



LGBT Health and Wellbeing Safeguarding Policy

Our approach to safeguarding

As an organisation we are fully committed to safeguarding all our people from harm. This includes our staff, volunteers and all the community members who use or come into contact with our services. We recognise that everyone, regardless of race, age, ability, gender, identity, sexual orientation, religion or belief, have the right to protection from all types of harm or abuse.

It is recognised that, in line with relevant legislation, this policy is intended to cover adults who meet the definition of an 'adult at risk' (set out on Page 2) who may benefit from enhanced protections. That being said, we are committed to supporting anyone at risk of harm and in these circumstances will do our best to encourage and support the individual in accessing appropriate support.

LGBT Health and Wellbeing provides a wide range of services that will be accessed by adults who may be, or may become, at risk of harm. Adults at risk of harm may also be involved in the organisation as volunteers and employees. There are also a limited number of services that may on occasion be accessed directly by children under 16 (for example the helpline); and other services that may have children in attendance with their parents or another adult (for example Rainbow Families or community events).

Sections of this policy:

Section 1: Principles of the policy

Section 2: Definitions

Section 3: Recruitment, induction and delivery of services

Section 4: Dealing with reported actual or suspected harm or abuse

Appendix A: Types of Abuse

Appendix B: Indicators of Abuse

Who this policy is for

This policy must be followed by all employees and volunteers with LGBT Health and Wellbeing (LGBT Health). Community Groups and other individuals or organisations renting the space for their own use are expected to follow their own policy and procedures to ensure the safety of children and adults at risk and are reminded that this is a legal obligation.

Community groups and organisations renting space must bring any incidents involving harm, risk of future harm to children or adults at risk on the premises to the immediate attention of the Chief Executive, Head of Services or Service Managers. This will be communicated to all community groups and tenants as part of contractual arrangements.

Section 1: Principles of the policy

Safeguarding adults and children using our services is our first priority.

It is the responsibility of each individual within LGBT Health and Wellbeing (employees and volunteers) to safeguard and protect the physical, sexual and emotional wellbeing of children, young people and adults at risk of harm who access our services.

LGBT Health will meet this commitment to safeguard children, young people and adults at risk by:

- Recognising that LGBT Health has a duty of care to safeguard and protect children, young people and adults at risk using our services from any form of abuse or harm.

- Complying with the statutory requirements in reporting any allegations of abuse of children or adults at risk and will assist the statutory authorities appropriately and effectively to process any investigation.
- Ensuring that all employees and volunteers are aware of the issue of abuse and the risks to children, young people and vulnerable adults through our induction, ongoing training and practice reviews.
- Having clear communication, recording and reporting systems which place the welfare of the adult at risk at the centre of the decision-making process.
- Embedding a 'duty to protect' into our practice. Employees and volunteers have a 'duty to protect' as well as a 'duty to care.' This means that all employees must immediately report harm which is suspected, witnessed or reported to them, to their line manager.
- Understanding that safeguarding is a multi-agency activity, LGBT Health will ensure that social work, Police Scotland, and health services are involved, as appropriate, when harm is suspected, witnessed or reported.
- Ensuring that intervention should provide benefit to the adult or child and be proportionate to the level of risk or harm; intervention or action should not cause more harm than good or be over-reactive.
- Balancing risks and rights, professional staff will recognise the balance between the duty to protect and the right of the adult who has capacity to make decisions to choose to live in a situation that puts themselves at risk.
- Recognising the rights and self-determination of people using our services. We recognise the right for people who use our services, with 'capacity' in terms of the Adult with Incapacity (Scotland) Act 2000, to make what may be considered 'bad decisions' affecting their lives. We will work with them to ensure that such risk is understood and that they are aware of support services available to them.
- In instances where an individual is expressing suicidal ideation, staff and volunteers will follow the Procedure for Responding to Risk of Suicide.

Section 2: Definitions

Children

LGBT Health recognises a child to be a person aged under 16. Procedures also apply to young people with additional support needs which may place them at increased risk, up to 18 years as defined in the Children (Scotland) Act 1995.

Adults at risk

Under the Adult Support and Protection (Scotland) Act 2007 an 'adult at risk' means a person aged 16 years or older who:

- a) Is unable to safeguard their own wellbeing, property, rights or other interests; *and*
- b) Is at risk of harm; *and*
- c) Because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.

All of these criteria must apply to identify as an 'adult at risk'. The presence of a particular condition does not automatically define someone as an 'adult at risk', it is the combination of circumstances which makes them more vulnerable to harm than others.

This is called the three-point test: all three parts of the above definition need to be met.

In practice this means that the following groups of people may sometimes be at risk of harm:

- people with learning disabilities, physical disabilities or mental health difficulties
- older people
- people with addictions
- people who are homeless.

The Adult Support and Protection (Scotland) Act 2007 says that an adult is at risk of harm when:

- d) Another person's conduct is causing (or is likely to cause) the adult to be harmed; or

e) The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self harm.

Definition of harm

'Harm', rather than 'abuse', is the preferred term when speaking about adult protection. Sometimes both terms are used interchangeably. Harm does not need to have happened – the concern could be the 'risk of harm'.

Harm is the violation of a person's human rights. This happens through the misuse of power by someone in a dominant position. If one or more people in this relationship are in a caring role and the adult at risk is receiving care or support there is an expectation of trust that is breached when harm occurs. Often if harm is perpetrated by employees it is because 'professional boundaries' are crossed and professional codes of conduct are not followed.

Harm includes:

- Ill treatment
- Unwanted sexual activity
- The impairment of, or an avoidable deterioration in, physical or mental health
- The impairment of physical intellectual, emotional, social or behavioural development
- Neglect – things that are not done to ensure someone's wellbeing.

Harm detracts from the dignity of the person – their innate value as an individual, their right to respect, and self-worth. There is a legal definition of harm in the Adult Support and Protection (Scotland) Act, 2007, section 53(1):

- Conduct which causes physical harm
- Conduct which causes psychological harm (for example by causing fear, alarm or distress)
- Unlawful conduct which appropriates or adversely affects property, finances, rights or interests (for example theft, fraud, embezzlement or extortion)
- Conduct which causes self-harm.

In short, harm is any conduct that you suspect or know is having, or could have, an adverse effect on a person who is unable to protect themselves.

Definition of abuse

Child abuse as defined in Scottish Office guidance refers to circumstances where a child's basic needs are not being met in a manner that is appropriate to his/her individual needs and stage of development and the child is, or will be, at risk through avoidable acts of commission or omission.

Abuse has also been defined as the wrongful application of power by someone in dominant position. Whether abuse occurs in institutions or in the home, it involves the elements of a power imbalance, exploitation and the absence of full consent. It also involves acts of omission and commission.

Neglect

Neglect is a pervasive, ongoing process that is very difficult to evidence. It is vital that good recording takes place over a period of time to build up a picture of the pattern. There is often no single incident that evidences neglect.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a procedure where female genitals are deliberately cut, injured or changed, but where there is no medical reason for this to be done. FGM is usually carried out on young girls between infancy and the age of 15. It is illegal in the UK and is child abuse.

Harm and abuse

The definitions provided below and incorporated into the appendix are taken from both the Adult Support and Protection (Scotland) Act 2007 and Edinburgh and Lothians Inter-agency Child Protection Procedures (2015) as well as national policies such as Getting It Right for Every Child (GIRFEC)

- Physical harm or abuse: any conduct which causes physical harm or injury, including being hit, kicked, punched or poisoned.
- Harm caused by neglect: where a person legally responsible for another person's welfare (for example parents of children or a paid care facility) does not meet their care responsibilities, including properly feeding, clothing and caring for the person.
- Sexual harm or abuse: inappropriate sexual behaviour of an adult towards a child or abusive or unwanted sexual behaviour towards an adult at risk.
- Psychological harm or abuse: conduct that causes emotional or psychological distress (for example fear, alarm or humiliation).
- Financial or material: usually in relation to adults at risk, unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud or extortion).
- Self-harm: where a child or adult at risk puts themselves at risk of serious harm or death.

Examples of the main types and indicators of abuse can be found in Appendices A and B of this policy.

Training

As an allegation of abuse can come to the notice of any employee at any time, all employees and volunteers will receive training in our Safeguarding Policy as part of our ongoing training programme.

Employees and volunteers will be made aware of the existence of the Safeguarding Policy and their responsibilities about how to respond should they have any concerns around the safety of a child or vulnerable adult. This is achieved via:

- Issuing a copy of the policy to all new employees and volunteers.
- A commitment to providing appropriate training around our Safeguarding Policy.
- Publicising its existence at strategic points of office/service locations.

Employees and volunteers can access this policy at all times in the staff handbook and on the shared drive.

Section 3: Recruitment, induction and delivery of services

Recruitment and induction

We have robust processes in place to ensure that the people who join our organisation through employment or volunteering, are suitable for their roles. Induction training covers managing risk and safeguarding.

We highly value the contribution of our staff and volunteers and offer them a range of support to manage and cope with the sometimes challenging nature of our work. We are committed to creating not just a safe place to work, but a supportive and rewarding place to be.

Delivery of services

We take the safety and wellbeing of our staff, volunteers and those accessing our services seriously and as such we have systems and processes in place to identify and assess potential areas of risk across all our activities; and ensure remedial plans are put in place to address these risks.

We work closely with partner organisations to ensure that we continue to follow safeguarding best practice.

We also have reporting and complaints systems to strengthen our operations in this area – see table below '**Related internal policies, procedures, systems and protocols**'.

Our board receives an annual report on the number and type of safeguarding incidents recorded.

Section 4: Dealing with reported actual or suspected harm or abuse

LGBT Health has a responsibility to respond to both reported and suspected abuse of children and Adults at Risk.

Our Safeguarding Lead for all members of the staff and volunteer team is:
Stacey Webster, Head of Services: Stacey@lgbthealth.org.uk / 07917 702347

The Safeguarding Lead for our Board of Trustees is:
Yorath Turner, Chairperson: chair@lgbthealth.org.uk / 0131 564 3970

The following procedure should be followed:

What to do if harm is suspected, witnessed or reported

Any report that a vulnerable adult or child may be at risk of harm, including anonymous referrals, should be taken seriously. All cases should be considered with an open mind. In all instances, the information given must be reported immediately to a Service Manager.

In the event that you become aware that a vulnerable adult or child may be at risk of harm, or you are told directly by a community member that they are being/have been abused, you should be aware that they may be feeling vulnerable or upset when disclosing this information.

You should be supportive and reassure the adult or child by listening carefully, but do not ask unnecessary questions. **It is not your role to investigate.**

On suspecting, witnessing or receiving information about harm involving a child or adult at risk the employee should take the follow steps:

Step 1 – Listen and record

- Share your concerns for the person's safety.
- Encourage self-reporting.
- Let them know that if they are at risk of harm you may not be able to keep the information they share with you confidential.
- Record the information that the person offers on a voluntary basis; they should not be 'interviewed' by you.
- Check you have properly understood the facts they have shared with you on a voluntary basis
- Record the 4W's: 'who, what, where, and when' of the event.
- If possible, seek consent from the person for whom you have concern about for any subsequent actions that are necessary in line with this policy.
- Do not let lack of consent stop you from taking action.

Step 2 – Report the concern to your Service Manager

- Immediately share your concerns with your line manager. If they are not available, report to another member of the management team.
- If there is no line manager available on the day, you must contact Social Work Services at the appropriate office to report your concerns (see contact numbers below).
- As soon as possible after the incident – immediately and no later than within 24 hours – complete an Incident Report form.
- Where the person chooses to remain anonymous (for example through the helpline) and is the victim of harm or abuse, record the information on an incident form and alert a Service

Manager/the Senior Management Team and other relevant colleagues, on a need-to-know basis, as soon as possible. No further action is needed.

- Where the person is not anonymous, because their personal details are already known to the organisation or because they have chosen to disclose their personal details, a course of further action must be decided by the Service manager, in consultation with the person reporting.
- Any action will be based on our legal obligations to inform statutory authorities about harm to a child or adult at risk. This may involve contacting the police or social work.
- Where a breach of confidentiality is made wherever possible the person about whom the information is shared will be informed/and or involved in the process of disclosure, unless this is deemed to increase the threat to their safety or others.

Where the situation is an immediate emergency:

- If the child or adult at risk is in serious, immediate danger, and you have their personal information including location, it may be necessary to phone emergency services immediately. If possible, seek permission of the person before you do this. If the person refuses to give permission consult with a Service Manager where possible. If this is not possible then you should still take immediate action.
- If you suspect that a criminal act has been committed, for example in cases of physical or sexual abuse, you should contact the Police immediately and steps should be taken to preserve evidence. You should then contact your Service manager.
- Contacting Police Scotland by phoning your local police station. Your call may be initially managed locally or be routed to a specialist Public Protection Team that manages child and adult protection and domestic abuse reports.
- If consultation with a Service manager is impossible employees are empowered to act on their best judgement. In no circumstances should a person's safety be put at risk if consultation with a Service manager is not possible. De-brief with a Service manager as soon as possible.

Emergency Contact Details

Glasgow

Social Care Direct: 0141 287 0555 (Monday – Friday 9-5)

Or by email on socialcaredirect@glasgow.gov.uk

Outside of office hours you can contact Glasgow and Partners Emergency Social Work Services: 0300 343 1505

Edinburgh

Social Care Direct 0131 200 2324 (Opening hours Monday to Thursday 8.30am-5pm Friday 8.30am-3.55pm)

Or by email on socialcaredirect@edinburgh.gov.uk

Outside of office hours call Emergency Social Work: 0800 7316969.

You can also phone Scottish Police on non-emergency on 101.

If the situation is an emergency you should dial 999.

Related internal policies, procedures, systems and protocols	
Employee Concerns Protocol	Promoted across the organisation. Enables concerns to be flagged directly to our board of trustees.
Incident reporting systems	Used to respond to any safeguarding concerns that are raised. We ensure that we follow local protocols for reporting any concerns to relevant bodies.
Complaints Policy	Used to respond to any safeguarding concerns that are raised by members of the public or those accessing our services.

Appendix A: Types of Abuse

From Edinburgh and Lothians Child Protection Procedures

Physical

Physical abuse is the causing of physical harm. It may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning or suffocating. Physical harm may also be caused when a carer feigns symptoms of or deliberately causes ill health to a person they are looking after

Emotional

Emotional abuse is a persistent emotional neglect or ill treatments that has a severe and persistent adverse effect on a child's emotional development and wellbeing.

Sexual abuse

Is an act that involves a child in an activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented.

Neglect

Is the persistent failure to meet a child's basic physical and or psychological needs, likely to result in serious impairment of the child's health or development.

Appendix B: Indicators of Abuse for Children and Adults

Main types of abuse that may be perpetrated against children¹

¹National Guidance for Child Protection Scotland 2014

Type of Abuse	Indicators – not exhaustive
Physical	<p>Injuries, particularly if they are recurrent Improbable excuses given to explain injuries.</p> <p>Refusal to explain and discuss injuries</p> <p>Admission of punishment which appears excessive</p> <p>Fear of medical help particularly on the part of the parent who may seem reluctant/make excuses for not taking a child to the GP</p> <p>Arms and legs kept covered in hot weather</p> <p>Withdrawal from physical contact</p> <p>Black eyes</p> <p>Bruising on the soft parts of the body – thighs, upper arms, buttocks</p> <p>Bruising around the neck area</p> <p>Physical aggression towards others</p> <p>Physical aggression towards self – hitting and telling self off for doing something wrong</p> <p>FGM – Female Genital Mutilation – change of behaviour after trip abroad, discomfort after going to the toilet, reluctance to engage in physical sports activities</p>
Physical neglect	<p>Constant hunger</p> <p>Compulsive stealing or scavenging</p> <p>Emaciation</p> <p>Constant tiredness</p> <p>Poor personal hygiene</p> <p>Poor state of clothing and/or child inappropriately clothed for the weather</p> <p>Untreated medical problems</p> <p>Frequent lateness or non-attendance at school</p>
Emotional abuse	<p>Fear of parents being contacted</p> <p>Admission of punishment which appears excessive</p> <p>Physical, intellectual and emotional development lags</p> <p>Significant decline in concentration</p> <p>Sudden speech disorders</p> <p>Over-reaction to mistakes</p> <p>Continual self-deprecation</p> <p>Fear of new situations</p> <p>Inappropriate emotional responses to painful situations</p> <p>Neurotic behaviour</p>

	<p>Extremes of passivity or aggression</p> <p>Drug/solvent abuse</p> <p>Chronic running away</p> <p>Compulsive stealing/scavenging</p> <p>Indiscriminate friendliness</p> <p>Socio-emotional immaturity</p>
Sexual abuse	<p>Become insecure or cling to parent in a fearful way</p> <p>Show extreme fear of a particular person</p> <p>Cry hysterically when their nappy is changed Become hysterical when clothing is removed particularly underclothes</p> <p>Have soreness or bleeding in the throat, anal or genital area</p> <p>Regress to a much younger behavioural pattern Stare blankly, seem unhappy, confused, sad Become withdrawn, stop eating, have chronic nightmares, begin wetting again when previously dry</p> <p>Stop enjoying activities with other children, such as stories or games</p> <p>Seem to be bothered or worried</p> <p>Act in a sexually inappropriate way towards adults</p> <p>Behave in a sexually inappropriate way to their age, being obsessed with sexual matters as opposed to normal exploration</p> <p>Play out sexual acts in too knowledgeable a way with dolls or other children</p> <p>Hint about secrets they cannot tell</p> <p>Say that a friend has a problem</p> <p>Ask if you will keep a secret if they tell you something</p> <p>Seem to be keeping secret something which is worrying them</p>

Types of abuse that may be perpetrated against adults at risk²

² Social Care Institute for Excellence

www.scie.org.uk/publications/ataglance/69-adults-safeguarding-types-and-indicators-of-abuse.asp

Type of Abuse	Indicators – not exhaustive
Physical Abuse	<p>No explanation for injuries or inconsistency with the account of what happened</p> <p>Injuries are inconsistent with the person's lifestyle</p> <p>Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps</p> <p>Frequent injuries</p> <p>Unexplained falls</p> <p>Subdued or changed behaviour in the presence of a particular person</p> <p>Signs of malnutrition</p> <p>Failure to seek medical treatment or frequent changes of GP</p>

	FGM – Female Genital Mutilation – change of behaviour after trip abroad, discomfort after going to the toilet, reluctance to engage in physical sports activities
Domestic violence or abuse	<p>Low self-esteem</p> <p>Feeling that the abuse is their fault when it is not</p> <p>Physical evidence of violence such as bruising, cuts, broken bones</p> <p>Verbal abuse and humiliation in front of others</p> <p>Fear of outside intervention</p> <p>Damage to home or property</p> <p>Isolation – not seeing friends and family</p> <p>Limited access to money</p>
Sexual Abuse	<p>Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck</p> <p>Torn, stained or bloody underclothing</p> <p>Bleeding, pain or itching in the genital area</p> <p>Unusual difficulty in walking or sitting</p> <p>Foreign bodies in genital or rectal openings</p> <p>Infections, unexplained genital discharge, or sexually transmitted diseases</p> <p>Pregnancy in a woman who is unable to consent to sexual intercourse</p> <p>The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude</p> <p>Incontinence not related to any medical diagnosis</p> <p>Self-harming</p> <p>Poor concentration, withdrawal, sleep disturbance</p> <p>Excessive fear/apprehension of, or withdrawal from, relationships</p> <p>Fear of receiving help with personal care</p> <p>Reluctance to be alone with a particular person</p>
Emotional abuse	<p>An air of silence when a particular person is present</p> <p>Withdrawal or change in the psychological state of the person</p> <p>Insomnia</p> <p>Low self-esteem</p> <p>Uncooperative and aggressive behaviour</p> <p>A change of appetite, weight loss/gain</p> <p>Signs of distress: tearfulness, anger</p> <p>Apparent false claims, by someone involved with the person, to attract unnecessary treatment</p>
Financial Abuse	<p>Missing personal possessions</p> <p>Unexplained lack of money or inability to maintain lifestyle</p> <p>Unexplained withdrawal of funds from accounts</p>

	<p>Power of Attorney being obtained after the person has ceased to have mental capacity</p> <p>Failure to register a Power of Attorney after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so</p> <p>The person allocated to manage financial affairs is evasive or uncooperative</p> <p>The family or others show unusual interest in the assets of the person</p> <p>Signs of financial hardship in cases where the person's financial affairs are being managed by a Power of Attorney</p> <p>Recent changes in deeds or title to property</p> <p>Rent arrears and eviction notices</p> <p>A lack of clear financial accounts held by a care home or service</p> <p>Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person</p> <p>Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house</p> <p>Unnecessary property repairs</p>
Organisational or institutional abuse	<p>Lack of flexibility and choice for people using the service</p> <p>Inadequate staffing levels</p> <p>People being hungry or dehydrated</p> <p>Poor standards of care</p> <p>Lack of personal clothing and possessions and communal use of personal items</p> <p>Lack of adequate procedures</p> <p>Poor record-keeping and missing documents</p> <p>Absence of visitors</p> <p>Few social, recreational and educational activities</p> <p>Public discussion of personal matters</p> <p>Unnecessary exposure during bathing or using the toilet</p> <p>Absence of individual care plans</p> <p>Lack of management overview and support</p>
Neglect	<p>Poor environment – dirty or unhygienic</p> <p>Poor physical condition and/or personal hygiene</p> <p>Pressure sores or ulcers</p> <p>Malnutrition or unexplained weight loss</p> <p>Untreated injuries and medical problems</p>

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