C15 Safeguarding Policy

The CQC said: "We are clear that any organisation or person who comes into contact with a child or adult at risk of abuse or neglect has a responsibility and a role to play to keep them safe – it cannot by achieved by a single agency and so we want to be confident that the right action is taken by the right people at the right time."

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1. Introduction

Bethphage is committed to the safeguarding of the people we support across all areas of Bethphage, we continue to monitor and review all safeguarding reports and referrals, learn lessons, improve practice and ensure we are doing the best we can do to reduce risks and harm caused by the impact of abusive and neglectful practices.

The Care and Support Statutory Guidance (2014) defines safeguarding as:

Safeguarding protects an adult's right to live in safety, free from abuse and neglect. Safeguarding requires people and organisations to work together to prevent and stop both the risks and experience of abuse and neglect, whilst at the same time making sure that the adult's wellbeing is promoted.

Safeguarding duties apply to any adult who:

- has needs for care and support (whether or not the local authority is funding their needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The West Midlands Adult Safeguarding Multi Agency Policy & Procedures applies across all of the local authority areas that Bethphage currently works in. This policy and its' procedures have been used to create Bethphage's organisational policy, however Service Managers and above should read and make themselves familiar with the Multi agency policy and procedure to ensure that practice is compliant with these requirements.

As determined in the Care Act 2014, safeguarding people at risk from harm is everyone's responsibility, regardless of profession or status in the community. Communities play a key part in preventing, identifying and reporting neglect and abuse. The final page of this policy and procedure details all of the local authorities Bethphage works in and how to contact each local safeguarding adults (or children's) boards. The detailed guidance in this policy and procedure lays down how staff should respond to something they witness, suspect or are informed about from a third party.

2. Policy

This policy is in recognition of the fact that despite the best efforts of Bethpage to provide a safe service, there may be occasions where it is necessary to raise concerns about abuse and neglect. As part of our commitment to preventing abuse and neglect from happening in the first place the organisation supports adults with care and support needs and staff to understand what constitutes abuse and neglect

All suspected or actual abuse will be robustly investigated involving the relevant external professionals and significant others, placing the person at the centre.

Adult safeguarding aims to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- support people to make choices and have control about the outcomes they want to achieve from the referral

- promote an approach that concentrates on improving life for the adult concerned
- contribute to public awareness raising so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and when to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect
- learn and share the learning from the incident or referral to minimise future concerns, incidents or referrals occurring

This policy should be read and used in conjunction with the following policies.

- Speaking Up
- Financial Policy and Procedures
- Positive Behaviour Support
- Missing Person's
- Feedback
- Recruitment and selection
- Induction & training
- Mental Capacity
- Health and Safety
- Duty of Candour

3. Definitions

- **Abuse -** Abuse is about the misuse of the power and control that one person has over another. In determining whether or not abuse has taken place, it is important to remember that **intent** is not the issue. The definition of abuse is based not on whether the person who was the potential source of risk intended harm to be caused but rather on **whether harm occurred**, and on the **impact** of the harm (or risk of harm) on the individual

  Failing to act to prevent harm being caused to a person you have responsibility for, or acting in a way that results in harm to a person who legitimately relies on you, both constitute abuse

  Everyone should be open to the possibility that abuse can take place in a variety of settings, such as the person's own home, day opportunities supported housing, educational establishments, the community, NHS establishments etc.

  While not all abusive acts will reach the threshold for criminal prosecution, many do, so involving the police at an early stage must be a key consideration, not least because of potential risk to others.

- **Safeguarding -** Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. Safeguarding requires people and organisations to work together to prevent and stop both the risks and experience of abuse and neglect, whilst at the same time making sure that the adult's wellbeing is promoted, including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. (Care and Support Statutory Guidance updated July 2025)

4. Legislation

The key legislation underpinning this policy is:

- The Human Rights Act 1998
- The Mental Capacity Act (including DoLS) 2005
- Health and Social Care Act 2008 (Regulated Activities)
- The Care Act 2014
- Modern Day Slavery Act 2015

5. Lead responsibility

Safeguarding is everybody's responsibility. Ultimate responsibility for safeguarding within Bethphage therefore sits with the Board of Trustees and the Chief Executive. Joint lead operational responsibility sits with the Head of Operations and Quality Manager, who ensure a transparent, dispassionate review of any incidents or allegations, which occur. There will be occasions when the internal investigation is undertaken outside of the operational team, for example through the Quality Manager.

Reviews of all safeguarding incidents are carried out by the safeguarding lead/s and learning from all incidents is shared across the organisation to improve practice and reduce risks.

6. The Wellbeing Principle

The core purpose of adult care and support is to support and enable people to achieve the outcomes that matter to them in their life. 'Wellbeing' is a broad concept and it is described as relating to the following areas in particular:

- **personal dignity (including treatment of the person with respect);**
- **physical and mental health and emotional wellbeing;**
- **protection from abuse and neglect;**
- **control by the individual over day-to-day life (including over care and support provided and the way it is provided);**
- **participation in work, education, training or recreation;**
- **social and economic wellbeing;**
- **domestic, family and personal;**
- **suitability of living accommodation;**
- **the individual's contribution to society.**

The wellbeing principle signifies a shift from the existing duties on local authorities to provide particular services to 'meeting needs'. The concept of meeting needs recognises that everyone's needs are different and personal to them. 'Making Safeguarding Personal' means that Safeguarding should be person-led & outcome-focused, whilst there are key issues to consider, our approach is to enhance the involvement of the person, where that's appropriate, provide people with information to enable choice and independence to be at the heart of the plans and decisions, along with improving quality of life, wellbeing and safety.

Where someone lacks capacity to raise a concern, to make decisions about being safe, staff will apply the mental capacity principles, assuming the person has capacity and will work through a process to determine if they have capacity.

Where the person lacks capacity, a best interest's approach will be taken, this may be low

key, involving local staff, the person's representatives may be consulted, e.g. family, advocates, power of attorney. Alternatively, it may be more high level, involving professionals from relevant backgrounds and in some instances the Court of Protection may be involved in some cases. Any meetings will be recorded and concluded in the person's best interests and this may result in the person being deprived of their liberty.

Where a person is deprived of their liberty, under the Deprivation of Liberty Safeguards (DoLS), this will be referred to the relevant local authority DoLS team and reviewed in accordance with best practice.

7. Professional Curiosity

Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family or with the individual rather than making assumptions or accepting things at face value. National analysis of Safeguarding Adults Reviews found that professional curiosity was commended as an important skill in gaining an understanding of the individual, and recognising the significance of their history; including childhood trauma, loss, and bereavement. It is about enquiring deeper and using proactive questioning and challenge. Curious professionals will not presume you know what is happening in the family/individual's home – ask questions and seek clarity if you are not certain. Do not be afraid to ask questions of families and individuals and do so in an open way so they know that you are asking to keep the individual safe, not to judge or criticise.

Never be concerned about asking the obvious question and share concerns with colleagues and managers. A 'fresh pair of eyes' looking at a case can help practitioners and organisations to maintain a clear focus on good practice and risk assessment and develop a critical mindset (*Content taken from Solihull SAB Guidance on Professional Curiosity and Persistence.*)

8. Types of abuse

- **Physical abuse** – including assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint and unlawfully depriving someone of their liberty.

- **Domestic abuse** including economic, psychological, physical, sexual, financial, emotional abuse, predatory marriage, forced marriage, female genital mutilation and 'honour' based violence.

- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, or witnessing sexual acts, indecent exposure, sexual assault or acts to which the adult has not consented or was pressured into consenting. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. care worker/health worker/social worker/Police officer etc.) may also constitute sexual abuse

- **Psychological abuse** – including emotional abuse, and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercive control, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation, gaslighting or withdrawal from service or support networks.

- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills,

property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- **Modern slavery** – encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude.

- **Discriminatory abuse** – Discriminatory abuse refers to forms of abuse motivated by prejudice or bias and includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments and jokes based on a person's disability or any form of harassment, slur or similar treatment. Hate crime and Mate crime can be viewed as a form of abuse, although it will often involve other types of discriminatory abuse as well.

- **Organisational** – neglect and poor care practice within an institution or specific care setting e.g. hospital, care home, or where support and care are provided within their own home. It may range from one-off incidents to ongoing ill-treatment. It can be through poor professional practice as a result of the structure, policies, processes and practices within the organisation. It is the mistreatment, abuse or neglect of an adult by a regime or individuals within a setting or service where the adult lives. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

- **Neglect and acts of omission** – ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services and the withholding of the necessities of life such as medication, heating and adequate nutrition.

- **Self-neglect** – neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Indicators maybe poor nutrition, poor health, poor healing and sores, poor self-care leading to a decline in personal hygiene, poorly maintained clothing, long toe nails, isolation, failure to take medication, neglecting household maintenance, portraying eccentric lifestyle and behaviours and hoarding large numbers of pets.

9. The Statutory Principles of adult safeguarding

- Empowerment – people being supported and encouraged to make their own decisions and informed consent.
  'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens'

- Prevention – it is better to take action before harm occurs.
  'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help'

- Proportionality – The least intrusive response appropriate to the risk presented
  'I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed'

- Protection – Support and Implementation for those in greatest need.

  'I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent which I want'

- Partnership – Local solutions through service working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and

abuse.
'I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.'

- Accountability – Accountability and transparency in delivering safeguarding.
'I understand the role of everyone in my life and so do they'.

Making Safeguarding Personal – means it should be **person-led (**being safe means different things to different people – people are the experts of their own lives**)** and **outcome focused (**safeguarding is a commitment to improving outcomes by working alongside people experiencing abuse or neglect**).** It should engage the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Consent - It is essential in adult safeguarding work to consider whether the adult can give informed consent in all aspects of their life. If they are able, their consent should be sought. This may be in relation to whether they give consent to:

• An activity that may be abusive – if consent to abuse or neglect was given under duress (e.g. as a result of exploitation, pressure, fear or intimidation), this apparent consent should be carefully explored;

• An adult safeguarding Enquiry going ahead in response to a concern that has been raised. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

• The recommendations of an individual safeguarding plan being put in place.

• A medical examination.

• An interview.

• Certain decisions and actions taken during the adult safeguarding process with the person or with people who know about their abuse and its impact on the adult. If, after discussion with the adult who has mental capacity, they refuse any intervention, their wishes should be respected unless there is an aspect of substantial public interest (e.g. not acting will put other adults or children at risk).

• there is a duty of care on a particular agency to intervene (e.g. the police if a crime has been or may be committed)

10. Abuse by another adult with care and support needs

Where the potential source of risk is also an adult with care and support needs, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards this person, and certainly will have if they are both in a care setting or have contact because they attend the same place (e.g. a day centre). In this situation it is important that the needs of the adult who is the alleged victim are addressed separately from the needs of the potential source of risk. It may be necessary to reassess the adult who is the potential source of risk. This may involve a meeting where the following could be addressed:

• the extent to which this person is able to understand his or her actions

• the extent to which the abuse or neglect reflects the needs of this person not being met (e.g. risk assessment recommendations not being met)

• the likelihood that this person will further abuse the adult or others.

the principles and responsibilities of reporting a crime apply regardless of whether this person is deemed to be an adult with care and support needs

11. Safeguarding Children

During the course of their work, supporting adults with care and support needs, staff might encounter children and young people, this may be whilst out in the community, working in the

person's own home or their family home, in a learning, work, leisure or retail environment.

Staff must be vigilant and open to potential abusive situations, should the abuse of children (a child is someone under 18) be suspected or identified it must be immediately reported to the local authority children's services, **NB this must be the local authority within which the incident or situation was alleged to have happened.** If this is a different area from the local authority funding the person's support, then the concern should be secondarily reported to that authority also.

The staff member must record everything they observed, this must take place as quickly as possible in order to ensure the facts are quickly recorded and preserved. Any physical 'evidence' must be kept safe, if this is possible.

Outside of work staff may also suspect or witness something whilst in their community, which would constitute abuse, as managing and responding to abuse is everyone's responsibility staff are expected to report anything to the local authority where they have witnessed or suspected abuse to have taken place.

Transitional safeguarding complements contextual safeguarding and describes the need for an approach to safeguarding young people and adults across developmental stages building on the best available evidence. It focuses on safeguarding young people, from adolescence into adulthood, recognising this period of transition will be experienced differently by young people at different times. Working this way includes seeking to prevent harm for these young people, protecting them where harm is occurring and also recognising and responding in ways that can help them recover from the impact of harm. As such it is a multi-agency issue, dependent on collaboration and connection between services and with communities.

12. Roles and Responsibilities in Bethphage

Bethphage's management structure is as follows:

Support Workers
Senior Support Workers / Team Leaders
Assistant Service Managers / Deputy Managers
Service Managers
Area Managers
Head of Operations
Chief Executive Officer
Board of Trustees

All staff are responsible for reporting something which they suspect, have witnessed or been informed about through another party. There is no specific procedure for alerting or informing, the expectation is that staff will alert anything they know or suspect to be abuse. See Appendix 1 for more information. Reports will generally be made through the line management structure but where this is not possible staff can contact the Safeguarding Leads (Head of Operations and Quality Manager) or any member of EMT. If the concern reaches the threshold for a safeguarding a referral will be made to the relevant Local Authorities safeguarding team where a discussion will be made on next steps and who is responsible for these.
Section 42 of the Care Act gives Local Authorities the primary duty to make, or cause to be made, whatever enquiries are necessary to enable the Local Authority to decide whether any action should be taken in the adult's case, and if so, what and by whom. When "causing" enquiries to be made, the Local Authority may request other agencies or individuals undertake all or part of the enquiries needed in the adults' case. Bethphage has a legal duty to cooperate with these requests unless we consider that doing so would be incompatible with our own duties, or would otherwise have an adverse effect on the exercise of our functions.
The Registered Manager is responsible for ensuring that any other relevant notifications are

made in a timely manner (CQC notification, HSE notification as examples)
Immediate action should be taken to manage any current risks to the adult who is experiencing or is at risk of abuse or neglect and to nay others that may be affected.

13. Training

- 3 yearly classroom based Safeguarding Adults Awareness training with Partners in Care for support staff
- 3 yearly classroom-based Safeguarding for Managers training with Joint Training for Service Managers and Area Managers
- Introduction to Safeguarding as part of the Care Certificate
- Staff complete MCA & DOLS training every 3 years with Care Skills Academy
- Annual safeguarding competency check completed by front line staff
- Staff are made aware of the local authorities speaking up about wrong doing policy during their new starter induction. https://www.shropshire.gov.uk/media/23893/public-whistleblowing-policy.pdf (Shropshire contracts only)

14. Speaking Up

Bethphage's policy on Speaking Up can be found with the rest of the policies for the organisation. The policy covers a number of situations where 'Speaking Up' would be expected, in simple terms this means telling your manager or if your concern relates to your manager or someone more senior this needs to be reported to the next person in the structure.

Our Guarantee
The Board of Trustees and management are committed to the Speaking Up policy. If you use the policy to speak up, e.g. raise a concern, we give you our assurance that you will not suffer any form of retribution, victimisation or detriment. We will treat your concern seriously and act according to this policy, we will not ask you to prove anything. We will give you feedback on any investigation and be sensitive to any concerns you may have as a result of any steps taken under this procedure. However, you need to bear in mind that any information you disclose may become the subject of disciplinary proceedings and as such we cannot guarantee that the information disclosed will remain confidential.

All staff have a duty of care and it is important to remember that you are there to maintain independence for the people you support and enable people to live their best life. Victimising someone who speaks up will lead to disciplinary action. **See the Speaking Up Policy for full details.**

We encourage a working environment where our staff feel comfortable and confident enough to tell their manager if something is bothering them. However, we recognise that this may not always be possible. This is why we have commissioned 'SeeHearSpeakUp' to manage and listen to concerns raised through their website. We want to ensure our staff, family members, carers, and anyone who comes into contact with the people we support and our services have every opportunity to freely speak up. You can report things anonymously if you want to, however we would prefer to have your details so that we can ensure our understanding of the situation is accurate and also to feedback on our actions.

You can access the website directly from this link Web Report – Bethphage (seehearspeakup.co.uk), via the safeguarding page on Bethphage's website: Safeguarding at Bethphage | Bethphage or via the "Report a Safeguarding Concern" button throughout our website.

15. Learning from incidents

Whist we endeavor to recruit staff with the right values, experience and knowledge and then induct and train our staff to perform their roles, providing excellent outcomes to people with care and support needs, we acknowledge that despite this, there are times when mistakes happen.

At Bethphage, we take safeguarding seriously, we investigate complaints thoroughly, we aim to find out the root cause of the incident so that we can learn and improve practice, whether that's better support, training and/or mentoring for the staff involved or improving policies, procedures to clarify our approach and prevent future issues from occurring.

Whilst we strive for zero incidents, the reality is that things do sometimes occur and the senior team in Bethphage will ensure comprehensive, transparent reviews are conducted, with recommendations leading to improved practice and performance implemented to minimise harm to the people we support and staff and improve overall well-being.

Records of all safeguarding alerts are recorded in Eclispe (electronic care management system), Bethphage will notify the CQC, charity commission and the safeguarding team at the relevant LA, when we identify issues or concerns which we define as safeguarding adult concerns. Following the investigation, the disciplinary process may be used to address the findings and the final decision and overview of the alert will be used (anonymously) to learn and improve practice across the organisation, which minimises the risk of similar issues occurring in other areas.

Three monthly analysis of incident trends and themes is completed by the safeguarding leads and feeds into quarterly board meeting reports, whilst providing an analysis for the executive team and managers to review.

Safeguarding referrals are discussed at different meetings, depending upon the severity. These include, Board meetings Executive Management Team, Area Managers, Service Managers, service team meetings, supervision, Safeguarding Review Meetings and H&S meetings.

The Board of Trustees are informed, through quarterly board meetings, which enables the trustees to raise questions with the executive team. Urgent or serious matters are reported, at the time we are first aware of the incident or allegation, to the Chair of the Board, who in turn will discuss with the rest of the board. Further meetings may be required to discuss the matter further with the CEO.

16. Recruitment and selection

Bethphage takes great care in the recruitment of staff, we carry out all of the required checks on staff to ensure they are of a high standard and we cooperate in all initiatives regards the sharing of information on staff who are found to be unsuitable to work with people with care and support needs.

All staff will undergo a criminal record check through the Disclosure and Barring Service (DBS) prior to any unsupervised contact with vulnerable people. The check will identify if the staff member is on the barred list or if the staff member has any criminal records which would deem them to be unsuitable for care and support work. Further DBS checks are carried out on the 3rd anniversary of the original check or annually through the DBS update service.

All staff are required to provide a full history of previous employment and this is checked at interview.

All staff must be able to produce at least two satisfactory references and be able to provide full

satisfactory explanations, and if necessary evidence to support their explanation, with regards to any employment gaps during their entire job history. The last employer and one other are required as referees. Where the staff member has been employed in a care position and then in a non-care industry prior to applying to Bethphage, we will always take all reasonable efforts to obtain a reference from the care sector provider to verify the character and integrity of the staff member making the application to Bethphage.

All declared training will be verified through checking the actual training certificates and if necessary verifying that the certificate is legitimate.

It is a condition of any offer of employment we make that the employee has or gains permission to work in the UK by law. Non-UK residents must hold a Visa which allows them to work in the UK and provide Bethphage with a share code and copy of e-visa to enable full checks are carried out to establish the right to work in the UK status.

17. Recording

Good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to an individual's care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

It is equally important to record when actions have not been taken and why e.g. an adult with care and support needs with mental capacity may choose to make decisions professionals consider to be unwise

Good Practice – As soon as possible and ideally on the **same day,** make a record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a separate written report:

The report should include:

- Date and time when the disclosure was made or when you were told about or witnessed something.
- Who was involved, any witnesses, including staff and people you support, remember to add everyone's name and your details as the person reporting the concern.
- Exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told.
- The views and wishes of the adult
- The appearance and behaviour of the adult and/or the person making the disclosure
- Any observed injuries or evidence of previous injuries e.g. bruises.
- Any actions and/or decisions taken at this point.
- Any other relevant information, e.g. previous incidents that have caused you or others concern.
- Include the impact on the person in their own words. If the adult cannot communicate the information to you, describe the incident rather than leaving that information out, but not what you think happened.

Remember to:

- Include as much factual detail as possible
- Make sure that you have added your name on the report and dated it
- Keep the report factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be supported by factual evidence. Information from another person should be clearly referenced to that person, so it's clear who is providing the information.
- Keep the report confidential and store it in a safe place until needed.

18. Persons in a Position of Trust (PiPoT)

In line with the Care Act 2014, Bethphage has a responsibility for investigating and reporting to the local safeguarding authority any concern about a "Person in a Position of Trust" (PiPOT). This is defined as any person who works with or cares for adults with care and support needs whether as an employee, volunteer or student, paid or unpaid.

The PiPOT lead for Bethphage is the Head of Operations. Any concerns about a PiPOT should be reported to the Head of Operations without delay (or in her absence to the Quality Manager, Head of HR or Chief Executive). The PiPOT lead for Bethphage will act on concerns which come to its attention from any source. These concerns may include:

- allegations or concerns that the PiPOT has abused or neglected either an adult or child, whether in their work, voluntary activity, family or in their life outside work
- the person has behaved in a way that has harmed or may have harmed an adult or child with care and support needs
- committed a criminal offence or behaved in a way that indicates s/he is unsuitable to work with adults with care and support needs or
- may be subject to abuse themselves and as a consequence their ability to provide a service to adults with care and support needs must be reviewed.

On receiving information of a concern about a PiPOT, the PiPOT lead will review whether these concerns amount to a safeguarding concern and if so, respond to those concerns immediately in line with these safeguarding procedures. If in doubt, the PiPOT lead will seek further advice from the Quality Manager, Head of HR, Chief Executive and/or the local safeguarding adults lead officer. If any doubt about a safeguarding risk remains the PiPOT lead will report the matter to the local authority safeguarding adults' team.

If the PiPOT lead concludes that the concern does not amount to a safeguarding control they will record their reasons for this with details of the concern and no further action will be taken.

The **Disciplinary Policy** will be followed in all instances, where staff are the subject of an allegation, Bethphage appreciates this can be a very unsettling time. In such situations it is likely that the staff member will be suspended on full pay whilst the investigation is concluded, the purpose of this is to keep everyone safe and ensure that any evidence is protected for all parties.

19. Duty of Candour

Bethphage's approach to meeting its statutory requirements is to be open and transparent with the people using our services, their families and advocates (where relevant).

If mistakes are made whilst providing care and support which result in moderate or serious

harm to the people we support, these situations must be notified to the Care Quality Commission under Regulation 18 of the Care Commission (Registration) Regulations (as amended in 2015) "Notification of Other Incidents" and trigger a formal requirement to exercise a duty of candour as defined in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

What is the Duty of Candour?

Bethphage must always act in an open and transparent way with the people we support and those closely involved in their care and support. This is reflected in the majority of Bethphage's policies and procedures, including our Service Guide and in all of the relationships we have with those who use our services and others involved in their care and support. **See the Duty of Candour Policy for full details.**

20. Contacts and sources of expert advice

- Skills for Care – www.skillsforcare.org.uk/Topics/Safeguarding/Safeguarding.aspx
- Social Care Institute of Excellence (SCIE) www.scie.org.uk/adults/safeguarding

21. Raising a safeguarding adults concern with the local authority

Telford and Wrekin

If you suspect that a vulnerable person is being abused or neglected, please report this via:

Please note if it is a serious matter or an emergency, always ring 999.

- **Family Connect (Option 3)**
  Telephone: 01952 385385 (when prompted please select option 3)
  Monday to Friday from 9am - 5pm
- **Emergency Duty team**
  Telephone: 01952 676500
  Monday to Sunday after 5pm
- **West Mercia Police**
  Telephone: 0300 333 3000 or 101.

  Adult Social Care Portal – Telford & Wrekin Council | Telford & Wrekin Adult Social Care Portal

Birmingham

Contact Details for raising Safeguarding concerns with a local authority

Report possible abuse or neglect of an adult with care and support needs

Adult Social Care Contact Centre staff will look at referrals made online from Monday to Friday, 9am to 5pm.

If you believe that the referral you are making is urgent and needs to be responded to when Adult Social Care staff are not routinely available, please contact our Out of Hours team on 0121 464 9001 or email AMHPoutofhours@birmingham.gov.uk.

If you believe your concern is an emergency, or if someone is in immediate danger, you should

contact the Emergency Services by calling 999.

You can report a concern using our online form:

Report possible abuse or neglect of an adult with care and support needs | Report possible abuse or neglect of an adult with care and support needs | Birmingham City Council

When you submit the forms with a valid email address, you will receive a PDF version of the form.

You can also report a concern in the following ways:

i. **Email:** CSAdultSocialCare@birmingham.gov.uk
ii. **Telephone:** 0121 303 1234
iii. **Text Relay:** Dial 18001, followed by the full national phone number

Please only call the safeguarding number if you believe it's a safeguarding concern. If you call for anything else, you could be preventing a citizen from getting through who may be being abused.

Please use our online referral and telephone contact services for support and services

Shropshire

Shropshire Council First Point of Contact

Tel: 0345 678 9044.

To report a safeguarding concern by phone ring our First Point of Contact team on 0345 678 9044 Monday to Thursday, 9am to 5pm, and Friday 9am to 4pm.

If you have urgent adult safeguarding concerns outside of these hours, please phone the Emergency Social Work Duty Team on 0345 678 9040.

Walsall Social Care and Inclusion

Telephone: 0300 555 2922
Textphone: 07919014925
Email: initialintake@walsall.gov.uk
Website: https://go.walsall.gov.uk/adult_safeguarding
Portal launch pending at the time of this update

Abuse is often a crime. If you think a crime has been committed contact Walsall Police.

If there is an emergency always dial 999.

To report crime or anti-social behaviour, to contact your local police station or to get police assistance in a non-emergency dial 101.

For all other police enquiries dial 0345 113 5000

What will happen if I raise a concern?

This is what adults at risk of abuse can expect from us:

- Your concerns will be taken seriously.
- We will work together to reduce the risks to your safety and well-being and to keep you safe.

- We will work together to help you if you are harmed.
- We will take notice of what you tell us about what you want to happen and try to do what you want.
- You will know who does what job and how to get hold of all the people who work in adult safeguarding.
- You will have the chance to tell us what you think worked well and what could be better and we will take notice of what you say.
- If we can't do something you have asked for, we will tell you why not.

Helen Nickless – CEO

Reviewed August 2025

Next Review August 2027