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1.0 Introduction

This procedure provides clarity in respect of dealing with safeguarding concerns, identified by staff or church Friendship and Support Teams, within the work of Hope into Action: Bristol. This document must be read as a procedure relating to the inHope Safeguarding Policy (CCM P043). It provides a link between the safeguarding practices of inHope and those of Hope into Action UK.

The following sections have been copied across from the Hope into Action 'Safeguarding Adults at Risk Policy' dated 04-11-2021.

2.0 Responsibilities

The Safeguarding lead for HIA:UK is Laura Cuthill who is contactable via:
safeguarding@hopeintoaction.org.uk and/or 07702881662 (office hours Mon-Thurs)

Alternative Safeguarding Officers who can be contacted if the Safeguarding Lead is unavailable: Charlotte Rembrance- 07851256226 or Kate Doran-Smith 07908 202944.

3.0 Suspicion of Abuse

In all discussions regarding suspicion of abuse and 'acceptable risk', it should be considered whether different cultures and lifestyles have any bearing on the matter. inHope and Hope into Action do not make judgements about the acceptability or otherwise of lifestyles operating within the law, however it is important that this philosophy does not stand in the way of the organisation's responsibility to protect adults at risk from harm. We must explore how aware they are as to whether abuse is taking place and/ or whether they are choosing to allow this to continue. It may be that the person is not able to make a free choice because they are being coerced, are afraid or are addicted. This is only truly understood through honest and sometimes difficult conversations. Education and offering alternatives may be all that's required in some cases. Ensure you are accountable to line management and are logging discussions in field notes and or the Incident/ Cause for concern template (Appendix 2) if this is the case.

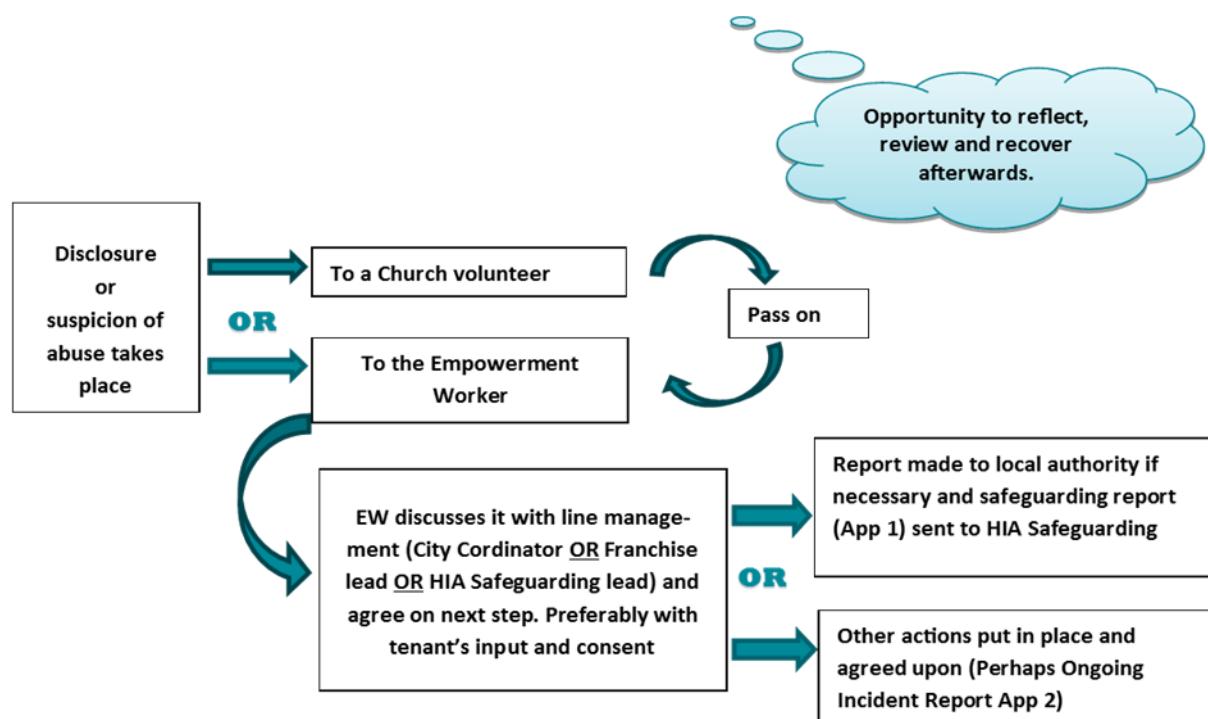
It is important to keep an open mind and consider what is known about the person and his or her circumstances. Any concerns or actions should be discussed with a line manager at the earliest convenience. Hope into Action recommend that you share information or concerns and err on the side of caution. If you have reasonable suspicion that abuse is happening or has happened, it should NOT be kept to yourself. At best it will be emotionally burdensome, at worst, you could become culpable.

You, your line manager and the tenant (where possible) will then agree the next steps, whether that is to record it as an 'incident' (using Appendix 2) and to keep it as a 'live' issue in need of further observation, to pass it onto the Local Authority and make a Safeguarding referral (using Appendix 1) or to just put in some extra support (for example: additional house rules / more regular support meetings or a referral to a specialist agency for help).

Tenant consent for a referral to the Local Authority is best practice, but not always essential – depending on the risk.

If a volunteer or housemate suspects abuse, they should contact Hope into Action and be aware of how to do this. Information on how to contact the Hope into Action Safeguarding lead should be displayed in all properties, somewhere communal. Every Hope into Action office should display not only the internal Safeguarding lead's contact information, but also contact details for the local MASH team / LADO or equivalent.

3.1 Flowchart of Responsibilities



Note: where a disclosure or suspicion is being discussed and/or reported (as described in the flow diagram above) inHope's Safeguarding leads should be involved in parallel with the HIA Safeguarding lead.

4.0 Disclosures and Making a Safeguarding Referral

4.1 Disclosure of Abuse

If a person discloses that they are being abused or that they are involved in abuse of a vulnerable person, action should continue as the flowchart in Section 3 above. All action must proceed urgently and without delay.

Hope into Action staff or volunteers informed of abuse should remind the individual that confidentiality cannot be guaranteed where a vulnerable person is at risk of abuse or further abuse.

Volunteers should consult with the assigned Empowerment Worker as soon as possible. Refer to flowchart above.

If the disclosure is made by a member of staff then the safeguarding lead should be contacted to lead on the process and if it is made by a volunteer then the church safeguarding lead should be contacted to take the lead.

4.2 Actioning allegations, suspicions or disclosures of Abuse

There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, managers and other agencies. It is best practise to inform the tenant of your plans, before informing the relevant authorities.

Never delay emergency action if an adult is at risk.

Always record in writing concerns and discussions about a vulnerable adult's welfare using the Safeguarding Report template (Appendix 1) or Incident Report template (Appendix 2)

Ensure that you reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

In circumstances where a tenant declines to disclose, despite some work having been done towards disclosing, it may be necessary to report the alleged abuse without their agreement. In these circumstances, **the tenant must be notified in advance of the decision to report to adult social services**. Any staff member may report a disclosure of abuse to social services irrespective of the opinion of other staff.

It is important for staff and volunteers to make written records of any incidents or concerns that they have as soon as possible. It is also important to make a record of conversations with the adult at risk using the same language they used especially names used for body parts or sexual acts. A body map can be found in Appendix 4. If you believe the victim lacks mental capacity, refer to Appendix 5 for more information.

4.3 Historical Disclosures from the past or Self-inflicted Abuse

Should a disclosure be made about **historical abuse** (to a church volunteer for example), this should be passed on to the tenant's Empowerment Worker and logged as either a Safeguarding disclosure or an Incident / Cause for concern—depending on the severity.

After discussion with line management a decision will be made as to whether this information is passed on to the appropriate authority. It is largely dependent on whether the victim has informed anyone already and whether the perpetrator may

still be abusing others. Historical abuse can also be passed on to the non-emergency police on 101 as anonymous intelligence if this is deemed an appropriate response. This is helpful to police if any other people also report about the same individual.

There are differing opinions as to whether abuse done to oneself is a safeguarding issue (note that ‘self-neglect’ has now been added as a category of abuse). We can all be guilty of not looking after ourselves properly, so it is difficult to put safeguards around this topic. However, please see below for guidance on two of the most common issues we may come across:

- 1) Should there be suspicion or disclosure of **worsening SELF abuse**, this should be recorded as an incident.¹ Many of our tenants may display self-harming behaviours at referral stage such as eating disorders, cutting, risky or addictive behaviour. If anyone has concerns that a tenant’s ‘normal’ behaviour is worsening, they should discuss this with the Empowerment Worker assigned and agree on a course of action. It is worthy to note that those who self-harm often say it keeps them safe, as they find a release afterwards and it is actually a coping mechanism. Whereas, a relapse on hard drugs definitely increases the risk element around that tenant (and the safety of the property) due the chaotic nature of those engaging in non-prescribed medications. Ideally, a plan of action made in agreement with the tenant should be made at referral stage, so should risk increase, all parties know how to proceed.
- 2) Any **attempts at suicide, or serious thoughts about suicide** should be passed on to relevant mental health teams. Should church volunteers be first to the scene, they should not hesitate in getting emergency help if required. The Crisis team details for your area can be found in Appendix 3. If in doubt, encouraging the tenant to visit the local Accident & Emergency department may be good practice and will allow them to access emergency mental health assessments, especially if they have overdosed or hurt themselves badly. Try not to leave them alone until you believe they are safe. Inform Hope into Action line management, and the inHope Safeguarding leads, as soon as possible and use the Out of Hours Emergency number 07880 699716 to log any 999 calls.

Please also relook at the tenant’s Risk Reduction Plan (RRP) and review all safety measures put in place. In some scenarios, worsening mental health (or an uncovering of such, which was not understood or admitted during the referral stage)

¹ Whether abuse of oneself is a safeguarding issue is a hotly contested issue. ‘Self-neglect’ noted as a new category of safeguarding abuse concentrates more on behaviours linked to psychiatric disorders such as hoarding or neglecting to tend to personal hygiene (as opposed to being a lifestyle choice).

may mean they are now deemed too high risk for our level of support and no longer suitable for HiA accommodation.

4.4 Making a Referral

Local authorities (Adult Social Services) are the designated lead agencies with the duty to coordinate a response to allegations or concerns of abuse (under section 42 of the Care Act 2014).

Referrals can be made by the Hope into Action staff member most heavily involved, the inHope Safeguarding Officer, or their Deputy, or the HiA Safeguarding Lead. Each location may have a different procedure for how to make a referral, please refer to Appendix 3 for the contacts in your area.

Staff should work within the following timescales for reporting allegations or suspicions of abuse:

- Immediate if the vulnerable person is at risk of serious physical harm, or a serious criminal act has taken place and evidence will need to be kept safe;
- Within 24 hours if it relates to a specific incident which may be still going on, or may happen again;
- Within 7 days if it is a more general concern, which does not indicate immediate harm.

All staff and volunteers should carry with them an ICE (In Case of Emergency) Card, which is a quick and handy reminder of how to act in case of an emergency (see Appendix 6 for template).

5.0 Supporting Staff & Volunteers

inHope and Hope into Action accept that abuse and safeguarding concerns are a difficult topic and will endeavour to support staff, tenants and volunteers throughout the process. If a social services department needs further involvement from Hope into Action staff following a report of abuse, a member of the management team may intervene and discuss with social services department the nature of their needs and how they might be met.

inHope and Hope into Action accepts that staff and volunteers may find journeying through a safeguarding disclosure incredibly traumatic. The Franchise Manager commits to aftercare, which may include recommending external counsellors, going through a WRAP² (or other suitable mental health tool) with staff to see if they are deemed fit to return to work, allowing time off to rest if appropriate, discussing phased return and a 'back to work' report (template available in SharePoint). A parallel approach will be taken to support

² There are many examples of Wellness Recovery Action Plans on line; there is a downloadable copy of an example on this website: <http://www.workingtogetherforrecovery.co.uk/links.htm>

volunteers in their return to volunteering. We value everyone who contributes to Hope into Action, please do let us know if you are struggling.

All staff (and anyone offering tenant support on behalf of this HiA franchise) will be expected to:

1. *Familiarise themselves with the inHope Safeguarding Policy, this procedure and know the relevant processes;*
2. *Attend safeguarding training offered locally by a professional body, or attend a HiA UK safeguarding training day;*
3. *Attend annual refresher training (preferably the half day offered by HIA UK).*

6.0 Allegations Made Against Staff, Volunteers or Others

Staff, volunteers and others connected with the tenant(s) or the house may be subject to abuse allegations. Hope into Action and inHope will offer support in these circumstances. Both will assist the local authority, the police, and other agencies in their investigation. As a result of the investigations, disciplinary procedures may be initiated in respect of staff, and other actions may be necessary against other parties.

Any allegation of abuse made against a church volunteer must be immediately referred to the church's safeguarding lead, as well as to inHope's safeguarding lead. As part of the due diligence with church and franchisees, Hope into Action will ensure that the church conducts appropriate screening of volunteers with the Disclosure and Barring Service (DBS) and adopts safeguarding measures.



Note: in respect of the above diagram, reports and communication must remain open between the safeguarding leads of the church, Hope into Action and inHope.

Where an allegation relates to a third party e.g. someone within a tenants support network (referral agency, recovery support worker etc.), or a someone related to the property

(contractor, trades person etc.), the inHope and Hope into Action safeguarding leads will work collaboratively to review and report the issues as required.

7.0 Confidentiality and Information Held on Adults at Risk

Confidentiality is central to the work of inHope and Hope into Action and the attention of all staff and volunteers is drawn to the inHope Data Protection Policy, and the HiA Confidentiality Policy and the Data Retention/Protection Policy available on SharePoint.

HiA understands confidentiality to mean that discussions about tenants, staff, volunteers and those who we may routinely come in contact with are kept to those who need to be involved or have a direct involvement with the person whose information is being shared.

However if abuse is suspected, this supersedes an individual's right to privacy and confidentiality:

'The right to confidentiality is not absolute. Sharing relevant information with the right people at the right time is vital to good safeguarding practice. All staff and volunteers can contact either the police or the local authority safeguarding lead for advice, without necessarily giving an individual's personal details, if they are unsure whether a safeguarding referral would be appropriate.'³

Note that inHope take advice from ThirtyOne:Eight on Safeguarding matters, please see Appendix 3 for contact details.

LOCATION	LOCATION LEAD PERSON	REPORT MADE TO AUTHORITIES	DATA PROTECTION	FOLLOW UP
Bristol (inHope) Franchise	Location lead to decide on how to proceed in liaison with the inHope Safeguarding Officer/Deputy and the HiA Safeguarding lead. Next steps agreed upon and written report completed.	If decision made is to report to authorities, HiA Safeguarding Report including actions / advice given by authorities completed and shared with inHope Safeguarding Officer and HIA:UK Safeguarding lead.	Location lead to store report in line with local procedure. HiA Safeguarding lead saves copy in SharePoint Franchise Safeguarding folder (only accessible to HIA Safeguard lead and Exec Dir). Any emails containing reports as attachments then deleted.	Ongoing/ unfolding of incident or disclosure reported 1 month later using template. All parties concerned to remain in contact for review and pastoral care. Bi-monthly sharing of all safeguarding incidents and complaints shared with Support Centre via Advisor as part of

³ The Common Law Duty of Confidentiality taken from <https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/what-does-the-law-say.asp>

				our Quality Assurance.
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HiA:UK Safeguarding Lead must be informed (see contact details in Section 2) and a written report emailed, within 24 hours, using HIA:UK safeguarding template in the event of the following safeguarding concerns:

- Sexual offence by a tenant or ex tenant, this includes an allegation;
- Sexual offence where a tenant is victim;
- Significant violence by a tenant or ex tenant;
- Arson by a tenant or ex tenant;
- Child protection – where the child is victim of a sex offence or where child is at risk of harm by tenant (including their mother / father);
- Threats of violence or harm towards a member of staff, volunteer or member of public (such as a neighbour);

The above categories of concern will be passed to the Executive and designated safeguarding Trustees of HIA:UK.

Allegations of abuse made against a HiA:Bristol staff member or volunteer of inHope must be dealt with via inHope's safeguarding policy, with appropriate information sharing with the HIA:UK Safeguarding Lead.

8.0 Safeguarding Training

The HiA: Bristol Franchise Manager, and Empowerment Workers must attend annual safeguarding training with Hope into Action UK. HiA: UK are committed to offering a full day Safeguarding training and a Safeguarding Refresher training course annually. In a HiA: Bristol employees first year in post, the full day Safeguarding training must be completed. In years 2 and 3 the Safeguarding Refresher course or the full day may be completed. All subsequent years to follow the same cycle.

All church volunteers should attend safeguarding training appropriate to their role. The Empowerment Worker must ensure that the church partner enacts this and keeps records of training undertaken.

9.0 Housing Young People or Children

Hope into Action: Bristol primarily houses adults/over 18s. The families we house take parental responsibility for the children in the house.⁴ We would only house a minor without

⁴ Please refer to Hope into Action's Child Protection Policy for further information, available on Sharepoint.

a live in parent or guardian in exceptional circumstances and only with the permission of the inHope CEO, Safeguarding leads and Trustees, and the HiA Executive Director.

10.0 If a Tenant Becomes Pregnant During Their Stay

The risk reduction plan must be reviewed on all tenants of the house. Ideally HiA will be able to secure more appropriate accommodation before the child is born. If this doesn't happen and the child is born whilst in HiA accommodation any regular visitors will need to be included in the risk assessment. Overcrowding may become an issue, therefore alternative, more suitable accommodation will be a better option and should be sought at the earliest opportunity.

Appendix 1 Safeguarding Report Template

[Safeguarding report Link](#)

Follow up report (to be complete 1 month later)

[Safeguarding follow up LINK](#)

Please use full names and as much information as possible in these reports. Hard copies not to be kept in tenant folders, but referred to in field notes (e.g. Safeguarding referral made to local authority and report emailed to safeguarding@hopeintoaction.org.uk on 13/4/19 Reference 190413 Harper GH ASB)

Appendix 2 Incident or Cause for Concern Report Template

[Cause for Concern Report LINK](#)

Follow up report (to be completed not later than 1 month later, where necessary update the safeguarding lead as often as events dictate and is required.)

[Follow up report LINK](#)

Please only use the name of the main individual in these reports and refer to other parties anonymous (e.g. 'house mate 2' or 'alleged perpetrator') then write separate report from other perspective. This is for GDPR and data protection reasons. These reports can therefore be kept in tenant folders, as they do not incriminate or identify anyone else.

These reports should be completed by Empowerment Workers.

A copy should be sent to the Safeguarding Lead at inHope and Hope into Action: UK. If there is more than one alleged victim a separate form should be completed.

All efforts must be made to keep the information confidential. The information should only be shared with those that need to know if it is in the best interest of the child or adult at risk.

Please note that where a concern is immediate please make initial contact by telephone and return the completed form as soon as possible. The HIA Safeguarding report should be completed after alerting the Local Authorities or when it has been agreed that other (or no) further action is the best approach.

Appendix 3 Contact Details and Links for Adult Safeguarding

Reporting Crimes to the police:

In an emergency, where an immediate police response is required, dial 999. Where an immediate response is not required or if you are unsure as to whether the abuse constitutes a crime, honour based violence or Domestic Abuse dial 101.

Thirtyone:eight (previously known as CCPAS - Church Child Protection Advisory Service)

Contact Details:

0303 003 1111 <https://thirtyoneeight.org/>

inHope Membership number: 11608

Bristol

For adult abuse of any kind: **Care Direct 0117 922 2700** (Mon-Fri 8:30am -5pm)

Emergency out of hours Duty Team (evenings and weekends) **01454 615 165**

In an emergency call 999

<https://www.bristolsafeguarding.org>

South Gloucestershire

For adult abuse of any kind: **Adult Care Team 01454 868007** (Mon-Fri 9am-5pm)

Emergency out of hours Duty Team (evenings and weekends) **01454 615 165**

In an emergency call 999

<http://sites.southglos.gov.uk/safeguarding/>

North Somerset

For adult abuse of any kind: **Care Connect 01275 888801** (Mon-Fri 8am-6pm)

Emergency out of hours Duty Team (evenings and weekends) **01454 615 165**

In an emergency call 999

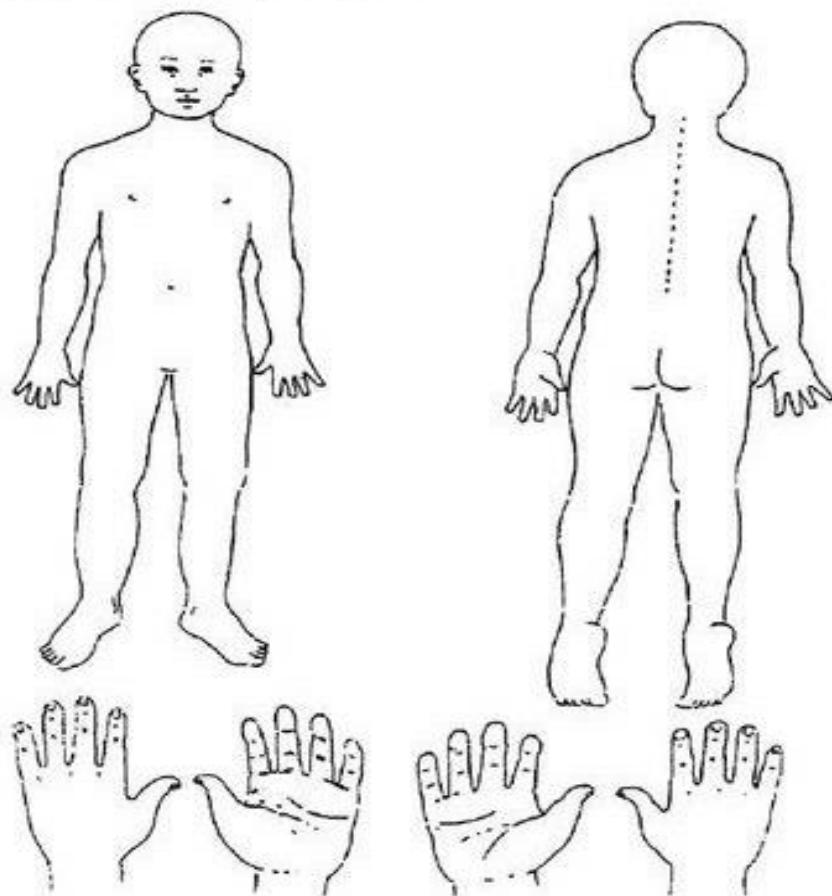
<https://www.nssab.co.uk> (North Somerset Safeguarding Adults Board)

Contact the respective local authority for leaflets / posters or business cards promoting safeguarding. These can be given to all staff and volunteers and displayed at properties / partner churches. Here is an example:



Appendix 4 Body map

This body map is just a tool to log physical injuries seen or reported, it IS NOT a substitute for a professional medical record.



Appendix 5 Guidance on Mental Capacity

Mental Capacity means being able to make your own decisions. It means having the 'capacity' to decide for yourself. For handy wallet sized reminder cards contact nhs.uk or scie.org.uk

The five statutory principles that underpin the legal requirements in the Mental Capacity Act of 2005 are as follows:

1. Assume a person has capacity unless proved otherwise;
2. Do not treat people as incapable of making a decision unless all practicable steps have been tried to help them;
3. A person should not be treated as incapable of making a decision because their decision may seem eccentric or unwise
4. Always do things or, take decisions for people without capacity, in their best interests;
5. Before doing something to someone or making a decision on their behalf, consider whether the outcome could be achieved in a less restrictive way.

How to assess capacity:

- The assessment must be time specific and decision specific;
- Is there an impairment in decision making (e.g.: neurological difficulty);
- Can the person UNDERSTAND the information > RETAIN it > WEIGH IT UP and > COMMUNICATE their decision. If so, they have capacity.

Should you have reason to believe someone does NOT have mental capacity, contact your local authority / MASH team etc. for advice on getting a professional capacity assessment.

Appendix 6 Example of ICE card

(to be edited, printed, laminated and distributed by all HIA locations to all staff & volunteers).

<u>Weekdays</u>	
07908 2029**	#name#, Coordinator
07803 5148**	#name#, Empowerment Worker
07908 2027**	#name#, F&S Coordinator
07908 2027**	#name#, Ops & Finance Admin
01603 927271	Local Office
<u>HIA Evenings & Weekends</u>	
07880 699716 – HIA Out of Hours Number (National)	
<u>Hope Into Action Safeguarding Lead</u>	
safeguarding@hopeintoaction.org.uk Laura Cuthill 07702881662	
 <p>HOPE INTO ACTION ICE CARD <small>Enabling churches to house the homeless</small></p> <p>Need medical help?</p> <ol style="list-style-type: none"> 1) Call 999 for serious illness/injury where life is at risk OR Call 111 for urgent medical issues, non-life threatening 2) Follow advice given 3) Contact HIA staff to inform them of event <p>Concerned for someone's welfare?</p> <ol style="list-style-type: none"> 1) Call 999 in emergencies (violence, threat to life, serious damage being caused to property) OR Call 101 for local Police, non-emergencies 2) Follow advice given 3) Contact HIA staff to inform them of event 	

PLEASE FAMILIARISE YOURSELF WITH THE REST OF THE SAFEGUARDING FOLDER IN SHAREPOINT (workspace>templates and standardforms > safeguarding)

THEN COMPLETE THE STAFF SAFEGUARDING AGREEMENT FORM [found here](#)

Line Managers and HIA UK Safeguarding Lead to have copies of the above.

Appendix 7 Guidance / Press Release for a serious offence

Guidance for those housing tenants accused or convicted of a sexual offence (or other high profile cases which the media may pick up on, such as drug dealing, harm to children or particularly bad GBH/ABH):

Although rare, tenants or ex tenants are sometimes accused, awaiting trial or convicted of heinous crimes. Should your location have to deal with this, here are some simple suggestions as to how to approach this delicate issue.

- 1) Agree on who should deal with any press or media enquiries. We suggest:
 - If any enquiries come to via the location (e.g.: HIA Mid Sussex), they are directed to the Team Lead or CEO of inHope. No one else should speak or respond to the press.
 - Any enquiries that come to HIA UK should be directed to the Executive Director, Head of Network or Franchise Lead. No one else should speak or respond to the press.
- 2) Our only message initially should be: "No comment" and if pushed "it is not our policy to house anyone with a known sex-offence."

If it's deemed a press statement is necessary and wise, use this template as a guide:

We have some difficult news which has also hit the press. A (ex-)tenant and someone we know well was, last Friday, convicted of rape. I want to state categorically that we absolutely condemn any form of sexual violation and abuse, of any kind. Our hearts and prayers are completely with the victim.

It is absolutely right that justice is done. Justice plays a vital role in protecting society and also, at best, contributes to the victim's healing after a highly traumatic experience, one they may take a lifetime to recover from.

In no way do we excuse, justify or exonerate the perpetrator.

- 3) When it comes to communicating internally (within the HIA Network or location team), something like the below may be used:

In this messy work we are involved in, we recognise the perpetrator is also, somehow, loved by God.

**Details prevalent to the case, such as:*

The incident did not occur in a house in our care. Nor was the perpetrator in our care at the time of the incident.

OR

The EW was aware of this allegation and reported it to their line manager and the HiA UK Safeguarding Lead. They have adhered to policy throughout and shown incredible strength.

We hand it all over to God in prayer, the pain, the trauma and many other emotions. Praying for the victim, for healing. Praying for the perpetrator.

For now, I would like to keep it to that, but we now feel it is important to let you know, so you are prepared and informed.

If there are any enquiries from the press please direct them to myself or xxx in the short-term. Do not say anything to them other than that.

Regards

Appendix 7 Policy Map

