turnover which results in poor quality care. Abusive / disrespectful attitudes towards those using the service. Inappropriate use of restraints. Lack of respect for dignity and privacy. Not providing adequate basic care. Misuse of medication. Not offering choice or facilitating independence. Not taking into account individual's cultural, religious or ethnic needs. Failing to respond to abuse appropriately. Failure to respond to complaints. Interference with personal correspondence.
Discriminatory abuse	Includes racist, religious and sexist abuse; abuse based on a person's disability and other forms of harassment, slurs or similar treatment.
Neglect/Acts of omission	Includes ignoring medical or physical care needs, failure to provide access to appropriate health or social care or educational services, the withholding of the necessities of life such as medication, nutrition and heating.
Physical abuse	Any deliberate act to cause physical harm including hitting, slapping, pushing, kicking, misuse of medication or restraint or the use of inappropriate sanctions.
Sexual abuse	Includes rape and sexual assault, or sexual acts to which the person has not consented, or to which he or she could not consent or was pressured into consenting. This also includes exposure to and observation of sexual acts without informed consent.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
	Page 21 of 25	Version number:	10.2

Category of adult abuse	Definition
Emotional/Psychological abuse	Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
Exploitation/Modern slavery	Types of exploitation and modern slavery include: human trafficking; forced labour; domestic servitude; sexual exploitation (such as escort work, prostitution and pornography); debt bondage (being forced to work to pay off debts that realistically the person never will be able to).
Domestic abuse	Domestic violence and abuse include any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners, or between family members. It also includes so called 'honour' -based violence, female genital mutilation (FGM) and forced marriage. Coercive or controlling behaviour is a core part of domestic violence. Domestic violence or abuse can be characterised by any of the following indicators of abuse: psychological, physical, sexual, financial, emotional.
Financial/Material abuse	Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Category of child abuse	Definition
Domestic abuse	Domestic abuse is where a child witnesses or suffers abuse within the home or other place of normal residence. This can also occur within teenage relationships.
Sexual abuse	Sexual abuse is where a child is forced or persuaded to take part in sexual activities. There doesn't have to be physical contact and it can happen online. The legal age of consent to have sex in the UK is 16. A child under age 13 cannot legally give any consent. The law is such to protect children from abuse or exploitation rather than to prosecute under 16s who participate in mutually consenting sexual activity.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
	Page 22 of 25	Version number:	10.2

Category of child abuse	Definition
	Underage sexual activity should be seen as a possible indicator of sexual abuse. Similarly, children and young people who engage in harmful sexual behaviour should be considered at higher risk of harming themselves or others.
Neglect	Neglect is the ongoing failure to meet a child’s basic needs. It can lead to serious long-term harm. It includes failure to attend key appointments with professionals.
Online abuse	Online abuse is any type of abuse that happens on the internet, whether through social networks, playing online games, or using mobile phones.
Physical abuse (including female genital mutilation)	Physical abuse is where a child is deliberately hurt and injuries are caused, for example bruises, broken bones, burns or cuts. See the relevant section below this table for information on female genital mutilation.
Emotional abuse	Emotional abuse is where a child is emotionally maltreated, ridiculed, called names, scapegoated and emotionally neglected. It is also known as psychological abuse.
Bullying and cyberbullying	Bullying and cyberbullying is a pattern of abuse by the child’s peers over time. It may be a mixture of physical and emotional abuse. It can happen anywhere: at school, at home or online.
Child trafficking	Child trafficking is where children are recruited, moved or transported and then exploited, forced to work or sold as if they were possessions.
Grooming and child sexual exploitation	Grooming is where a child is deliberately manipulated into situations and/or beliefs which increase their risk of abuse, such as sexual exploitation (see the relevant section below this table for information on child sexual exploitation). Grooming can happen face-to-face but also online. It may be carried out by a family member, a friend, a professional, or a stranger.

Safeguarding Contact Details for Adult Service

Luton Safeguarding Adults Team

Tel: 01582 547563 / 01582 547730.

Email: adultsafeguarding@luton.gov.uk

Central and South Bedfordshire Safeguarding Team

Tel: 0300 300 8122

Email: adult.protection@centralbedfordshire.gov.uk

Emergency Duty Team (Social Services)

For calls by the public: 0300 300 8123

Bedford Borough – Adult Safeguarding Team

Tel: 01234276222/ EDT Tel: 03003008123

Email: adult.protection@bedford.gov.uk

Milton Keynes - Adult Safeguarding Team

Tel: 01908252835/EDT Tel: 01908725005

Email: safeguardingadults@milton-keynes.gov.uk

Hertfordshire – Adult Safeguarding Board

Tel: 03001234042 (24/7)

Email: hpft.spa@nhs.net (Only available email)

Buckinghamshire – Adult Safeguarding Board

Tel: 01296383204/EDT Tel: 08009997677

Email: bsab@buckinghamshire.gov.uk

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
	Page 24 of 25	Version number:	10.2

Safeguarding Contact Details for Children's Service

Bedford Borough Council

Complete the online form: <https://www.bedford.gov.uk/social-care-health-and-community/children-young-people/child-protection/if-you-are-concerned/>

Phone number is correct including EDT

Email: Multi.Agency@bedford.gov.uk

Emergency Duty Team

0300 300 8123

LADO

01234 276693

Central Bedfordshire Council

Emergency Duty Team

0300 300 8123

LADO – B - 0300 300 5026

0300 300 8585

cs.accessandreferral@centralbedfordshire.gov.uk

Hertfordshire County Council

Emergency Duty Team

0300 123 4043

LADO - 0300 123 4043

protectedreferrals.cs@hertscgcsx.gov.uk

Luton Borough Council

Emergency Duty Team

0300 300 8123

LADO – Luton

01582 548069

01582 547653

mash@luton.gov.uk

Milton Keynes Council

Emergency Duty Team

01908 265545

LADO –

01908 254306

01908 253169 / 253170

children@milton-keynes.gov.uk

Other

NSPCC

Worried about a child?

When you think a child needs protection, talk to us.

We're here 24/7 by phone and online. It's free and you don't have to say who you are.

Call 0808 500 5000. www.nspcc.org.uk/what-you-can-do/report-abuse. Or via 'Sign video' to access support via BSL interpreter to contact NSPCC through that same webpage.

Safeguarding Policy and Procedure			
		Date of publication:	Feb 2025
		Next version due:	May 2026
	Page 25 of 25	Version number:	10.2