

# Safeguarding policy

## 1) General Statement

- 1.1) Watford & Three Rivers Trust (W3RT) has a duty to ensure that it is vigilant in safeguarding and promoting the welfare of children, young people, and adults at risk. W3RT recognises its role, along with other local services, in facilitating the well-being of children, young people and adults at risk.
- 1.2) In particular, W3RT will support the outcomes for children and young people set out in the Common Inspection Framework:
  - enjoying a healthy lifestyle;
  - staying safe;
  - enjoying and achieving;
  - making a positive contribution;
  - achieving economic well-being.
- 1.3) W3RT seeks to safeguard all children, young people, and adults at risk. This policy applies equally to the safeguarding of children, young people, and adults at risk. To embrace all these groups, this policy will refer to “children and young or adults at risk”.
- 1.4) In line with the Hertfordshire Safeguarding Children Board Procedures manual (Sept 2022) and the Safeguarding Adults from abuse procedure (HCS 666, Issue 16) guidance the term children, young people and adults at risk describes an individual that has needs for care and support (whether or not the authority is meeting any of those needs and is experiencing, or is at risk of abuse or neglect and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- 1.5) W3RT is committed to:
  - providing a safe environment for everyone visiting its premises, including children, young people and adults at risk;
  - identifying children and young or adults at risk who are suffering, or likely to suffer, harm;
  - taking appropriate action to help ensure that children and young or adults at risk are kept safe.
- 1.6) The trustees will annually review these policies to:
  - ensure that W3RT continues to provide a safe environment for children and young or adults at risk;
  - raise awareness of issues relating to the welfare of children and young or adults at risk;
  - provide clear procedures for reporting concerns;
  - provide clear procedures for reporting concerns or allegations about W3RT staff, volunteers or trustees;
  - ensure the safe recruitment of staff.
- 1.7) In reviewing procedures, W3RT will take due account of guidance issued by government agencies and responsible bodies and in particular by the Hertfordshire Safeguarding Children Board and the Hertfordshire Safeguarding Adults Board for adults at risk.
- 1.8) Although W3RT does not deal directly with children and young people all staff shall be aware

of and understand the local multi-agency safeguarding arrangements in place in Hertfordshire. Professionals within W3RT may have the opportunity to observe and identify behaviour which could indicate that a child or young person is being abused or neglect even though dealing with children may not be part of their responsibilities.

- 1.9) W3RT will refer concerns that a child or young or vulnerable person might be at risk of harm to, Hertfordshire Adult Safeguarding, Children's Social Services or an appropriate agency.
- 1.10) Trustees and staff will undertake appropriate training in Child Protection, Safeguarding Adults training and issues affecting children and young or adults at risk. Staff will have their training updated at least once every three years. Designated safeguarding persons must update their training at least once every two years.
- 1.11) The Chief Executive Officer will have lead responsibility for the protection of children and young or adults at risk and will provide an annual report to the trustees on the operation of its policies and procedures.

## 2) Forms of abuse

- 2.1) W3RT recognises the following forms of abuse:

### (a) Physical abuse

#### Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

#### Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

### (b) Domestic violence or abuse

#### Types of domestic violence or abuse

- Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:
  - psychological
  - physical
  - sexual
  - financial
  - emotional.
- Domestic violence and abuse includes 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 family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.
- Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:
  - acts of assault, threats, humiliation and intimidation
  - harming, punishing, or frightening the person
  - isolating the person from sources of support
  - exploitation of resources or money
  - preventing the person from escaping abuse
  - regulating everyday behaviour.

#### Possible indicators of domestic violence or abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

#### (c) Sexual abuse

##### Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure
- Possible indicators of sexual abuse
- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse

- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

#### (d) Psychological or emotional abuse

##### Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

##### Possible indicators of psychological or emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

#### (e) Financial or material abuse

##### Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home

- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

#### Possible indicators of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

#### (f) Modern slavery

##### Types of modern slavery

- 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 they never will be able to

##### Possible indicators of modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

#### (g) Discriminatory abuse

##### Types of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

##### Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

#### (h) Organisational or institutional abuse

##### Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

##### Possible indicators of organisational or institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures

- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

(i) Neglect and acts of omission

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Possible indicators of neglect and acts of omission

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

(j) Self-neglect

Types of self-neglect

- 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

- 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
- Inability or unwillingness to take medication or treat illness or injury

#### (k) Self-harm and safeguarding

Types of self-harm is when an individual

- deliberately causes physical harm to themselves such as
- cutting, bruising, burning,
- taking an overdose of tablets,
- hair pulling, scratching, poisoning,
- excessive use of alcohol or drugs

Indicators of self-harm:

- Physical signs maybe seen on the wrists, arms, head, thighs, chest such as burns, bruising, cuts, bald patches from pulling out of the hair. The person may dress to cover up even during hot weather to cover up their injuries.
- Emotional signs are harder to spot. These signs do not necessarily mean that the child, young person or vulnerable adult is self-harming but if physical signs are seen together with these emotional signs then it is likely that they are self-harming. Signs may include becoming withdrawn and isolated, low self-esteem and self-blame.
- Children and adults that self-harm do not intend to end their lives but often do this in order to cope with overwhelming emotional problems and difficulties. This is often done in a hidden way.

How to support someone who is self-harming:

In addition to the procedures outlined in section 3 staff should ensure that the person receives medical attention

If it is an adult - advise them to go to A&E or to call 999.

If it is a child or young person call 999 and inform the child or young person's parents/guardians.

#### (l) Sexual Exploitation

Type of sexual exploitation

- Involves exploitative situations, contexts and relationships which can be face to face or online, where adults at risk (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.
- It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited.

#### 2.2) Radicalisation

This is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation. The aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media. Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to

- provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed.
- Seriousness of harm or the extent of the abuse is not always clear at the point of the concern or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under Safeguarding Adults at Risk policy and procedures.

### 2.3) Pressure Ulcers

The purpose of specific guidance is to protect adults at risk by providing a framework to guide health and social care agencies on whether safeguarding procedures should be instigated when concerns have been raised that a pressure ulcer may have developed as a result of neglect. Pressure Ulcers Policy is available under [HSAB Practice Guidance](#) on HSAB website

### 2.4) Medication Errors and Safeguarding this section is under review

‘A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labelling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.’

National Coordinating Council for Medication Error reporting and Prevention  
Medication Errors Policy is available under [HSAB Practice Guidance](#) on HSAB website

## 3) Responsibility for safeguarding and monitoring

3.1) All staff and volunteers are responsible for safeguarding children, young people and adults at risk and to report any suspected abuse or neglect to a designated lead or designated safeguarding person.

### 3.2) Designated leads

The Chief Executive Officer (CEO) and the Designated Safeguarding Lead (DSL) have lead responsibility for safeguarding. The Designated Safeguarding Lead is appointed by the CEO and has a duty to raise awareness within W3RT of safeguarding issues and the welfare of children and young or adults at risk. The DSL is accountable to the CEO and the board of trustees. The CEO and DSL will provide an annual report to the trustees detailing how W3RT has discharged its duties and setting out any weaknesses or deficiencies in policies or practices. The CEO and DSL will receive regular up-date training and are responsible for keeping updated on all relevant protections and policy developments.

### 3.3) The DSL is responsible for:

- Overseeing the referral of cases of suspected abuse or allegations to the relevant investigating agencies.
- Providing advice and support to staff on issues relating to the safeguarding of children and young people or adults at risk.
- Maintaining records of any protection referral, complaint or concern (even when that concern does not lead to a referral).
- Ensuring that W3RT’s policy is easily available to children and young people or adults at risk and to their carers.
- Ensuring that all staff, volunteers and trustees are aware of W3RT’s policy.
- Ensuring that staff undertake appropriate training.

- Liaising with external agencies as required.
- Monitoring W3RT's policies and procedures and advising on changes.

3.4) The CEO is responsible for:

- Liaising with the DSL to provide an annual report to the trustees.
- Where the DSL is unable to oversee referrals of cases of safeguarding (i.e. sickness etc.) the CEO will appoint / nominate another member of staff to assume the responsibility of the DSL until the DSL is able to resume these responsibilities.

3.5) Designated staff members

Designated staff members include Line Managers of services within the W3RT and other members of staff appointed by the CEO who are responsible for receiving reports from their teams and other frontline staff within W3RT.

3.6) The designated staff members will:

- Report to the DSL on all protection issues
- Know how to make an appropriate referral
- Document all incidents and safeguarding concerns on the electronic system on the management log
- Provide advice and support to other staff on protection issues
- Have particular responsibility for listening to children and young or adults at risk coming into contact with W3RT
- Deal with individual cases, including attending case conferences and review meetings as appropriate
  
- Receive training in protection issues and inter-agency working as required by the Hertfordshire Safeguarding Children Board and Hertfordshire Safeguarding Adults Board and will complete refresher training at least every 2 years.
- Designated staff members are listed in appendix one. The list of designated staff members will be updated regularly by the CEO or DSL.

3.7) Designated trustee

The trustees will designate one of their members to be responsible for liaising with the CEO, DSL and others to ensure that W3RT's procedures are adequate and appropriate and are properly implemented, and that communication with external agencies is effective.

The designated trustee will usually meet on safeguarding at least annually with the designated safeguarding lead or CEO.

Because of their potential role during procedures involving allegations of abuse, the Chair and Vice Chair should not usually serve as the designated safeguarding trustee. However, an individual's knowledge and expertise may over-ride this consideration.

4) Dealing with disclosure of abuse and procedure for reporting concerns

- 4.1) It is not W3RT's responsibility to investigate possible instances abuse but it is W3RT's responsibility to ensure that possible abuse cases are swiftly and accurately reported to the appropriate agencies.
- 4.2) If a child or young person or vulnerable adult tells a W3RT member of staff, volunteer or trustee about possible abuse:
- Listen carefully and stay calm.

- Do not interview the child, young person or vulnerable adult concerned, but try to get a clear picture as much as possible and without pressure to be sure that you understand what they are telling you.
- Do not put words into the person's mouth, be judgmental or jump to conclusions.
- Reassure them that in telling you, they have done the right thing.
- A child or person concerned may ask you not to tell anyone and to promise confidentiality. Inform them that it is your duty to pass the information onto your manager or designated person, but that only those that need to know about it will be told. Inform them of to whom you will report the matter.
- Reassure the child, young person or vulnerable adult that they will be involved in decisions about what will happen
- Explain to the child, young person or vulnerable adult of who you will work with to ensure that they are protected from further abuse or neglect.
- Provide support and information in a manner that it most appropriate to them
- Note the main points carefully and make a careful note of the date, time, place, what the child or person said, did and your questions etc.
- Staff should not investigate concerns or allegations themselves but should report them immediately to the designated safeguarding lead or to a designated member of staff. This can be done either verbally or via email. This should be reported in a confidential and private manner. If it is reported verbally staff should either report face to face in a private room or if reporting over the phone should be in a private area where the conversation cannot be overheard. The report can be made via email using W3RT's internal email system.

#### 4.3) Confidentiality

Information about a safeguarding issue must be restricted to those who have a need to know in order to:

- protect the child, young person or vulnerable adult;
- facilitate enquiries;
- avoid victimisation;
- safeguard the rights of the person about whom the allegation has been made and others who might be affected;
- manage disciplinary / complaints aspects.

Should concerns about abuse arise from any other source other than disclosure, these too should be reported immediately to the designated lead or to a designated member of staff.

#### 4.4) The DSL or designated staff member should then do the following:

- Listen carefully to the member of staff and thank them for reporting the matter to you. Inform them that you may contact them later to ask them further questions if necessary.
- If a concern is reported to you verbally, record in full the conversation particularly the date, time, place details of the incident including what the person said or did and the questions that you asked. If it is sent via email, contact the member of staff either face to face or over the telephone in order to clarify the details of the concerns and if the staff has not given enough details to gather this information then.
- It may be appropriate for the DSL or designated person to speak to the child, young person or vulnerable adult to:
  - hear views on what has happened and what they want done about it;
  - give them information about the safeguarding process and how that could help to make them safer;
  - explain how they will be kept informed;
  - Identify communication needs;
  - discuss what could be done to ensure safety
- DSL or designated staff should refer to the threshold table in order to establish the next

course of action ( see appendix 2). (Currently there is no threshold table at this level for children please see section “Raising a safeguarding concern for young person or child”).

- Document the concern on the electronic system on the management log regardless of whether the incident was a safeguarding or not (for instructions on how to complete the electronic form see appendix 3). Any further progress on the initial concern should also be documented on the electronic system on the management log.

## 5) Raising a safeguarding concern/alert for adults at risk

5.1) If the threshold indicates that a safeguarding concern/alert may need to be raised the following should be considered:

- the mental capacity of an adult at risk to make decisions about their own safety- remember to assume capacity unless there is evidence to the contrary (capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress)
- the vulnerability of the individual at risk
- the nature and extent of the abuse

- the impact of the individual
- the risk of repeated or increasingly serious acts involving the person causing the harm

#### 5.2) Deciding whether or not to raise an alert

- The person is an adult at risk and there is a concern that they are being (or are at risk of being) abused or neglected, and are at risk of significant harm
- The adult at risk has capacity to make decisions about their own safety and wants this to happen
- The adult at risk has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral
- A crime may have been committed against an adult at risk without mental capacity to report a crime and a best interests' decision is made
- The abuse or neglect has been caused by a member of staff or volunteer
- Other people or children are at risk of the person causing harm
- The concern is about institutional or systemic abuse
- The person causing the harm is also an adult at risk

#### 5.3) Making a decision not to raise an alert

If the adult at risk has capacity and does not consent to an alert being raised and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want to support to promote their safety.

The DSL or designated person must be clear that the decision to withhold consent is not made under undue influence, coercion or intimidation.

A record must be made of the concern, the adults at risk's decision and of the decision not to refer, with reasons. A record should also be made of what information they were given. It is recommended that organisations have a separate part of the adult's file or record that is clearly labelled 'safeguarding'.

#### 5.4) Making a decision to raise an alert without consent

Where an overriding public interest or vital interest or if gaining consent would put the adult at further risk, an alert must be raised but the lack of consent and the reason for it must be explicitly recorded and communicated.

### 6) Raising a safeguarding concern for young person or child

6.1) If it is believed or suspected that the child/ young person is likely or is suffering significant harm a referral must be made as soon as possible to the Children's Services Assessment Team. (See appendix 2 for detailed procedures and contact details).

6.2) The belief or suspicion may arise from variety of sources such as a member of the public, another child or young person, the child concerned, the family member for example. It may relate to a single incident or accumulation of lower level concerns. The information may also relate to harm caused by another, in which case both children, i.e. the suspected perpetrator and victim, must be referred. The suspicion or allegation may relate to a parent or professional or volunteer caring for or working with the child.

- 6.3) The DSL or designated staff may seek advice and consultation about appropriateness of a referral by contacting the Children's Social Care Services Targeted Advice Service (TAS) or the police. TAS provides a consultation service to individuals that are unsure about safeguarding concerns.
- 6.4) If it is clear that there has been a safeguarding concern the DSL or designated staff should make a referral to the Children's services by contacting Customer Services Centre 0300 123 4043.
- 6.5) The DSL or designated staff must complete the child protection referral form. (See Appendix for further detailed procedures and sample form). This form can be completed online.
- 6.6) Consent for any referral should be sought from the child. However, if the situation is urgent and there is not time to seek consent, or seeking consent is likely to cause serious harm to someone or prejudice the prevention, detection of serious crime referrals may be made without consent. Staff should explain to the child why the referral has to be made.
- 6.7) Also if consent to sharing recorded information is refused by the competent child, or can/should not be sought from the child, information should still be shared in the following circumstances;
  - There is reason to believe that not sharing is likely to result in serious harm to the child or someone else or is likely to prejudice the prevention or detection of serious crime, and
  - The risk is sufficiently great to outweigh the harm or prejudice to anyone that may be caused by the sharing, and
  - There is a pressing need to share the information.
- 6.8) Consent should also be sought from the family/family should be informed of the referral unless the following is the case:
  - The behavioural response that is prompted e.g., a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser is informed.
  - Leading to unreasonable delay
  - Leading to the risk of loss of evidential material
  - Placing a member of staff at risk

## 7) Advocacy

- 7.1) At every stage of the safeguarding process consideration must be given to whether the person at risk would benefit from the support of an independent advocate, including an Independent Mental Capacity advocate to express their views. There are two types of non-statutory advocacy that can be commissioned;
  - Instructed advocates take instructions directly from the person and can support at meetings and with communication. If the person decides they do not require the support of an advocate, then support will be withdrawn.
  - Non-instructed advocates work with people who may lack capacity or have severe communication challenges. A non-instructed advocate will work with the person and those around them. An independent report will be produced that will ask relevant questions and can support the safeguarding decision-making process.
- 7.2) Throughout the safeguarding procedure the decision to instruct an advocate must be considered and recorded.

7.3) It is important that people involved in the safeguarding adult's process are aware of which type of advocate is representing the person and supporting them to express their views.

## 8) Principles and Values

The policy and procedures are based on The Six Principles of Safeguarding that underpin all adult safeguarding work.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self – determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnerships	Local Solutions through services working together within their communities	I am confident that the information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
Accountability	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem

This means that:

- individuals have the right to make choices about their care and treatment – this includes making decisions about their safety, even where those decisions may seem to others to be unwise;
- individuals are enabled to control decisions about their care to the extent they are able;
- any actions that do not have the person's full and informed consent must have a clear justification, be permissible in law and the least restrictive of the person's rights to meet the justifiable outcome.

## 9) Reporting and dealing with allegations of abuse against W3RT staff or volunteers

To avoid unnecessary repetition, the word “staff” is used below but these procedures apply equally to all W3RT staff, volunteers, and trustees.

### 9.1) Introduction

In rare instances, staff of a charity have perpetrated abuse. Because of their frequent contact with children and young or adults at risk, staff may have allegations of abuse made against them. W3RT recognises that an allegation of abuse may be made for a variety of reasons and that the facts of the allegation may or may not be true. It is imperative that those dealing with an allegation maintain an open mind, and that investigations are thorough and not subject to delay.

W3RT recognises that the welfare of the child or young or vulnerable adult is the paramount concern. W3RT also recognises that hasty or ill-informed decisions in connection with a member of staff can irreparably damage an individual’s reputation, confidence and career. Therefore, those dealing with any allegations will do so with sensitivity and will act in a careful, measured way.

### 9.2) Receiving an allegation

A member of staff who receives an allegation about another member of staff should follow the guidelines above for dealing with disclosure.

The allegation should be reported immediately to the designated safeguarding lead or in the DSL’s absence the CEO’s appointed member of staff unless they are the person against whom the allegation is made, in which case the report should be made to the designated safeguarding trustee.

The designated safeguarding lead/CEO or trustee will:

- obtain written details of the allegation from the person who received it, and ensure that these details are signed and dated;
- countersign and date the written details;
- record full information about dates, times, locations and the names of potential witnesses.
- Trustees should only get involved when it is the CEO that is the staff that the allegation is being made against

### 9.3) Initial assessment by the designated safeguarding lead or trustee

The designated safeguarding lead or trustee should make an initial assessment of the allegation, consulting with others as appropriate, including the Area Child Protection Committee and Adult Safeguarding committee.

Where the allegation is considered to be either a potential criminal act or indicates that the children and young or adults at risk has suffered, is suffering or is likely to suffer harm, the matter should be reported immediately to the Hertfordshire Safeguarding Children Board for children /young people, if an vulnerable adult the Hertfordshire Safeguarding Adults Board or other appropriate agency.

The designated safeguarding lead or trustee will not investigate the allegation but use the information available to assess whether or not the allegation warrants further investigation.

The designated safeguarding lead or trustee should refer to the threshold guidance document (see appendix 1) for guidance in assessing the allegation.

Possible outcomes are:

- The allegation warrants further investigation.
- The allegation arises from inappropriate behaviour or poor practice by the member of staff and is neither potentially a crime nor a cause of harm to the children and young or adults at risk. Such matters should be addressed within W3RT's disciplinary procedure.
- The allegation can be shown to be false because the facts alleged could not possibly be true.

#### 9.4) Enquiries and Investigations

W3RT staff, volunteers and trustees should always co-operate fully with external investigations.

Child or young or vulnerable adult protection enquiries by social services or the police are not to be confused with internal, disciplinary enquiries. W3RT may be able to utilise the outcomes of external agency enquiries to inform its own decisions. But external agencies, including the police, have no direct power to instruct W3RT to act in a particular way.

Any internal enquiries will be suspended to allow any external investigations to be completed; to do otherwise may prejudice investigations.

During any external investigations, the designated safeguarding lead or a designated trustee will normally be involved in and contribute to, the liaison discussions. The designated lead or trustee is responsible for ensuring that everyone at W3RT gives all reasonable assistance to the external enquiry and that appropriate confidentiality is maintained.

In addition, the designated safeguarding lead or designated trustee shall inform:

- the children and young or vulnerable adult and / or their carer that the investigation is taking place and what the process is likely to involve;
- any individuals being investigated that the investigation is taking place and advise them to consult their trade union or to seek legal advice;
- the Chair of trustees that the investigation is taking place.

#### 10) Suspension of a member of staff

10.1) Suspension from duties is not automatic: the decision will be taken by the CEO or (for the CEO) by the Chairman of Trustees. Suspension can be considered at any time during an investigation. Suspension is a neutral act, not a disciplinary action, and shall be on full pay. Consideration will be given to appropriate alternatives such as paid leave of absence, agreement to refrain from attending work, or change of duties.

10.2) Suspension should only occur for a good reason, for example:

- where a child or young or vulnerable adult is at risk;
- where the allegations are potentially sufficiently serious to justify dismissal on the grounds of gross misconduct;
- for the good and efficient conduct of an investigation.

10.3) Before making the decision to suspend, the CEO and DSL or (in the case of the CEO) the

Chairman of trustees, should interview the member of staff. This should occur with the approval of the appropriate agency from the Hertfordshire Safeguarding Children Board or for adults at risk the Hertfordshire Safeguarding Adults Board. In particular, if the police are engaged in an investigation the officer in charge of the case will be consulted.

- 10.4) The member of staff will be advised to seek the advice and/or assistance of his/her trade union. The member of staff will be informed that an allegation has been made and that consideration is being given to suspension. It will be made clear that the interview is not a formal disciplinary hearing, but solely for the purpose of raising a serious matter which may lead to suspension and further investigation.
  - 10.5) During the interview, the member of staff will be given as much information as possible, in particular the reasons for any proposed suspension, provided that doing so would not interfere with the investigation into the allegation. The interview is not intended to establish the member of staff's innocence or guilt but given the opportunity for the member of staff to make representations about possible suspension. The member of staff should be given the opportunity to consider any information given to him/her at the meeting and prepare a response, although that adjournment may be brief.
  - 10.6) If the CEO /DSL (or Chairman of trustees) considers that suspension is necessary, the member of staff shall be informed that he/she is suspended from duty. Written confirmation of the suspension, with reasons, shall be despatched as soon as possible, and within one working day.
  - 10.7) Where a member of staff is suspended, the CEO will inform the Chairman of trustees in writing as soon as possible and prepare a report to the trustees giving only the necessary basic information. The children and young or vulnerable people and / or their carers should also be informed of the suspension. W3RT staff should be informed only where they need to know.
  - 10.8) The CEO or Chairman of trustees may consider issuing a statement, taking due regard of the need to avoid unhelpful publicity.
  - 10.9) The CEO shall consider carefully and review the decisions as to who is informed of the suspension and investigation. The Hertfordshire Safeguarding Children Board or Hertfordshire Safeguarding Adults Board and external investigating authorities will be consulted.
  - 10.10) The suspended member of staff should be given appropriate support during the period of suspension. He/she should also be provided with information on progress and developments in the case at regular intervals.
  - 10.11) The suspension should remain under review in accordance with W3RT's disciplinary procedures.
- 11) Internal investigations
- 11.1) Any internal disciplinary investigation will be conducted in accordance with W3RT's disciplinary procedures.
  - 11.2) Where a member of staff has been suspended and no disciplinary action is to be taken, the suspension should be lifted at the earliest possible moment and arrangements made for the member of staff to return to work. It may be appropriate to offer counselling.

11.3) The child or young or vulnerable adult making the allegation and/or their carers should be informed of the outcome of the investigation and proceedings prior to the return to work of the member of staff (if suspended).

11.4) The CEO will also consider whether any other statement should be made.

## 12) Allegations without foundation

12.1) False allegations may be indicative of problems of abuse elsewhere. A record should be kept on the electronic system on the management log as well as a hard copy in a locked file cabinet and consideration given to a referral to the Area Child Protection Committee /Area Adult Protection Committee in order that other agencies may act upon the information.

12.2) The CEO and DSL will:

- Inform the member of staff against whom the allegation is made orally and in writing that no further disciplinary or child /adult protection action will be taken. Consideration should be given to offering counselling/support by encouraging the staff member to take advantage of Peninsula as well as offering meetings with the staff member to ensure that they have been re-integrated back into the work environment.
- Inform the parents/carers of the alleged victim that the allegation has been made and of the outcome.
- Where the allegation was made by someone other than the alleged victim, consideration to be given to informing the parents/carers of that children and young or vulnerable people.
- Prepare a report outlining the allegation and giving reasons for the conclusion that it had no foundation and confirming what actions have been taken.
- This report should be uploaded onto the electronic system on the management log

## 13) Records

13.1) All records of safeguarding concerns and alerts should be documented on the electronic system on the management log. This should be documented within 24 hours of the incident being reported to the DSL, CEO, designated safeguarding lead or designated trustee.

13.2) Paper documents should also be kept in case of technical problems with the electronic system. Paper documents should be signed and dated. All paper documents relating to an investigation will be retained in a secure place, together with a written record of the outcome and, if disciplinary action is taken details will be retained on the member of staff's personal and confidential file. These should be stored in a locked file cabinet in a locked room.

13.3) The Designated Safeguarding Lead should regularly check the electronic system to ensure that the records are up to date and accurate in line with the Hertfordshire County Councils regulations.

13.4) If a member of staff is dismissed or resigns before the disciplinary process is completed, he/she should be informed about the W3RT's statutory duty to inform the statutory body under the current legislative safe recruitment procedures.

14) Monitoring Effectiveness

- 14.1) In order to ensure that procedures are effective, the DSL, CEO, designated trustee and designated staff members should meet quarterly to give an overview of safeguarding concerns that have arisen in that quarter. Training needs across the organisation can be discussed as well as any outstanding issues that may affect the organisation. Furthermore, changes to policies and procedures may also be discussed in this meeting. These meetings should help to formulate the annual reports and therefore these meetings minutes should be kept and circulated to all designated staff members. The designated trustee will be invited to the meeting and will also be sent to the meeting.
- 14.2) Safeguarding issues should aim to be resolved within 2 weeks of the initial report.
- 14.3) Where an allegation has been made against a member of staff, a designated trustee, together with the designated safeguarding lead, will at the conclusion of the investigation and any disciplinary procedures, consider whether any matter arising could lead to the improvement of W3RT's procedures and/or policies and/or which should be drawn to the attention of the Hertfordshire Safeguarding Children Board or Hertfordshire Safeguarding Adults Board. Consideration should also be given to the training needs of staff.

Document title	Safeguarding Policy
Document type	Policy
Approval by	W3RT Trustee Board
Approved date	2025
Version reference	190119/V06
Review due	2026

## Safeguarding policy - Appendix

### List of designated staff members

#### Designated Safeguarding Leads (DSL)

Sandra Clarke	Governance and Quality Manager	07538 941345	<a href="mailto:sandraclarke@w3rt.org">sandraclarke@w3rt.org</a>
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#### Other Designated staff members

Pamela Field	W3RT Operations Manager – Service Delivery	01923 216950	<a href="mailto:pamelafield@w3rt.org">pamelafield@w3rt.org</a>
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# Safeguarding policy - Appendix

## Recording Safeguarding alerts/concerns

Step	Instruction	Completed
1	Staff reports safeguarding concerns/alert	
2.	<p>Record carefully the following information:</p> <p>For children</p> <ul style="list-style-type: none"> <li>• Discussions with child;</li> <li>• Discussions with parent;</li> <li>• Discussions with managers;</li> <li>• Information provided to Children's Services;</li> <li>• Decisions taken (clearly timed, dated and signed).</li> </ul> <p>For adults</p> <ul style="list-style-type: none"> <li>• Discussion with the vulnerable adult</li> <li>• What was said, the questions that you asked</li> <li>• Date, time, location</li> <li>• Decisions taken</li> </ul>	
3.	Refer to the Safeguarding Threshold document	
4.	Complete W3RT's Safeguarding Incident form – link can be found in Staff Handbook	
5.	<p>If the issue requires a referral (child or young person):</p> <p>The Customer Service Centre processes all enquiries regarding children's social care and directs these enquiries on to either the Targeted Advice Service (TAS), a multi-agency team which provides support with early intervention for children, or the relevant Specialist or Safeguarding Social Care Team.</p> <p>The following arrangements for enquiries and referrals are in place:</p> <ul style="list-style-type: none"> <li>• All referrals to children's social care should continue being made using a Single Service Request (SSR) form, and where possible submitted electronically. Forms can be accessed via the <a href="#">Hertfordshire County Council website</a>. All urgent referrals should be followed up with a phone call using the CSC numbers listed 0300 1234 043</li> <li>• Electronic referrals and enquiries should be sent via <a href="mailto:protectedreferrals.cs@hertfordshire.gov.uk">protectedreferrals.cs@hertfordshire.gov.uk</a> (only to be used for referrals by professionals – please password protect document);</li> <li>• The RED CP form can be filled in online <a href="https://www.hertfordshire.gov.uk/media-library/documents/childrens-services/hscb/child-protection-form-jan19.pdf">https://www.hertfordshire.gov.uk/media-library/documents/childrens-services/hscb/child-protection-form-jan19.pdf</a></li> <li>• Letters sent to: Customer Service Centre, PO Box 153, Stevenage, SG1 2GH;</li> </ul>	

- If you suspect that a child may be subject to immediate risk of harm through abuse or neglect, you should still contact the police (999), Children's Services on 0300 123 4043

#### Referrals Outside Normal Hours

Referrals to Children's Services outside normal Customer Service Centre hours (08:00 – 20:00 Monday to Friday, and 09:00 – 16:00 Saturday) are diverted to the Safeguarding Out of Hours Service.

Referrals to the Police Joint Child Protection Investigation Team (JCPIT) should be made on 101. The JCPIT normal hours are 08:00 – 20:00 Monday to Friday, and 08:00 – 17:00 at weekends and Bank Holidays. Any emergency calls outside of these hours should be made via the 999 system.

#### Information to be provided with a Referral

Where it is available, the following information should be provided with the referral (but the absence of any information must not delay the referral):

- Cause for concern including details of any allegations, the source(s) of these, timing and location of incident(s);
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Full names, date of birth and gender of child(ren) (including all surnames used);
- Family address (current, when last moved and previous address);
- Identity of those with parental responsibility;
- Names and date of birth of all household members and any known regular visitors to the household (including all surnames used);
- Details of child's extended family or community who are significant for the child;
- Ethnicity, first language and religion of children, parents / carers;
- Any need for an interpreter, signer or other communication aid;
- Any special needs of child(ren) and other household members;
- Any significant / important recent or historical events / incidents in child or family's life, including previous concerns;
- 'Referrers should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic abuse, mental illness, substance misuse, and/or learning difficulties';
- Details of any alleged perpetrators (if relevant);
- Background information relevant to referral e.g. positive aspects of parents' care, previous concerns, pertinent parental issues e.g. mental health, domestic violence, drug or alcohol abuse, threats and violence towards professionals;
- Referrer's relationship and knowledge of child and parents / carers;
- Known current or previous involvement of other agencies / professionals e.g. schools, GPs;
- Information regarding parental knowledge of, and agreement to, the referral;

#### Confirmation of Referral

	<p>The professional referrer must confirm verbal and telephone referrals in writing, within twenty-four hours, where possible using a multi-agency referral form. Any <u>FFA</u> that has been undertaken should be attached to the referral.</p> <p>Referrals should be addressed to Customer Service Centre, P.O. Box 153, Stevenage, Herts. SG1 2GH Fax: 01438 737402(MB2).</p> <p>Children's Services must acknowledge referrals in writing within one working day of receipt. If no acknowledgement is received within three working days, the referrer must contact Children's Services again to establish the current status of the referral.</p>	
	<p><b>If the referral concerns a vulnerable adult:</b></p> <p>Referrals should be made to the Hertfordshire County Council via <a href="https://hcsportal.hertfordshire.gov.uk/web/portal/pages/home">https://hcsportal.hertfordshire.gov.uk/web/portal/pages/home</a></p> <p><b>If the adult has a mental health problem</b> a referral must be made to the Single Point of Access (SPA) on: 0800 644 4101 Email: <a href="mailto:hpft.spa@nhs.net">hpft.spa@nhs.net</a>  <b>Or NHS 111 option 2</b></p>	
	<p>If the vulnerable adult/child/young person is at immediate risk to life/serious injury or a serious crime has been committed the designated person must call:  <b>999</b></p>	
6.	Continue to record progress in the management log	

## Safeguarding referral portal: Herts Adult Safeguarding service

Our Safeguarding referral portal is designed to support a better Adult Safeguarding service for people in Hertfordshire. If you require further information please email [ACS Digital Technology](mailto:ACS.DigitalTechnology@hertfordshire.gov.uk)

### Making a referral (the referral pathway)

Question	Answer
Q1. What should I do if its urgent?	Phone 0300 123 4042 to report as an urgent safeguarding referral, and 999 if it is necessary for the police to be notified/in attendance
Q2. When is the portal available?	The portal is available to use 24/7, however the submissions are only monitored from 09:00-17:30 Mondays – Thursdays, and 09:00-16:30 on Fridays, so if the referral is urgent outside of these times then please call 0300 123 4042 to report it.
Q3. Do you still take phone calls?	Yes - it's just replacing the email and old word document.

### Logging in

Question	Answer
Q1a.How do I reset my password?	Go through the "forgotten password?" link on the login screen of the portal.
Q2a. Is the two-step authentication mandatory?	Yes, the two-step authentication cannot be removed. This is to ensure that no one else can access your portal account, and therefore the service user's data remains safe.
Q3a. I haven't received the authentication code?	Check your spam folders for the code, it may be necessary in your organisation to contact your IT department to check the spam. If the code still has not been found, you can contact <a href="mailto:ACS.DigitalTechnology@hertfordshire.gov.uk">ACS.DigitalTechnology@hertfordshire.gov.uk</a> who will provide assistance.
Q4a. How do I bookmark the Portal URL (website address)?	To bookmark the portal, click on Favourites in your web browser (this is usually a button in the shape of a star on the right of the address bar) and select either "Add" or "Add to Favourites" depending on the web browser that you are using.

## Completing a referral form

Question	Answer
Q1b. What do I do if I don't know the service user's date of birth?	If you are unsure of the date of birth, enter the best estimate that you have and underneath tick the "estimated" box.
Q2b. What do I do if the address is not appearing from my search?	The results from the address search are those that our system gazetteer contains, if the address is correct but does not appear after a search, that means it is not contained within our gazetteer. In this case, please enter the address manually.
Q3b. What do I do if the address is unknown?	If you search with "unknown" within the postcode field, the search will return a list of "addresses" that only contain the word unknown, select one of these and continue.
Q4b. If a child is listed in the Risk section, would the Adults Safeguarding team contact the Children's team?	The Adults team would expect that a safeguarding referral would also be raised for the child by the referrer and would check the Children's system for it.
Q5b. Can the form be saved?	Yes – the form can be saved at any stage.
Q6b. How long after inactivity will the form time out?	A warning will be given after 13 minutes of inactivity, and the actual time out will occur after 15 minutes of inactivity.
Q7b. How do I send a photo?	Before submitting the form, you will have the option to upload any relevant documentation.
Q8b. How much data can be sent?	The size limit for a document to be uploaded is 5mb.

## After Submission of the Form

Question	Answer
Q1c. Can I see what I've submitted?	Yes – you can view all previous forms submitted within the last 30 days under “Submitted forms” within the portal.
Q2c. Will I get a reference number?	Unfortunately, the system cannot at this point generate reference numbers. This may be something that is introduced in the future.
Q3c. Will I be notified that the referral has been received?	You will be notified that the form has been successfully submitted, following this – once a decision has been made by the safeguarding team - you will receive a message regarding the progression of the referral..
Q4c. Will I find out if my referral has been accepted as a safeguarding?	Yes – you will receive a message through the portal informing you whether the referral was progressed to a safeguarding or otherwise once this decision has been made by the safeguarding team

Question	Answer
Q5c. Will I be told when the referral is closed?	You will only be notified to inform you whether the referral is being progressed to a safeguarding concern or otherwise.
Q6c. How can my manager see my work?	If a secure generic email has previously been in use for referring safeguarding concerns, this email can still be used through the portal (you will be asked to supply your name and individual contact information in case the safeguarding team require further information). Alternatively, you can save your submitted forms in an appropriate location.

## Further help

Question	Answer
Q1d. How do I obtain help on the system?	If you have not found an answer to your query within this FAQ, please have a look at our guidance videos. If you still require assistance, you can contact <a href="mailto:acs.digitaltechnology@hertfordshire.gov.uk">acs.digitaltechnology@hertfordshire.gov.uk</a>

# Important changes to Adult Safeguarding Referrals across Hertfordshire

There is a new way for you to refer Adult Safeguarding concerns to Adult Care Services at **Hertfordshire County Council**.

Following a successful pilot, we are pleased to introduce Hertfordshire County Council's [Adult Safeguarding Referral Portal](#).

## Why are we making this change?

- To create a secure and streamlined system
- To ensure the correct information is sent through when referrals are made
- To reduce numbers of incomplete or inappropriate referrals
- To improve data quality
- To bring the Hertfordshire adult safeguarding referral process in line with Hertfordshire's children's safeguarding and with neighbouring local authorities in the East of England
- To improve security of information

**From 1<sup>st</sup> February 2020**, the safeguarding referral portal will be available to all **District and Borough Councils** and **Care Providers**.

**From 1<sup>st</sup> May 2020**, the safeguarding referral portal will be available to all **Health Trusts, GPs, Police and voluntary sector**.

## Getting started

To register and begin making submissions, please follow the link below where you will find further details, Frequently Asked Questions, and helpful introductory videos  
<https://hcsportal.hertfordshire.gov.uk>.

***Please note, to allow partners time to get used to the new process, the email address will remain available for District & Borough Councils and Care Providers until 1 March 2020; and for Health Trusts, GPs, Police and voluntary sector until 1 June 2020. After this time, the safeguarding referral portal will become the route for referral to Adult Care Services.***

Our safeguarding referral portal is designed to support a better Adult Safeguarding service for people in Hertfordshire. We welcome any feedback you can give us, to help us ensure that the portal works for all.

Once you have used the portal, **please take 5 minutes to complete our short survey:**

<https://surveys.hertfordshire.gov.uk/s/SafePortal/>

Need more information? Please email [ACS.DigitalTechnology@hertfordshire.gov.uk](mailto:ACS.DigitalTechnology@hertfordshire.gov.uk)