



The Olive Branch Counselling Service SAFEGUARDING POLICY AND PROCEDURE

1. Purpose

This policy sets out our commitment to safeguarding and explains the key principles that all Olive Branch staff and volunteers are expected to follow to support the safeguarding of children and adults at risk of harm.

By adhering to good safeguarding practices, we support the safety and wellbeing of individuals engaging with the Olive Branch. This is underpinned by the concept that 'safeguarding is everyone's responsibility.' To support this, we ensure that all of our staff, whether paid or volunteer, undertake and maintain appropriate safeguarding training.

The Olive Branch requires that any contracted partners share our commitment to safeguarding. Partners may either adhere to our safeguarding policy and procedures while working with the Olive Branch, or alternatively work under their own safeguarding policy, providing the Olive Branch has approved this to be a good standard.

The aim of this policy and procedure is to ensure;

- That standards of practice and behaviour with regards to safeguarding are clearly defined.
- All Olive Branch staff, volunteers and contractors are clear on their role and responsibilities with regards to keeping people safe.
- All Olive Branch Staff and volunteers know what to do if a safeguarding issue occurs.
- The service we offer to the community aligns with our values.

2. Legislative Framework & Scope

The key legislative frameworks that inform this safeguarding policy include the Children Act 1989, the Human Rights Act 1998, the Mental Capacity Act 2005 and the Care Act 2014.

For the purposes of our safeguarding policy, a child is defined as a person under the age of 18. Although the Olive Branch service is only provided to adults aged over 18, we have a duty to act on information that indicates a risk of significant harm to a child or an adult at risk, whether they are a client of the Olive Branch or known to one of our clients.

3. Values and Principles

In relation to the values underpinning our safeguarding of children, the Olive Branch

adheres to the common principle cited in the Children Act 1989 that the child's welfare is the paramount consideration. All children have a right to be protected from abuse regardless of their age, gender, disability, culture, language, racial origin, religious beliefs or sexual orientation.

The statutory guidance 'Working Together to Safeguard Children 2018' further cites the requirements for Olive Branch employees and volunteers to be subject to safeguarding responsibilities and have appropriate safeguarding arrangements in place to safeguard children.

The Care Act 2014 sets out principles and values that underpin the safeguarding of adults and provide a foundation of best practice. The Olive Branch strives to adopt these values in safeguarding adults through all of our activities;

- Empowerment - People are encouraged and supported to make their own decisions and informed consent.
- Prevention - It is better to take action before harm occurs.
- Proportionality - The least intrusive response appropriate to the risk presented.
- Protection - Support and representation for those in greatest need.
- Partnership - Working with individuals to prevent, identify and report neglect and abuse.
- Accountability - Accountability and transparency in delivering safeguarding.

In addition to these values that underpin safeguarding, the Olive Branch strives to work in a trauma-informed way. We recognise that people who engage with us may have experienced psychological trauma and we wish to avoid re-traumatising them in their contact with us. We are aware that the topic of safeguarding may be a difficult one for many. This might be because someone has personal experience of not being adequately safeguarded from harm by institutions or people who had a duty of care to them. It may be because they are fearful of organisations like the police and social services. When acting on a safeguarding concern, we will try to minimise anxiety and distress. We will do this by;

- Getting consent to take safeguarding action wherever possible.
- Putting the values above into action, for example, being transparent and communicating clearly about what safeguarding action we need to take and why.
- Ensuring our staff and volunteers understand how people might feel if safeguarding action needs to be taken and how they can work sensitively to reduce distress.

4. Definition of Terms

In considering appropriate and proportionate measures that the Olive Branch may take in the event of a safeguarding concern being identified, it is important to

understand what is considered abuse; in relation to both children and to adults.

There are four broad categories of abuse of children;

- Physical abuse happens when a child is deliberately hurt, causing injuries.
- Emotional abuse is the continual emotional mistreatment of a child, and over time it severely damages a child's emotional health and development, it can involve deliberately trying to scare, humiliate or threaten a child.
- Sexual abuse is forcing or enticing a child to take part in sexual activities. Child sexual abuse can involve contact abuse and/or non-contact abuse, and can also include child sexual exploitation.
- Neglect is persistently failing to meet a child's basic physical and/or psychological needs usually resulting in serious damage to their health and development.

The Care Act 2014 recognises ten categories of abuse of adults;

- Physical abuse
- Emotional or psychological abuse
- Sexual abuse
- Neglect
- Self-neglect
- Domestic abuse
- Discriminatory abuse
- Organisational abuse
- Financial abuse
- Modern slavery

An 'adult at risk' is defined as:

- A person aged 18 or over who has needs for care and support (whether or not the local authority is meeting any of those needs); and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Abuse is defined as a violation of an individual's human and civil rights by any other person or persons. It includes acts of commission (such as an assault) and acts of omission (situations where the environment fails to prevent harm). Abuse may be a single act or omission, or a series of acts or omissions.

An individual's level of vulnerability to harm may vary over time depending on the circumstances they are in and their needs at that time. Not all adults with care and support needs will be at risk of harm. This will depend on the individual, their current situation and the circumstances they are in. If an individual informs you directly that

they are concerned about someone's behaviour towards them, this is known as a disclosure.

An adult also may be considered a risk to themselves as a consequence of their mental health. An individual may present with suicidal thoughts and to a greater or lesser extent may have made suicide plans. In identifying a safeguarding concern in respect of an adult, their mental health is a key consideration.

5. Threshold for Safeguarding Concerns

It is possible that, in undertaking our functions, Olive Branch staff or volunteers may become aware of a safeguarding concern. This concern may be in relation to a risk of abuse of a child and/or adult, a risk arising from an individual's mental health, or another safeguarding issue. This section sets out the threshold for our onward reporting of safeguarding concerns, disclosures or allegations in relation to both children and adults. At the core is the principle that information should be shared if this helps to protect children or adults, or to prevent a crime.

Where possible, and in line with the values and principles underpinning our safeguarding policy and practice, Olive Branch staff and volunteers will always attempt to seek consent to share information that raises a safeguarding concern. However, this may not always be possible and/or may increase the risk of harm, and therefore there may be occasions where we will need to make an onward referral to a relevant authority without the consent or awareness of the individual.

The Olive Branch has adopted the threshold of significant harm in relation to onward reporting of safeguarding concerns relating to a child. The threshold for significant harm is generally considered met if the information is indicative of the abuse of a child, as noted in section 4, i.e. physical abuse, sexual abuse, emotional abuse, and/or neglect. All child safeguarding concerns where a child is considered to be at risk of significant harm will be referred to the police and/or Local Authority Children's Services.

In relation to an adult who has not given consent to share information, the Olive Branch has adopted the threshold of serious harm for onward reporting of a safeguarding concern. The threshold of serious harm for adults refers to actions that are potentially life threatening or are likely to lead to long term impairment of physical or mental health. Where there is a concern that the threshold of serious harm has been met, the Olive Branch will make an onward referral to a relevant authority, such as the police, the Local Authority and/or the local Mental Health Crisis Team.

In the event that an individual is not satisfied that a safeguarding referral has been made without their consent, this should be addressed in line with our complaints

policy. Further details can be found in section 17 of this policy.

6. Roles and Responsibilities

All of our staff and volunteers are expected to follow the safeguarding principles and practices outlined in this policy and procedure. (Note - it is possible that the safeguarding concerns may relate in some way to a member of staff or volunteer. In such a scenario, safeguarding procedures will continue to be applied and the person identifying the concern will follow this procedure).

We have a Designated Safeguarding Lead with a higher level of safeguarding training and experience who holds the accountability for decision making regarding onward reporting of safeguarding concerns, particularly those without consent. Our Designated Safeguarding Lead is the Olive Branch Clinical Lead.

It is recognised that receiving information about safeguarding concerns or possible abuse may be emotive and distressing for our staff and volunteers. We actively promote the wellbeing of our staff and volunteers, and this support is detailed in our wellbeing policy.

The Designated Safeguarding Lead has a responsibility to support the member of staff in not only managing the safeguarding concerns, but also their wellbeing as a result.

See also Section 13 of this document – Support for Staff Wellbeing in Relation to Safeguarding.

7. Identification of a Safeguarding Concern - Immediate Response

Identification of a safeguarding concern may be in the form of observations, another person reporting, or a disclosure.

(Note - A further consideration of a safeguarding concern may come from an individual who discloses non-recent sexual abuse from their childhood. Whilst the Olive Branch would not report the non-recent abuse, it may be identified that an alleged perpetrator of abuse may have current contact with children who consequently may be at risk of significant harm. In this event the staff member or volunteer should also comply with safeguarding procedures for children to ensure children are safeguarded in the present).

The person receiving the safeguarding concern should:

- Stay calm and take a breath. It is important to react calmly.
- Ensure the immediate safety of the individual if relevant. If the person is at immediate risk of serious harm, the staff member or volunteer should call 999. In this event, the staff member or volunteer would follow this safeguarding procedure and escalate to the Designated Safeguarding Lead after the individual is made safe.
- Take what the person says seriously.
- Re-assure the person but do not make promises of confidentiality or outcome, which might not be feasible in the light of subsequent developments.
- If safe to do so, explain that you need to ask them some more questions and that you will need to take some notes and talk to an Olive Branch staff member or Designated Safeguarding Lead. The person disclosing may also be the person causing the harm and to question them may increase the risk.
- The person may choose to remain anonymous, however this safeguarding procedure should still be followed and it is our duty to proceed even if the individual requests we do not.

8. Information Gathering

It is likely that the initial identification of a concern may necessitate further information gathering. If this is possible, safe to do so and where this would not increase a risk of harm, the staff member or volunteer should ask further questions to assist in information gathering. The staff member or volunteer should consider the appropriateness of when and where to speak with the person raising concerns, if the information is shared outside of a confidential setting. Questions should be open and unbiased, and where possible notes should be taken.

The staff member or volunteer should adopt a trauma-informed approach in information gathering (see also section 14 – Trauma-informed approach to safeguarding). The following are the types of questions that may be relevant to consider:

- What is the nature of the concern?
- Is this a disclosure?
- What about the concern suggests a risk of harm to an individual?
- What type of abuse are the concerns related to?
- Is there a risk of serious harm as a consequence of an individual's mental health?
- Who is involved? Is this one adult or several?
- Do we have names and contact details, including where the person lives?
- Consent - Always try to seek consent to share information from the person about whom there is a concern if this is possible.
- Self-referral - Where possible, the staff member or volunteer should always encourage the person to self-refer to statutory services for support in the first instance.

Be aware that if the individual you are speaking with is the person you believe to be causing the harm/risk to others, this may require escalation to the relevant authorities without the individual's knowledge so to reduce the risk of further harm or interference with a possible investigation.

*Note, if the safeguarding concern relates to the risk of someone taking their own life, it may be appropriate for a trained clinician to draw on their knowledge relating to suicide risk assessment. This is not for Olive Branch staff members or volunteers without the qualification and training to do this.

9. Escalation to Safeguarding Lead

Once the member of staff or volunteer has gathered as much information as possible about the concern, all of this information should be escalated to the Designated Safeguarding Lead the same day (or as soon as reasonably practicable). In a situation of immediate risk, the staff member or volunteer should call emergency services prior to escalation to the Designated Safeguarding Lead in order to ensure the safety of the person.

Escalation to the Designated Safeguarding Lead should be on a Safeguarding Reporting Form and sent by email where possible, however the staff member or volunteer escalating the safeguarding concern should also make themselves available to discuss the concern by telephone in order to answer any questions the Designated Safeguarding Lead may have. If it is not possible to share any additional written notes with the Designated Safeguarding Lead the same day, these should be passed over as soon as possible and stored securely in the interim as these notes may be relied upon by safeguarding agencies. The member of staff or volunteer

should report only to the safeguarding point of contact and/or the Designated Safeguarding Lead and keep all information otherwise confidential from any other person, including other Olive Branch staff and volunteers.

The Safeguarding Reporting Form is available within the Olive Branch Hub:
[OB Safeguarding Concern Reporting Form v1 040222.docx](#)

10. Threshold and Consent

The Designated Safeguarding Lead will firstly consider whether the information gathered is adequate in content to support an onward referral, i.e. the adult is named, there is an address/location for the individual and there are contact details. Without basic details such as these it is unlikely that a statutory agency would be able to investigate. In accordance with Olive Branch policy, the Designated Safeguarding Lead will consider whether the information meets a threshold of serious harm. We have adopted the threshold of serious harm for onward reporting of a safeguarding concern without consent. The definition of serious harm adopted by the Olive Branch refers to actions that are potentially life threatening or are likely to lead to long term impairment of physical or mental health. The Designated Safeguarding Lead should consider whether clear consent has been given from the person about whom there is a concern in order to share the information with a statutory agency such as police or a Mental Health Crisis team. In accordance with the above safeguarding policy, consent is not required if the threshold of serious harm has been met.

The individual should be encouraged to self-refer in the first instance, if appropriate. If the person disclosing the safeguarding concern is the cause of harm to others, self-referral would not be appropriate. In line with our safeguarding policy, people are encouraged and supported to make their own decisions with informed consent. In the event that the Designated Safeguarding Lead considers that threshold for serious harm is not met, and a person has provided consent, an onward referral to Adult's Social Care can be made as a result of the consent as it may be that the person is considered at risk of abuse as defined by the Care Act 2014.

If the safeguarding concern is in relation to an individual's risk to themselves due to mental ill health and they have provided consent, but the threshold of serious harm is not met, a referral may be considered to the GP or Mental Health Crisis team. However, if the threshold for serious harm is not met and the person has not provided consent, then no further action can be taken by the Olive Branch. Where possible in this instance, the Designated Safeguarding Lead will identify and signpost an individual for relevant support.

11. Onward Referrals

If the Designated Safeguarding Lead considers that the threshold for serious harm is met, they will contact the police and/or the relevant Mental Health Crisis team, Childrens' or Adult Social Care team the same day (or as soon as is reasonably practicable). The Designated Safeguarding Lead has responsibility for onward referrals as a result of their more advanced safeguarding training and their accountability in decision making regarding onward referrals without consent.

In accordance with our safeguarding policy, consent is not required if the threshold of serious harm has been met. If the risk to the individual is immediate or imminent then the police should be contacted by telephoning 999. Generally, where there is a concern that an adult is at risk of abuse, but the risk is not immediate or imminent, the most appropriate statutory agency to contact would be Adult Social Care.

However, if there is a concern about a person's mental health and the risk is not immediate or imminent, the most appropriate statutory agency to contact would be the relevant Mental Health Crisis team. All information gathered should be passed over at the time of the referral along with the contact details of the Designated Safeguarding Lead.

12. Recording of Decisions

In order to promote defensible decision making, the Designated Safeguarding Lead will, within one working day, record on our secure system the details of all escalated safeguarding concerns, including the nature of the concern, consent, threshold decisions and any actions taken. This is secured and stored in accordance with GDPR legislation and our privacy policy.

13. Support for Staff Wellbeing in relation to Safeguarding

It is never easy to respond to a safeguarding concern or receive details about alleged abuse. Once the Designated Safeguarding Lead has managed the safeguarding concern, made any onward referral and recorded all decisions, it is important that they then check in with the member of staff or volunteer who escalated the safeguarding concern and support their wellbeing in accordance with the Olive Branch Staff Wellbeing policy. The Designated Safeguarding Lead should also advise the member of staff or volunteer of the outcome of the safeguarding escalation and whether an onward referral was made and the rationale for this.

(Note: It should be noted that if the person reporting the safeguarding concern was a member of the public, they should not be notified of the outcome as this information is confidential and not to be shared outside of the organisation; however, they should be advised that the matter was dealt with in accordance with Olive Branch safeguarding policy).

It is common for staff and volunteers to feel anxious about managing and responding to safeguarding concerns. Staff and volunteers may worry about whether they have done the right thing in raising the concern, handled it correctly according to the policy and whether they might get into trouble if they made a mistake. All these fears can be addressed through calm reassurance from the Designated Safeguarding Lead and clear, non-blaming explanations if a mistake was made. It is important that staff and volunteers are helped to gain confidence in dealing with safeguarding issues and this is best achieved through collaborative working and a supportive approach.

It is also common for staff and volunteers to experience strong feelings in relation to the details of the safeguarding concern. Common feelings include:

- feeling very angry towards alleged perpetrators of abuse or the people who should have kept the person safe
- feeling helpless
- feeling sad and distressed
- a desire to 'rescue' the vulnerable person
- anxiety about whether the safeguarding action will make things worse
- anxiety about whether the authorities can be relied upon to make the person safe anxiety or concern about one's own mental health.

All these feelings are normal and can last a few days or weeks after the event. It can be helpful for staff and volunteers to have a debrief following a safeguarding concern and to be given time to talk about their feelings individually and as a team. This can help staff to psychologically leave the safeguarding concern at the Olive Branch and reduce the likelihood that they take it into their personal life. Anyone impacted by a safeguarding concern and/or the related processes can contact the Clinical Lead.

Finally, it should be recognised that staff and volunteers may have their own experience of being vulnerable, of receiving support from safeguarding services such as social workers, or of being failed or let down by people they should have been able to trust to keep them safe. This can sometimes make dealing with a safeguarding issue more difficult as memories and emotions linked to their own experiences can act as triggers. It is hoped that staff and volunteers will feel comfortable to let the Designated Safeguarding Lead know if they would like some additional support in dealing with the situation. This may be particularly helpful if the staff member or volunteer needs to gather more information about the safeguarding concern and in doing so might hear distressing material. It is always better to get support in this situation rather than increase ones' own distress by keeping quiet and working alone. It is also important that the client experiences Olive Branch staff and volunteers as calm, confident and supportive. Receiving adequate support and advice can assist with this.

14. Trauma-informed Approach to Safeguarding

Please be aware that this section may prompt you to think about your own experiences of trauma, mental ill health or vulnerabilities. You may like to take a break before or during reading it or talk to someone about what it brings up for you. Being trauma-informed when it comes to safeguarding means working with awareness of how traumatised people may experience attempts to safeguard them. It does not mean that safeguarding action should not be taken. Typically, events that meet the criteria for a safeguarding concern are traumatic in nature e.g. physical abuse, elder abuse. A breakdown in ones' mental health resulting in suicidal feelings or actions can also itself be traumatising.

It is helpful to recognise that for people who have experienced or are experiencing events that are traumatising, interventions to safeguard them can trigger a range of complex emotions. Many traumatised people will feel anxious telling someone about the safeguarding issue. They may worry that they won't be believed or that others won't help them. They may worry that talking about it will make things worse for them and this can cause them to feel out of control and unsafe. This may be an accurate reflection of the situation, if for example, their abuser has an opportunity to harm or punish them for speaking about what is happening. Therefore, the vulnerable person may not want any action to be taken, may try to avoid talking further or later deny what they had earlier said. Whilst this may be difficult for staff and volunteers, it is helpful to understand that the person is just trying to avoid further harm.

If the safeguarding concern relates to a person's mental health, the person may be anxious that by speaking out, they will be 'sectioned' or forcibly medicated. The vulnerable person's fears about safeguarding actions may be exacerbated if the person has had previous negative experiences of safeguarding services or other authorities such as children's' safeguarding services, the police, or mental health services.

As previously stated, the person's fears about what might happen because of a safeguarding referral should not stop the Olive Branch from making a safeguarding referral. It is for the safeguarding services and authorities to assess the situation fully and decide how they will approach the situation. The Olive Branch can, however, pass on the person's fears to the safeguarding services.

Trauma-informed approach in action:

- If a person is traumatised, their account of what has happened/is happening may not be in chronological order and it may appear like an incomplete memory of the event/event. This is because the emotions at the time of the traumatic event can affect how memories of it are made and stored. This does not mean that they are not telling the truth

- Be aware that sometimes narratives of abuse and trauma can feel ‘unreal’ or sound so extraordinary we may think them untrue. You are not responsible for judging the truth of the account you are hearing. Always pass on information of a safeguarding concern to the Designated Safeguarding Lead.
- The person reporting the safeguarding issue may be emotional or they may be detached from their emotions if they are traumatised. Just because they appear unemotional does not mean that it has not impacted them, or it is not a serious concern.
- When asking for further information, only ask questions that enable you to pass the safeguarding concern on, do not ask questions that require the person to go into unnecessary detail. This may cause them to feel overwhelmed or trigger trauma symptoms. Park your own curiosity.
- Staying calm is important – if the person can see you are calm, they are likely to feel reassured and therefore safer. Talking slowly and in a low tone of voice can help soothe the person’s anxiety.
- Recognise any feelings of anxiety the person may have but avoid promising that ‘it will be ok’. You do not know that it will. You could help them to think about what might be different this time, if they are feeling worried that past negative experiences will be repeated.
- If they refer to being worried about their safety as a result of speaking out, take it seriously. Ask what the possible risks are. Pass this information on to the Designated Safeguarding Lead.
- It may be helpful and necessary to make an immediate safety plan with the person, with the input of the Designated Safeguarding Lead and Clinical team.
- Communicate what the safeguarding procedure is and what the Olive Branch will and will not do. Ask if they have any questions. Be aware that this information might be alarming, but it can also help to set a person’s expectations and avoid the person feeling ‘tricked’ or taken by surprise later, which may affect their trust in the Olive Branch.
- It can be helpful to explain that the Olive Branch has no control or power over what external agencies and safeguarding services will or will not do.

15. Implementation, Monitoring and Review

This policy will be implemented by the Clinical Lead (Designated Safeguarding Lead) and Clinical Team.

All staff and volunteers are provided with a copy of this policy and will be expected to take part in the safeguarding training offered by the Olive Branch to ensure that everyone has a good understanding of their responsibilities with regards to safeguarding as set out within this policy and procedure.

This policy will be reviewed annually by a team that is part of the Executive Committee to ensure that it reflects best practice and current legislation.

16. Complaints Procedure related to Safeguarding

If you have raised a safeguarding concern as a member of staff, and you are not satisfied with the way it has been handled, you may make a complaint as per the Olive Branch complaints policy by contacting the Clinical Lead, or the Director with responsibility for the Clinical work of The Olive Branch.

If a safeguarding onward referral has been made concerning you, either with or without your consent because it was deemed to have met the threshold of serious harm, and you are not satisfied with how this has been handled; you can make a complaint as per the Olive Branch complaints policy by contacting the Clinical Lead, or the Director with responsibility for the Clinical work of The Olive Branch.

17. Publication Status

Version 2 published May 2023.

Next review to be scheduled in May 2024.