



Safeguarding & Risk Assessment Procedures

This Policy has been reviewed using the LSCB Self-assessment Checklist in November 2018.

This procedure relates to situations where there is a significant risk of harm and where we may be required to take action. At the earliest opportunity Yellow Door (YD) workers (to include all staff and volunteers) must

- **discuss all new or immediate concerns** about risk of significant harm
- **discuss any new information** that may contribute to an ongoing risk assessment with a member of the **Safeguarding Action Team (SAT)** in person or over the telephone.

Consultation and discussion with service Users is at the heart of YD approach to risk management. YD recognise that decision making by consultation with managers and peers is a route to defensible and robust decision making, the line management for risk management is via the SAT Team. All staff and volunteers are actively encouraged to raise concerns with members of the SAT; SAT team members are readily contactable, urgent safeguarding work takes priority over other work if necessary and ongoing plans are in place to ensure that whenever the service is operating a SAT member will be available if required.

Safeguarding Action Team Contact Details.

An up to date SAT Contact List is available at all times on the dedicated safeguarding/ risk notice board in each team room. All staff who work off site are required to ensure they have access to this information when working out of the building.

Responding to an Emergency level of risk

When there is substantial and credible evidence that someone is at high risk of immediate harm, YD workers should call an ambulance or the police if required. It may be more appropriate to contact a person who supports / cares for the client, but workers must consider if the person they are contacting is involved in the harm or risk to the client.

When managing crisis or emergency situations in the building, YD workers need to work with other members of the YD team who may be present in the building and/or liaise with partner agencies to:

- support the immediate safety of and minimise negative impact on all workers & clients
- maximise privacy, empowerment and choice for any person in crisis

Immediate risk

In situations of immediate risk, the YD worker will work with the client to discuss strategies and sources of support to help them to manage the risk, and ensure that they have relevant telephone numbers in a means that is accessible to them. In doing this the YD worker may consider exploring crisis planning, contingency planning, identifying indicators that risk is escalating and seek to develop a shared understanding of risk with the client, whilst both maintaining engagement as a key protective intervention and considering duty of care.

YD Workers must discuss immediate concerns about risk of harm with a member of the SAT, at the earliest available opportunity. If the criteria is met for a Children's or Adult Services referral, SAT approval is required before any external Safeguarding Referrals are made.



Non-immediate risk

In situations of non-immediate risk, the YD worker will work with the client to discuss strategies and sources of support to help them to manage the risk, and ensure that they have relevant telephone numbers in a means that is accessible to them. YD Workers must discuss any ongoing / non-immediate concerns about risk of harm with a member of the SAT, at the earliest available opportunity. In doing this the YD worker may consider exploring crisis planning, contingency planning, identifying indicators that risk is escalating and seek to develop a shared understanding of risk with the client, whilst both maintaining engagement as a key protective intervention and considering duty of care.

Assessed risk may relate to one event that is of significant concern or a series of events that mean the accumulated risk is believed to be high. Wherever possible and appropriate (having assessed the potential risks and benefits to the client and/or the person at risk) we would encourage the client to seek help from the appropriate agencies or to give their consent to our doing this on their behalf.

YD Workers must discuss any ongoing / non-immediate concerns about risk of harm with a member of the SAT, at the earliest available opportunity.

Examples of when we may need to pass on information without client consent are:

- The client appears to have care and support needs, there is a concern about abuse or neglect and they are unable to protect themselves.
- We are required to by law.
- We believe somebody to be at risk of harm whilst on the premises. If this is as a result of self-harm, suicide attempt or other medical emergencies we should call an ambulance.
- We believe there to be a significant risk of harm to a vulnerable adult or child aged 18 or under (decisions will be made according to the Safeguarding Adults or Safeguarding Children and Young People Policy).
- We are concerned about somebody being involved in radicalisation or terrorism.
- We have information indicating that there is a high likelihood risk of significant harm to someone and we are unable to communicate with them to discuss options for support.

Confidentiality

Yellow Door intends to provide the highest possible level of confidentiality consistent with the law and the BACP Ethical Framework. We would attempt wherever possible to encourage the client to disclose information to or seek help from appropriate agencies themselves in order to manage or reduce risk. If this is not possible we would where possible request their consent to our doing this on their behalf. However, there could be circumstances where we would need to take action without the consent of the client. If this is felt to assist with risk assessment, other professionals with relevant expertise may be consulted to assist in decision making.

Defendable practice

All YD workers must note as soon as possible what actions they took or indeed decided not to take and the rationale for the decision, detailing who was involved in making the decision. This must be documented and kept within the most appropriate client records.



Assessing risk

All clients are risk assessed as part of each services referral / assessment procedure and where necessary whilst we are working with them.

Please consider the following issues:

1. The individual's right to choice and self-determination.
2. The seriousness of the risk of harm.
3. The effect of the risk of harm on the individual/s in question.
4. The pervasiveness of the risk of harm.
5. The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation.
6. The ability of the person to protect themselves or others.
7. The ability of the person's informal network to act protectively.
8. Whether a criminal offence has been committed.
9. Whether the risk relates to one event that is of significant concern or a series of events that mean the accumulated risk is believed to be high?
10. Who else knows and/or is involved? To what extent and in what way?
11. Are there others including other professionals who could add to our understanding of risk or who should be informed of our concerns e.g. to protect others who may not be involved in the immediate situation.
12. Are there any children or adults with care and support needs thought to be impacted by the concern?

Referrals to Statutory Services.

YD recognises that there are instances when there is a statutory responsibility to refer someone who is using YD services or associated with YD services to statutory services (as outlined in the two Safeguarding policies).

All referrals to statutory services, whether or not we have gained the clients consent must to be agreed with a member of the SAT team.

The YD worker reporting the concern must request and record a date by which communication regarding outcome should be expected. It is then the responsibility of that worker to monitor this situation, to re-contact requesting this information should the outcome of a referral not have been received by YD within the expected time frame and to keep their line manager informed.

Contact details for referrals to statutory services.

A fully up to date list is available at all times on the dedicated safeguarding/ risk notice board in each team room. See Appendix 1.

Risk Assessment Provision of YD Clients (Offering, Declining, Withdrawing or Limiting a Service)

All YD workers have the responsibility to not knowingly compromise the safety and wellbeing of staff, volunteers or clients.

When a risk is identified the YD worker must consult a member of the SAT at the earliest opportunity. The SAT member will guide the YD worker which forms they are required to complete:



- Safeguarding Alert Form (SAF)
- Safeguarding Risk Assessment Form (Appendix 1)

Where there is reason to conduct a risk assessment regarding offering, declining, withdrawing or limiting a service the YD worker must attempt to gather as much relevant information as possible in order to help us balance the concerns with the positives. We attempt to gather as much relevant information as possible in these situations in order to help us make informed decisions.

For example, this may include:

- Convictions with dates, outcome and length of sentence
- Pattern of risk, include the most recent and most serious (with dates and details)
- Engagement with & outcomes of previous interventions / recommendations from current professional involvement re suitability
- Social / community engagement inc. volunteering, employment, hobbies etc.
- Housing situation
- Current support from professionals/family/social network
- Other protective factors
- Professional judgement of assessing staff

The completed Safeguarding Risk Assessment Form will be reviewed by the YD worker, Service Co-ordinator and a member of the SAT before a final decision is made. The decision and rationale must be documented on the Safeguarding Risk Assessment to either offer decline, withdraw or limit a service.

If YD is not able to offer a service to the client the reason must be detailed in a letter and sent to the client and where appropriate any other professionals that they are working with. If a service is not offered, whenever possible we will signpost to alternative agencies.

In general terms we offer or decline a service based on whether or not:

- (i) The service is assessed as likely to meet the presenting needs of the client
- (ii) The client is assessed as having the capacity to make effective use of that resource

We give particular consideration to:

1. A presenting history of violent or abusive behaviour
2. Difficulties with substance misuse or being affected by substances in a problematic way (including prescription medication).
3. Whether offering a service may present or increase any risks to the client themselves or to others including staff or other clients at YD.
4. Barriers (e.g. financial, cognitive, physical, language or communication) to engagement and what we can do to address, overcome or reduce these within our resources.
5. Whether we believe presenting issues would be more effectively addressed via a specialist service for example a perpetrator or substance misuse programme.

Please note this is not an exhaustive list.

Safeguarding Training Requirements

Please see below the safeguarding requirements for all staff members/ volunteers:



- 1) Staff Members/ Volunteers:
Awareness of Child Abuse and Neglect – Core - NAR
Safeguarding Adults - NAR
- 2) If you are a Manager, you are also required to complete:
Safeguarding and Leadership - NAR

It is all YD workers' responsibility to complete the training within the timeframes and pass a copy of their certificates to their line manager and Admin Coordinator when the training has been completed. Please also keep a copy of your certificate.

The online training must be completed as part of Induction and repeated every 2 years.

Additionally, Yellow Door will also offer, Mandatory Annual In-house Safeguarding Training for all workers. If a YD worker is unable to attend this must be approved by their line manager and the YD worker must take responsibility for obtaining copies of any training materials, watching any related footage and confirming this via email to their line manager and to the Administration Coordinator.

The Role of Trustees in risk management and safeguarding work.

The Trustees have a responsibility to ensure that YD has appropriate Policies and Procedures in place, that appointment and staff management processes ensure that people are suitable to act in their roles, that everyone working in whatever capacity at YD knows how to spot and refer or report concerns, that these concerns are dealt with effectively, accountably and necessary onward referrals are made.

Additionally, Trustees are responsible for ensuring a risk register is maintained and regularly reviewed. If there are concerns about the management of risk in YD, Trustees need to be quick to respond to concerns and carry out appropriate investigations. Trustees are responsible for ensuring that they work together in assuming these responsibilities and no one trustee must be solely responsible for these areas of oversight and accountability.

YD Trustees fulfil these responsibilities in a variety of ways: standing Management Committee meeting agenda items regarding safeguarding and the risk register, Trustee participation in training events, ensuring all trustees have mandatory training in safeguarding. Trustees may be part of the Safeguarding Action Team.

Safeguarding and risk policies must be reviewed at least once a year by at least one representative of the Management Committee and there is scrutiny to ensure these policies are publicly available as required by the Charity Commission.

Referrals to the Charity Commission.

This section of the policy is informed by www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity (accessed 11.18).

A serious incident may relate to a range of concerns, including significant risk and safeguarding concerns involving clients and other matters that may be addressed by YD under other policies such as the Duty



to Act Whistle blowing Policy and Procedure, the Health & Safety Policy, the Data Protection Policy, the Recruitment Policy and/or the Staff Handbook.

The responsibility to report: The Charity Commission requires charities to report serious incidents. If a serious incident takes place within YD, it is important that there is prompt, full and frank disclosure to the Commission. YD need to report what happened and, importantly, let the Commission know how we are dealing with it, even if we have also reported it to the police, donors or another regulator.

What is a serious incident? A serious incident is an adverse event, whether actual or alleged, which results in or risks significant: harm to YD's beneficiaries, staff, volunteers or others who come into contact with YD through its work, loss of YD's money or assets, damage to YD's property, harm to YD's work or reputation.

(For the purposes of the Charity Commission guidance, "significant" means significant in the context of your charity, taking account of its staff, operations, finances and/or reputation").

The role of the Charity Commission. The Commission's aim is to make sure that charities that work with or provide services to vulnerable beneficiaries comply with their legal duties, and take reasonable steps to protect them from harm and minimise the risk of abuse. The Commission is not responsible for dealing with incidents of actual abuse and does not administer safeguarding legislation. This means the Commission will be looking for assurance that YD has taken steps to limit the immediate impact of the incident and, where possible, prevent it from happening again.

When to refer. It is the responsibility of the YD trustees to decide whether an incident is significant and should be reported and in making this decision to refer to the full Charity Commission guidance including the decision making table. In day to day practice, this responsibility is held by the Chair of Trustees who keeps the full management committee updated in line with the requirements of the investigation and ongoing risk management work.

It is the responsibility of all members of the Senior Management team (the lead responsibility is usually held by the CEO) to ensure the Chair of Trustees is kept fully apprised of concerns that are or appear to have the potential to be significant.

Should concerns relate to the Chair of Trustees and/or the CEO, all members of SMT have a duty to raise concerns with Trustees and the Trustees have a duty to ensure there is an appropriate response, including consideration of referral to the Charity Commission.

All decisions to report a matter to the Charity Commission and situations in which consideration has been made and a decision made not to report must be appropriately consulted on with the Trustees and subsequently recorded in meeting minutes.



Appendix 1. Contact details for Safeguarding Referrals.

Safeguarding Team for Adults with care and support needs:

Southampton

If you are worried that an adult may be at risk of abuse or harm please contact us on 023 8083 3003. You can report your concern using the referral form.

<https://www.southampton.gov.uk/health-social-care/adults/help-for-vulnerable-adults/>

Hampshire

If you have concerns or want to report abuse phone Hampshire Adult Services on 0300 555 1386. <https://www.hants.gov.uk/socialcareandhealth/adultsocialcare/safeguarding>

Isle of Wight

If you are worried about an adult please contact the Adult's First Response Team on 01983 814980. <https://www.iwight.com/Residents/Care-and-Support/Adults-Services/Safeguarding-Adults-Board/Introduction2>

Safeguarding Teams for Children & Young People:

Southampton

If you are worried that a child may be at risk of abuse, harm or neglect please contact, MASH (Multi Agency Safeguarding Hub) Telephone (office hours): 023 8083 3336 or Out of hours: 023 8023 3344. You can report a child protection concern using the referral form.

<https://www.southampton.gov.uk/health-social-care/contact-social-care/protecting-children.aspx>

Hampshire

During office hours 0900 to 1700, phone 0300 555 1384. At all other times you should contact the Out of Hours service on 0300 555 1373.

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/contacts>

Isle of Wight

If you are worried about a child or a young person, please contact: Isle of Wight Children's Services: 0300 300 0117 (24 hours). <http://www.iowscb.org.uk/worried-about-a-child>

In an emergency and if it is suspected someone is in immediate danger, you must call 999



Safeguarding & Risk Assessment Flow Chart

Do you believe there to be a significant risk of serious harm to an adult or child?

The worker is required to use their professional judgement when grading the risk and what immediate actions if any should be taken. When possible/ appropriate we will encourage and support clients to share risk concerns themselves with relevant professionals/agencies. When this is not possible we will where possible/appropriate inform clients of our intention to share their information and seek to gain their agreement or acceptance.

Yes, clear evidence of immediate risk/significant harm requiring emergency service intervention.

In order to establish the significance of the risk, workers must take whatever immediate steps they assess as necessary to initially manage the situation and reduce or further assess the risk. For example, asking the client to wait whilst seeking advice during or after a session etc. Workers must also ensure they have up to date contact details for the client, professionals and next of kin.

Emergency Services
Assess the situation, call for help. If required call emergency services and/ or an appropriate person who is responsible for their care. Contact a member of the Safeguarding Action Team (SAT) when possible.

Immediate risk established, at the earliest opportunity, staff & volunteers must discuss immediate concerns about risk of harm with a member Safeguarding Action Team. If the criteria is met for a Children’s or Adult Services referral, SAT approval is required before any external Safeguarding Referrals are made.

Non-emergency / non immediate concerns. At the earliest opportunity, staff & volunteers must discuss any ongoing / non-immediate concerns about risk of harm with a member of SAT.

A discussion will take place with the SAT member to agree on the actions that need to be taken.
Refer to the Safeguarding Children’s Policy and Safeguarding Adults* Policy.

Safeguarding Alert Form (SAF)
Following a discussion with a member of the SAT the staff member/ volunteer must complete the SAF on the same day or within one day of the incident. Please refer to Procedure for Managing Safeguarding.

Monthly Update Sheet for Open Safeguarding Concerns
This form must be completed by the Lead Practitioner with the involved Practitioner for all open cases prior to the monthly SAT Meeting. 1st Thursday of each month at 0800 – 0930.
The Lead Practitioner will use the information below to present the client at each SAT Meeting.