



POLICY DOCUMENT

Policy	Child and Adults with Additional Care and Support needs at Risk Protection Policy and Procedure
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Connecting Policies	(A1) Integrity at Work and Code of Conduct Policy (A4) Data Protection Policy (A5) Public Interest Disclosure Policy (Whistleblowing) (A8) Equality and Diversity Policy (A9) Health and Safety Policy & Procedures (A19) Recruitment & Selection Policy & Procedures () Criminal Records Check Policy () Trips Out Policy

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SAFEGUARDING CONTACTS

National Safeguarding Partner

Thirtyone:eight (formally known as CCPAS)

24 hour advice and guidance on safeguarding issues:

<https://www.ccpas.co.uk/thirtyoneeight>

24 hour helpline: 0303 003 1111

Thirtyone:eight log in information:

Username: **recruiters@thirtyoneeight.org** Password: **Recruiters318**

GFS Designated Safeguarding Lead: Paul Rompani Executive Director

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POLICY STATEMENT

This policy sets out GFS' commitment to safeguarding children and adults at risk of abuse. GFS has a duty to ensure that children and adults at risk who access our service are protected from actual or potential abuse. All girls and young women at risk have the right to protection from all types of abuse and to expect that adults in positions of responsibility will do everything in their power to safeguard those rights. The need to keep children and adults at risk safe and protect them from harm is a vital consideration in all our work. The purpose of this policy is to provide clear instructions to people working or volunteering within the organisation about how to protect children and adults at risk.

For the purposes of this document the terms 'children' and 'young people' are interchangeable. UK children's legislation defines a child as anyone under the age of 18. 'Adults with Additional Care and Support needs'; previously referred to as vulnerable adults, the Care Act 2014 refers to adults with care and support needs. These are adults over the age of 18 who need care and support for their daily living.

AIM AND SCOPE OF THIS POLICY

This policy covers all areas of work within GFS and applies to staff, volunteers and those working on behalf of the organisation to further its objectives.

It should be used in conjunction with the Local Safeguarding Children's Board (LSCB) and Adult Protection Policies for the area in which the service is located

GFS has no formal power to investigate child and adults with additional care and support needs abuse. This is the role of local authority Children's Services, Adult Social Care Services the Police and, in some circumstances around children, the NSPCC. GFS will co-operate fully with statutory inter-agency working.

GFS has a duty to ensure that children and adults at risk in its care are properly supervised and protected from accidental harm. All staff and volunteers must adhere to relevant policies and procedures including; (A9) Health and Safety, and 'Trips Out' standards, ensuring effective risk assessments appropriate to the activity, age and number of participants are conducted

GFS will ensure all suspicions and allegations of abuse are taken seriously and responded to swiftly and appropriately.

GFS staff and volunteers will take into consideration the sensitive issues that may arise when working with difference, e.g. race, language, culture, gender, physical and mental abilities, in order to make informed decisions and professional judgements.

A RESPONSIBILITY OF ORGANISATION

Core Principles

- A1 Through our work we seek to empower young women and children by valuing their opinions, ensuring that they are aware of the choices that they can make in any given situation, and by responding to their right to be involved in decisions about their future.
- A2 Due to the nature of the service provided by GFS it is important to involve parents/carers/representatives where possible at every stage within any child/adult protection process, GFS must take into account the service user's ability to participate in their process of their own protection. However, where a child/adult protection concern arises, the welfare of the child/adult is paramount. Where the child is the primary client their interests must be considered separately from the interests of the parent/carer(s). The desire to work alongside the parent/carer(s) must never be allowed to obstruct the child protection process. GFS will work alongside other professionals, on a multidisciplinary basis, to promote good practice and meet the objective of effectively protecting children.

Accountability

- A3 We all share responsibility for safeguarding and promoting the welfare of children and adults at risk. GFS has adopted the following structure to ensure there is clear accountability for the safeguarding of children.

GFS will:

- Appoint a suitable Designated Safeguarding Lead and Designated Safeguarding Deputy
- Commission safeguarding services
- Monitor the effectiveness of the policy
- Ensure adequate resources are available to support the application of the policy

Designated Safeguarding Lead will:

- Provide advice and guidance on any concerns regarding child protection/adult safeguarding issues
- Stay up to date with current legislation and best practice
- Monitor, review and alter as required, the child protection and adult safeguarding policies annually
- Lead on any child or adult protection issues within the organisation
- Update the GFS Board on outcomes of safeguarding issues involving the organisation
- Lead on the development of training linked to this Policy

Volunteers will:

- Take responsibility for preventing abuse of children and vulnerable adults
- Ensure they understand this policy and its requirements
- Complete and update personal development training in safeguarding and child protection
- Seek advice/support when they have concerns
- Inform their Regional Development Coordinator of any child protection issues within their group
- Ensure compliance with health and safety including risk assessments

Staff will:

- Take responsibility for preventing abuse of children and adults with additional care and support needs
- Ensure they understand this policy and its requirements
- Complete and update personal development training in safeguarding and child protection
- Seek advice/support when they have concerns
- Inform the Designated Safeguarding Lead of any child protection issues
- Ensure compliance with health and safety including risk assessments

Learning and Development

- A4 GFS will ensure that its personnel are able to access to this policy, understand its content, and the mandatory nature of child and vulnerable adult protection. This will form part of the induction process and will take place within the first month of employment.
- A5 Any individual working with children, young people and adults at risk must have the appropriate skills to recognise and deal with abuse. GFS will ensure that all staff and volunteers access relevant training to address this within six months of

appointment. Each service must access appropriate child and adults with additional care and support needs protection training as detailed in **Appendix 1** and reviewed annually. This should be provided through the LSCB, adult protection board or other equivalent training commissioner.

- The Volunteer Co-ordinator is responsible for ensuring that this happens.
- The appropriate Regional Development Coordinator will monitor this.

A6 Each GFS group is provided with a completed **Contact Details for Children's Services and Adult Services by Region/County Appendix 7**.

- The appropriate Regional Development Coordinator is responsible completing the information and ensuring it is kept up to date and is shared with the GFS groups in their region.

Information Sharing and Confidentiality

A7 Confidentiality CANNOT be offered in matters of child and adults with additional care and support needs protection. The volunteer/worker who receives such information should handle the situation sensitively and explain that it is necessary to involve other agencies in order to protect the child and/or adults with additional care and support needs.

Although agreement should generally be sought, the situation may arise where information has to be shared with other agencies without the service user's agreement or, where appropriate, that of their parent/carer. In some circumstances, e.g. suspicion of sexual abuse. Staff must discuss these situations with their managers and volunteers must discuss with their Regional Development Coordinator who will decide the course of action and consult/inform the Designated Safeguarding Lead.

A8 Effective information sharing is a vital element of both early intervention and safeguarding volunteers and staff should follow The seven golden rules to sharing information outlined in the government guidance July 2018: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

B RESPONSIBILITY AND CONDUCT OF STAFF AND VOLUNTEERS

- B1 All staff and volunteers must adhere to the (A1) Integrity at Work and Code of Conduct Policy at all times. This emphasises personal and social relationships that exist or may develop between staff, volunteers or service users must be declared immediately, so that the impact can be assessed.
- B2 Staff and volunteers must not take young people to their homes, give out their personal telephone numbers (mobile or landline) or "friend" service users on social media sites (see also H12-13). To do so may be viewed as a disciplinary matter. (NB: Group Leaders sharing their contact details with parents/carers of the girls/young women accessing our services are exempted).
- B3 Staff and volunteers should not have more or less favoured service users. Every service user should be treated equally.
- B4 Any inappropriate behaviour (e.g. aggressive or sexualised behaviour) towards staff and volunteers by a young person should be recorded and if possible witnesses identified so that it can be appropriately addressed.
- B5 Staff and volunteers should not give lifts to young people outside of organised activities. If the young person is deemed to be at risk, the worker should endeavour not to travel alone and notify their manager or Regional Development Coordinator as soon as possible.

Allegations or concerns of abuse against staff and volunteers

- B6 When an allegation or concern involves a staff member or volunteer, GFS will immediately contact Children's Services or Social Services to determine how to proceed. Such investigations may have three strands;
- a child or vulnerable adult protection investigation
 - a police criminal investigation and
 - An internal GFS disciplinary Investigation.

While GFS will be non-judgemental pending the outcome of any investigations it may be necessary to suspend the member of staff or the volunteer pending the conclusion of GFS procedures.

- B7 The Executive Director, Designated Deputy Safeguarding Lead and the Human Resources Manager must be informed of any allegations against a member of staff or volunteer immediately and the allegations or concern recorded on the **CP1 and CP1a** forms (**Appendix 2 & 3**).

- B8 The Executive Director and in their absence the Designated Deputy Safeguarding Lead will notify the following within one working day, and reports will be sent to them in the required regulatory format to;
- The Local Authority Designated Officer (LADO) for children and young people under 18,
 - The Adult Protection Officer for services users over 18
 - The Disclosure and Barring Service (where it is agreed with the LADO or Adult Protection Officer that this is necessary)
- B9 GFS anticipates that in most cases issues and matters of concern will be raised internally with Regional Development Coordinators or line managers or escalated to the Board and dealt with fairly and openly in line with the GFS procedures. However, where an individual has concerns that they genuinely believe to be in the public interest; they may lodge their concern via the Public Interest Disclosure Policy (Whistleblowing).

C RECORDING

- C1 Notes should always be taken where there are concerns of abuse. Records may show patterns that are of concern or provide corroborative evidence when abuse is suspected. Records must be accurate, factual, and signed and dated by the person making the entry and their Regional Development Coordinator or Line Manager. When recording information staff and volunteers must be sensitive to the fact that it may be shared with parent(s) and other agencies.
- C2 If a child or vulnerable young woman presents with injuries, bruising, noticeable changes in appearance or behaviour, makes complaints, which would indicate abuse, or if a child does not appear to be developing within normal ranges, this should be recorded using the body map when appropriate on the **Disclosure/Incident/Child Protection Concerns Notification Form CP1 and CP1a** – the follow up form (**Appendix 2 & 3**), and policy guidance followed.
- C4 GFS is committed to interagency working and working in partnership with those who use our services. However, in some instances, where sharing information with a parent, carer or relative may put a child or adult with additional care and support needs at risk, access will be restricted.

D WHAT TO DO IN THE EVENT OF AN INCIDENT OR SUSPICION OF CHILD/ADULT WITH ADDITIONAL CARE AND SUPPORT NEEDS ABUSE (See flow diagram within Appendix 5)

A child/adult with additional care and support needs under immediate threat

- D1 Where the immediate health, safety or security of the child/adult with additional care and support needs is thought to be at risk, the staff member or volunteer must notify the Regional Development Coordinator who will then notify the Designated Safeguarding Lead (or thirtyone:eight/CCPAS) and Children's or Social Services or the police immediately. A full written report including the CP1 and or CP1a (Appendix 2 & 3) must subsequently be submitted within 48 hours to the Designated Safeguarding Lead for GFS records.
- D2 If urgent medical assistance is needed, it must be sought as for any other child/ adult with additional care and support needs. The staff member or volunteer concerned must tell the doctor or medical staff that they believe the individual has been abused.

A child/adult with additional care and support needs for whom there is concern

- D3 If a staff member or volunteer believes they have seen possible evidence of child/ adult with additional care and support needs abuse they must inform their Regional Development Coordinator immediately who should discuss this with the Designated Safeguarding Lead. Examples may include seeing suspicious marks on the child's or adults skin, comments or direct disclosure made by the child or adult, or noticing a pattern from records.
- D4 The evidence must be discussed and considered in relation to the situation, in which it occurred, and the child's or adult's history. All concerns should be recorded on the **Disclosure/Incident/Child Protection Concerns Notification Form CP1/CP1a (Appendix 2/3)**. A decision regarding the implementation of local safeguarding procedures will be the responsibility of the Executive Director who needs to be informed.
- D5 If not already aware, the Regional Development Coordinator should decide whether or not parents/carers/relatives are informed straight away.

- D6 When the alleged perpetrator is another child, local child protection procedures should be implemented to protect both the alleged victim and the alleged perpetrator, as the latter's behaviour may be an indicator that they too have been abused.
- D7 All contact with local authority Children's or Social Services teams must be recorded. Referrals of possible child/adult abuse to the local authority by word of mouth or over the phone must be confirmed in writing within 24 hours. Confirmation should include full details of evidence, action taken, and designations of people contacted with contact details.

Dealing with disclosures

- D8 Always listen to and take seriously what a child or adult at risk is saying. Reassure them they are right to be telling you their concerns. Clarify with them what they are saying and explain to them what will happen next. Do not attempt to question children or adults at risk further without an agreement reached with specialist staff in the Local Authority and/or the Police. Failure to work in partnership in this task could result in future evidence being compromised. It is also abusive to the child to give distressing statements on more than one occasion.

E INVESTIGATION

- E1 On receiving a referral, the Local Authority Children's or Adult Social Services team should investigate the concern. During these enquiries, staff and volunteers must support the local authority in carrying out its statutory duties by providing them with appropriate and accurate information. Therefore, it is essential all information is recorded promptly and accurately, refer to section C.
- E2 An investigation may result in a conference and plan or more rarely there could be a criminal prosecution or legal action to protect a child/vulnerable adult. Staff and volunteers may be required to attend a conference or give evidence in court. Any volunteer or staff member required to do this will be supported through their Regional Development Coordinator or line management respectively or accompanied if required.
- E3 GFS' role in case management following a child/adult protection conference should be within the boundaries of our service provision. Staff and volunteers should never assume the role of 'lead professional' for child/adult protection purposes. It is the responsibility of the Regional Development Coordinator to ensure that any undertaking made by GFS is met.

F SUPPORT FOR SERVICE USERS AND STAFF

- F1 GFS will ensure that abused children/adults are supported at the time of crisis and on an on-going basis. Where GFS is unable to provide this support directly the organisation will endeavour to refer service users to appropriate support agencies.
- F2 GFS acknowledges that child/adult abuse and child/adult protection action can be traumatic and emotionally draining. It often stirs up feelings of anger, guilt and disgust on the part of the staff and volunteers involved. Support will be offered to staff through supervision with their line manager and/or the Designated Safeguarding Lead and where appropriate through counselling.
- F3 In the case of a staff member or volunteer being investigated for child/adult abuse (see B6), GFS will offer reasonable and appropriate support through line management or Regional Development Coordinator and other external bodies. GFS also offers staff access to a free 24-hour telephone counselling service via the Employees Assistance Programme

G YOUNG PEOPLE OVER 16 YEARS OF AGE

- G1 Young people aged 16 and 17 are children in the eyes of the law.
GFS will take into account the young person's maturity and ability to participate in the process of their own protection in a manner appropriate to their age and self-determination, however this must always be considered within the framework of protecting them from harm.

H VULNERABLE GROUPS

- H1 When working with diverse groups staff and volunteers must be aware of 'difference', be sensitive to, and find appropriate ways to ensure that dignity and respect are maintained.

Domestic Abuse

- H2 Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to psychological physical sexual attacks and financial and emotional coercion.

H3 GFS policy and local safeguarding procedures, including referral to police and Local Authority Children's or Social Services, must be followed where either:

- A child/adult is at risk of suffering significant harm as a consequence of domestic abuse, *or*
- There is domestic abuse in families with a child/adult under 12 months old, including an unborn child.

H4 Where volunteers or staff are aware that domestic abuse is or may be occurring the following must be addressed: impact on children, provision of information about what to do in crisis and other services that could provide support and advice must be addressed.

H5 Where present, the following specific categories must be addressed:

- Religious and cultural issues including "honour" abuse and female genital mutilation.
- The needs of families and children managing the additional pressures of disability.
- Use of violence in processes where young people are groomed for sexual exploitation.
- Violence from adolescents to parents.
- The needs of young people aged between 16 and 24, especially teenage parents, who are most at risk of being victims of domestic abuse.
- Same sex domestic abuse.
- Violence between younger people in relationships.

Disabled children/adults

H6 Disabled children/adults may be more vulnerable for abuse for a number of reasons. They may:

- Have fewer outside contacts with other children/adults;
- Receive intimate personal care, possibly from a number of carers, which may increase the risk of exposure to abuse.

- Have communication, mobility difficulties or impaired capacity that may make it difficult to tell others what is happening;
 - Be more vulnerable to bullying and intimidation.
- H7 Where there is cause for concern about the welfare of a disabled child/adult, staff and volunteers should take the same action as for any other child/adult.
- H8 It is particularly important to ensure any child/adult with communication impairments, has people with whom they can communicate e.g. signers.
- H9 Parents with disabilities themselves will often need additional resources or support to help them care for their children, particularly if they have learning disabilities.

Substance misuse

- H10 Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood. Where there is evidence that substance misuse is affecting the care of a child a referral to Children's Services should be made.

Internet, mobile phones and social media

- H11 Social media including sites such as Facebook and Twitter, mobile smartphones, internet chat rooms, are increasingly used as a means of contacting children/adults with a view to grooming them for inappropriate or abusive relationships. There is also evidence of growing use of social media to bully and intimidate children/adults by peers.
- H12 Concerns about Internet or mobile phone abuse should be addressed in the same way as any other referral.
- H13 GFS accepts the important role that social media can play in the ways in which young people communicate and the effectiveness of these groups within the organisation's work. However, GFS also recognises the potential safeguarding issues social networking brings and requires services to:
- Use a separate, designated social media (e.g. Facebook or Twitter) account for the purposes of the service. This should be used for GFS purposes only and not as a staff member's personal account.
 - Any communication using this social media account should be kept public or kept logged. Messages should be saved and kept

(both incoming and outgoing) and instant chat must not be used at any time to communicate with service users.

- All contact with service users using social media should be kept appropriate and not use abbreviations/language that could be misunderstood.
- Services should not use this account after 10pm in order to maintain a safe boundary between work and personal life.

Race and Culture

H14 No culture condones abuse but children/adults are abused in all cultures and all children/adults have a right to grow up safe from harm. All staff and volunteers need to be aware of and sensitive to differing family lifestyles and child care practices across the different social, racial and cultural groups with which their service is working.

H15 Staff and volunteers should guard against myths and stereotypes – both positive and negative – of black and minority ethnic families. Neither should fear of being accused of racist practice prevent the necessary action being taken to safeguard a child/adult.

Children/adults affected by gang activity

H16 Children, young people and adults at risk who become involved in gangs are at risk of violent crime and as a result are deemed vulnerable. Risks associated with gang activity include access to weapons (including firearms), retaliatory violence and territorial violence with other gangs. Other risks include an increased likelihood of involvement in knife crime, sexual violence and substance misuse.

Sexually exploited children/adults

H17 Children and adults at risk who are sexually exploited are the victims of sexual abuse, and their needs require careful assessment. This group includes children and adults at risk who have been sexually abused through the misuse of technology, coerced into sexual activity by criminal gangs or the victims of trafficking. It should be noted there is evidence that young people and young adults at risk who regularly go missing are at particular risk of sexual exploitation.

Mental Well Being

The emotional wellbeing of children is just as important as their physical health. However, many children and young people do not have an appropriate diagnosis or intervention at an early

enough stage. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. Concerns about the abuse of mental well-being should be addressed in the same way as any other abuse.

I RECRUITMENT PRACTICE

- I1 Ensuring GFS recruits the right people for the job is a critical factor in minimising risk and safeguarding children/adults. Ref: A19 Recruitment & Selection Policy.

- I2 All roles within GFS that involve direct contact with girls and young women are subject to the Rehabilitation of Offenders Act (Exceptions) Order 1975. Applicants are therefore required to disclose any caution or conviction they have.

Staff and volunteers are required to apply for a criminal records check and will undertake an enhanced child workforce DBS disclosure. No individual who has been offered a position that requires direct involvement with children, girls or young women can commence employment and/or volunteering until a satisfactory disclosure is received.

GFS can define what a satisfactory disclosure is and a conviction will not automatically render the application unsuccessful but will be subject to a risk assessment DBS checks are then made every three years for as long as the employee/volunteers are within an eligible position at GFS.