



POLICY DOCUMENT

Policy	Safeguarding: 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

CONTENTS

LIST OF APPENDICES	Page 2
SAFEGUARDING CONTACTS	Page 2
POLICY STATEMENT	Page 3
RESPONSIBILITY OF ORGANISATION	Page 4
RESPONSIBILITY AND CONDUCT OF STAFF AND VOLUNTEERS	Page 8
RECORDING	Page 9
WHAT TO DO IN THE EVENT OF AN INCIDENT	

OR SUSPICION	Page 10
INVESTIGATION	Page 11
SUPPORT FOR SERVICE USERS AND STAFF	Page 12
VULNERABLE GROUPS	Page 13
YOUNG PEOPLE OVER 16 YEARS OF AGE	Page 12
RECRUITMENT PRACTICE	Page 16

LIST OF APPENDICES	
A3 Appendix 1	Suggested Training – page 18
A3 Appendix 2	CP1 Notification Form – page 25
A3 Appendix 3	CP1a Notification Form Body Map – page 28
A3 Appendix 4	Allegations against staff and volunteers – page 31
A3 Appendix 5	Reporting a Concern Flow Diagram – page 32
A3 Appendix 6	Explicit Information – page 33
A3 Appendix 7	Template Contact details for Children's and Adults Services by Region/County - page 41
A3 Appendix 8	GFS Safeguarding Statement – page 42

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: TBC

GFS Designated Safeguarding Deputy: Carolyn Peers Operations Manager
Tel: 020 7837 9669 Mobile: 07810 501 737 carolyn@girlsfriendlysociety.org.uk

GFS Safeguarding Trustees: Margaret Winks and Emma Dickinson

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.

A3 Safeguarding: Child and Adults with Additional Care and Support needs at Risk Protection Policy and Procedure APPENDIX 1

Suggested training for different target groups

Target groups to include members of statutory, voluntary, independent and community organisations	Suggested training content	Employer, Local Safeguarding Children's Board and Children's Trusts responsibilities
<p>Group 1 Staff in infrequent contact with children, young people and/or parents/carers who may become aware of possible abuse or neglect. For example, librarians, GP receptionists, community advice centre staff, groundsmen, recreation assistants, environmental health officers.</p>	<ul style="list-style-type: none"> • What is child abuse and neglect? • Signs and indicators of abuse and neglect. • Normal child development. • Maintaining a child focus. • What to do in response to concerns. 	<p>The employer is responsible for organisation and delivery. The LSCB is responsible for ensuring that single and inter-agency training is provided and that it is reaching relevant staff within organisations. The LSCB is responsible for quality assurance.</p>
<p>Group 2 Those in regular contact or have a period of intense but irregular contact, with children, young people and/or parents/carers including all health clinical staff, who may be in a position to identify concerns about maltreatment, including those that may arise from the use of CAF. For example, housing, hospital staff, YOT staff and staff in secure settings, the police other than those in specialist child protection roles, sports development officers, disability specialists, faith groups, community youth groups, play scheme volunteers.</p>	<p>The above plus:</p> <ul style="list-style-type: none"> • Documentation and sharing of information regarding concerns. • Using the <i>Framework for the Assessment of Children in Need and their Families: Own safeguarding roles and responsibilities.</i> 	<p>The employer is responsible for organisation and delivery. The LSCB is responsible for ensuring that single and inter-agency training is provided and that it is reaching relevant staff within organisations. The LSCB is responsible for quality assurance.</p>

<p>Group 3 Members of the workforce who work predominantly with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns. For example, paediatricians, GPs, youth workers, those working in the early years sector, residential staff, midwives, school nurses, health visitors, sexual health staff, teachers, probation staff, sports club welfare officers, those working with adults in, for example, learning disability, mental health, alcohol and drug misuse services, those working in community play schemes.</p>	<p>The above plus:</p> <ul style="list-style-type: none"> • Working together to identify, assess and meet the needs of children where there are safeguarding concerns. • The impact of parenting issues, such as domestic abuse, substance misuse on parenting capacity. • Recognising the importance of family history and functioning. • Working with children and family members, including addressing lack of co-operation and superficial compliance within the context of role. 	<p>The employer is responsible for organisation and delivery. The LSCB is responsible for ensuring that single and inter-agency training is provided and that it is reaching relevant staff within organisations. The LSCB is responsible for quality assurance. Depending on local arrangements, the LSCB or Children's Trust partners may take responsibility for the delivery of inter-agency training. The Children's Trust Board is responsible for ensuring training is available to meet identified needs.</p>
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Target groups to include members of statutory, voluntary, independent and community organisations	Suggested training content	Employer, LSCB and CT responsibilities
<p>Group 4 Members of the workforce who have particular responsibilities in relation to undertaking section 47 enquiries, including professionals from health education, police and children’s social care; those who work with complex cases and social work staff responsible for co-ordinating assessments of children in need.</p>	<p>The above plus:</p> <ul style="list-style-type: none"> • Section 47 enquiries, roles, responsibilities and collaborative practice. • Using professional judgements to make decisions as to whether a child is suffering, or is likely to suffer, significant harm. • Taking emergency action. • Working with complexity. • Communicating with children in line with interviewing vulnerable witness guidance. 	<p>The employer is responsible for organisation and delivery. The LSCB is responsible for ensuring that single and inter-agency training is provided and that it is reaching relevant staff within organisations. The LSCB is responsible for quality assurance. Depending on local arrangements, the LSCB or Children’s Trust partners may take responsibility for the delivery of inter-agency training. The Children’s Trust Board is responsible for ensuring training is available to meet identified needs.</p>

Target groups to include members of statutory, voluntary, independent and community organisations	Suggested training content	Employer, LSCB and CT responsibilities
<p>Group 5 Professional advisors, named and designated lead professionals.</p>	<ul style="list-style-type: none"> • Content as for groups 1,2 and 3 and 4 if advising staff in that group. • Promoting effective professional practice • Advising others. 	<p>The employer is responsible for organisation and delivery. The LSCB is responsible for ensuring that single and inter-agency training is provided and that it is reaching relevant staff within organisations. The LSCB is responsible for quality assurance. Depending on local arrangements, the LSCB or Children’s Trust partners may take responsibility for the delivery of inter-agency training. The Children’s Trust Board is responsible for ensuring training is available to meet identified needs.</p>

Target groups to include members of statutory, voluntary, independent and community organisations	Suggested training content	Employer, LSCB and CT responsibilities
<p>Group 6 Operational managers at all levels including: practice supervisors; front line managers and managers of child protection units.</p>	<ul style="list-style-type: none"> • Content as for groups 1,2 and 3 and 4 if supervising staff in that group. • Supervising child protection cases. • Managing performance to promote effective inter-agency practice. Specialist training to undertake key management and/or supervisory roles in, for example, intake/duty teams. 	<p>The employer is responsible for organisation and delivery. The LSCB is responsible for ensuring that single and inter-agency training is provided and that it is reaching relevant staff within organisations. The LSCB is responsible for quality assurance. Depending on local arrangements, the LSCB or Children's Trust partners may take responsibility for the delivery of inter-agency training. The Children's Trust Board is responsible for ensuring training is available to meet identified needs.</p>

Target groups to include members of statutory, voluntary, independent and community organisations	Suggested training content	Employer, LSCB and CT responsibilities
<p>Group 7 Senior managers responsible for the strategic management of services; NHS board members.</p>	<ul style="list-style-type: none"> Content as for groups 1,2 and 3 and section 11 expectation, roles and responsibilities. 	<p>The employer is responsible for organisation and delivery. The LSCB is responsible for ensuring that single and inter-agency training is provided and that it is reaching relevant staff within organisations. The LSCB is responsible for quality assurance. Depending on local arrangements, the LSCB or Children's Trust partners may take responsibility for the delivery of inter-agency training. The Children's Trust Board is responsible for ensuring training is available to meet identified needs.</p>

Target groups to include members of statutory, voluntary, independent and community organisations	Suggested training content	Employer, LSCB and CT responsibilities
<p>Group 8 Members of the LSCB including: Board members Independent Chair Directors of Children’s Services Elected members Lay members Members of executive and sub/task groups Business support team Inter-agency trainers</p>	<ul style="list-style-type: none"> • Content as for groups 1,2 and 3 and roles, responsibilities and accountabilities. • Expectations on members in order to promote effective co-operation that improves effectiveness. • Current policy, research and practice developments. • Lessons from Serious Case Reviews. • Specialist training to undertake specific roles, for example independent chair; business manager. 	<p>The employer is responsible for organisation and delivery. The LSCB is responsible for ensuring that single and inter-agency training is provided and that it is reaching relevant staff within organisations. The LSCB is responsible for quality assurance. Depending on local arrangements, the LSCB or Children’s Trust partners may take responsibility for the delivery of inter-agency training. The Children’s Trust Board is responsible for ensuring training is available to meet identified needs.</p>

NB. these are illustrative examples of the audience for each target group

- Appointed Trustee with statutory responsibility for safeguarding Group 5
- Designated Safeguarding Lead and Deputy Group 5
- Regional Development Coordinators Group 5
- Volunteers who direct deliver to girls and young women Group 3
- Office based staff who do not direct deliver to girls and young women Group 1

A3 Safeguarding: Child and Adults with Additional Care and Support needs at Risk Protection Policy and Procedure APPENDIX 2 CHILD PROTECTION 1 (CP1)

Disclosure/Incident/ Child Protection Concerns Notification Form

Date & Time		Name and role of person completing form.	
Name and role of person with concern		Name of child/young person	
DOB Gender M/F		Address of child/young person	
Names of carer/carers with parental responsibility		If Known to children's services Name of allocated Social worker	

Details of disclosure by Child/Incident/Child Protection Concerns.

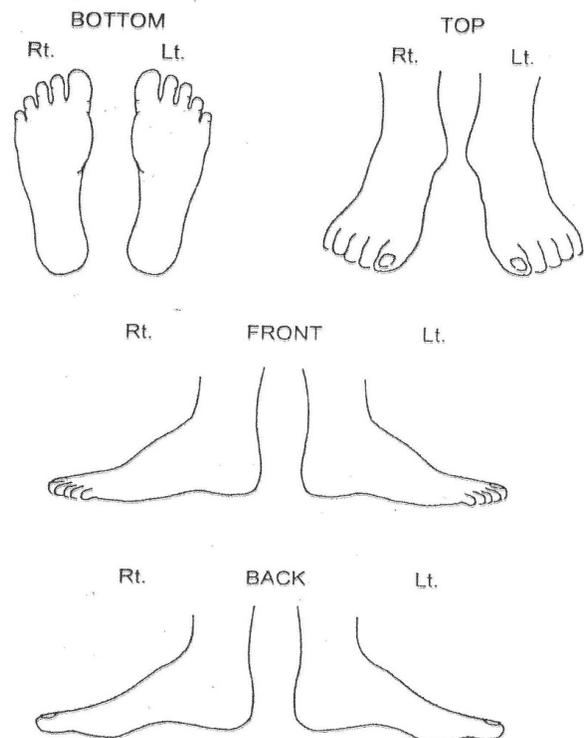
Signature		Date & Time	

Action to be taken (Be explicit about who will be taking what action)			
Signature		Date & Time	

Date and time if Children services informed	In writing
By Phone	Name of Social worker contacted

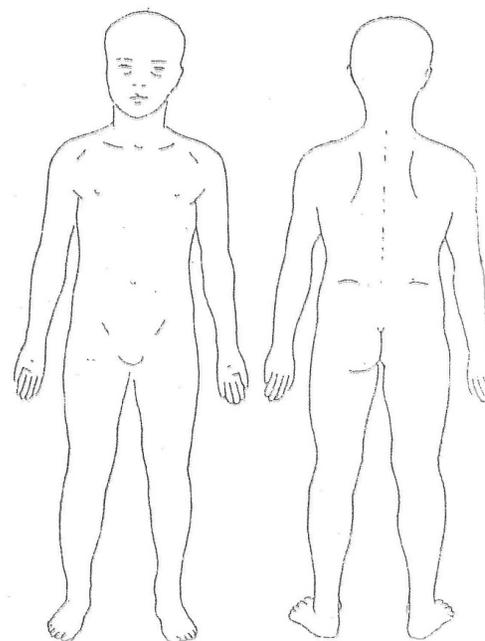
Notes on feedback from Children's Services	
Outcome	
Date & Time	
Signature	Date

**A3 Safeguarding: Child and Adults with Additional Care and Support needs at Risk Protection Policy and Procedure APPENDIX 3
CHILD PROTECTION 1a (CP1a) BODY MAP**

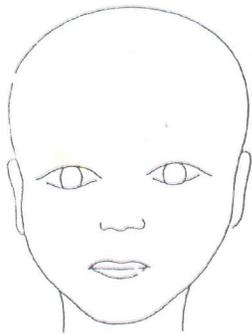


BODY MAP

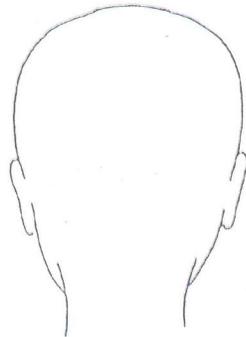
NAME OF CHILD:
DATE OF BIRTH:
DATE AND TIME OF OBSERVATION:
NAME OF WORKER:
AGENCY:



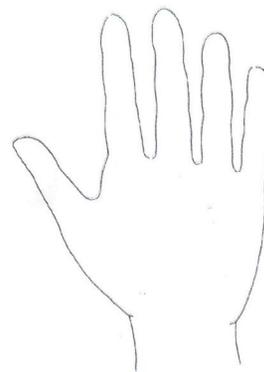
Signature of Worker: _____ Date: _____
Other information: _____



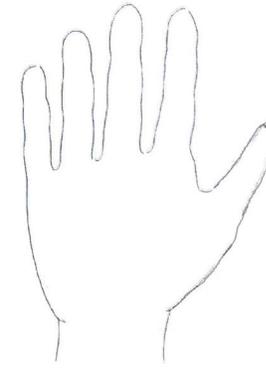
FRONT



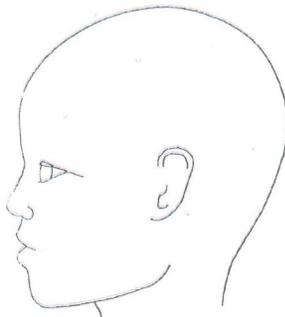
BACK



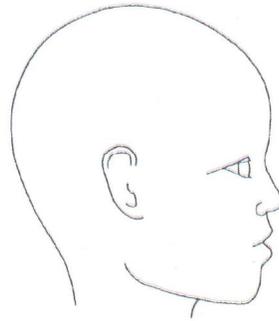
LEFT FRONT



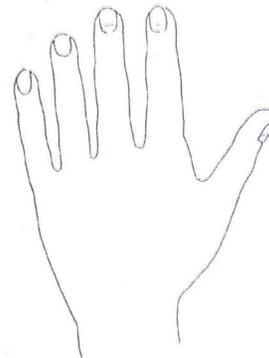
RIGHT FRONT



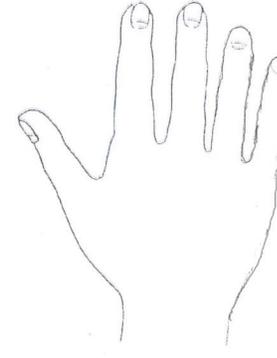
LEFT SIDE



RIGHT SIDE



LEFT BACK



RIGHT BACK

CP1a - CHILD PROTECTION 1a

FOLLOW UP TO D//CPC – NOTIFICATION FORM

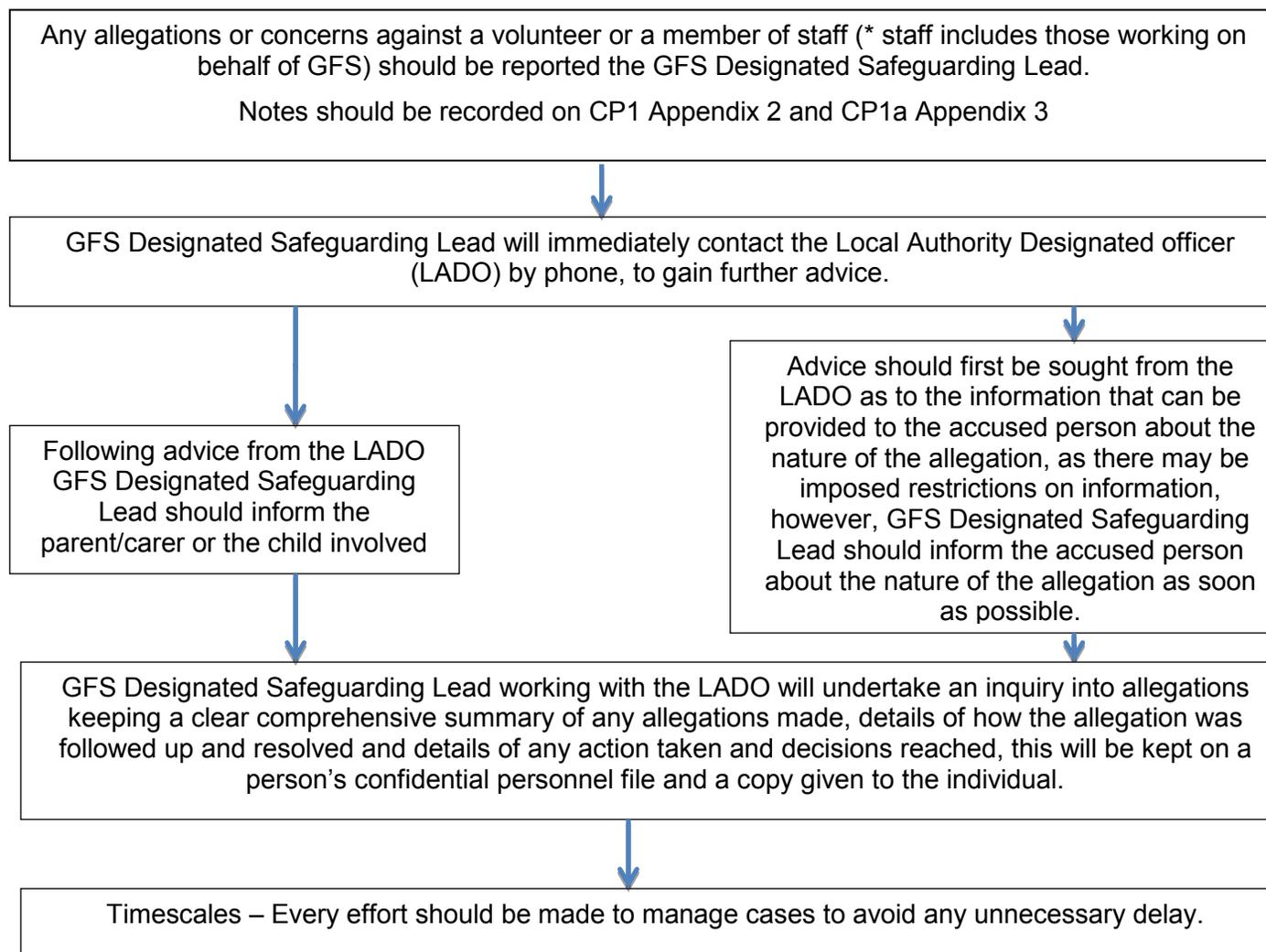
Follow up action and information for on-going issues:

Signature

Date & Time

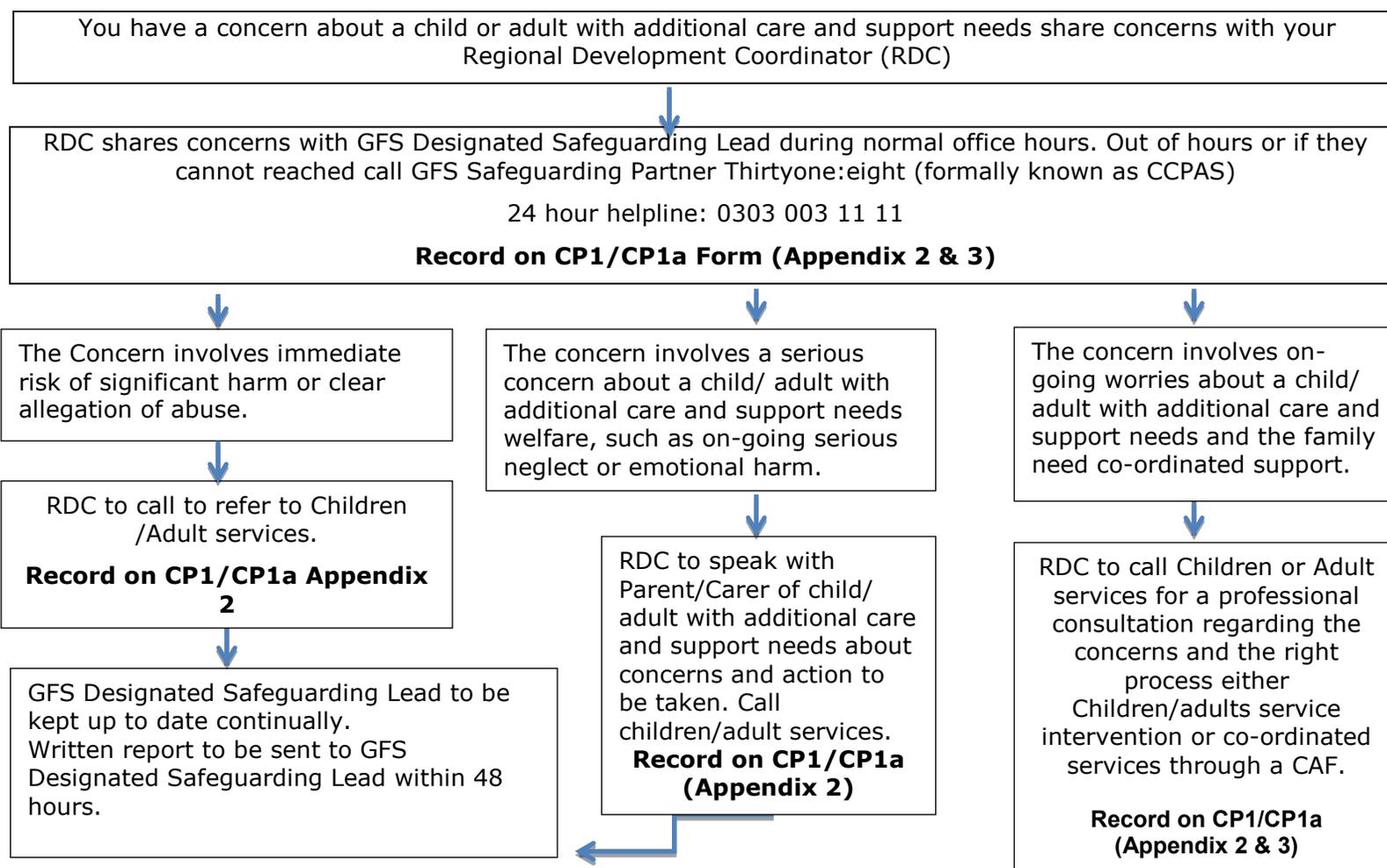
A3 Safeguarding: Child and Adults with Additional Care and Support needs at Risk Protection Policy and Procedure Appendix 4

GFS - Allegations against volunteers and staff



A3 Safeguarding: Child and Adults with Additional Care and Support needs at Risk Protection Policy and Procedure Appendix 5

Reporting a concern flow diagram for volunteers and paid workers



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Appendix 6

Explicit Information

1 DEFINITIONS OF ABUSE

- 1.1 Governmental guidance "*Working Together to Safeguard Children 2018*" includes the following definitions:
- 1.2 The Children Act 1989, section 47, places a duty on the local authority to make enquires and take action if there is reasonable cause to suspect that a child is suffering, or likely to suffer "significant harm." **Significant harm** is defined as the threshold that justifies compulsory intervention in family life in the best interests of children.
- 1.3 Section 53 of The Children Act 2004 amends sections 17 and 47 of the Children Act 1989, to require in each case that before determining what services to provide or what action to take, the local authority shall, so far as is reasonably practicable and consistent with the child's welfare:
- (a) ascertain the child's wishes and feelings regarding the provision of those services or the action to be taken; and
 - (b) give due consideration (with regard to the child's age and understanding) to such wishes and feelings of the child as they have been able to ascertain.
- 1.4 The Department of Health 'No Secrets' defines abuse to a vulnerable adult as 'the violation of an individual's human and civil rights by another person or persons'. GFS accepts this and understands abuse as anything that harms another person which could involve a single or repetition of acts and might include:

Physical abuse

- 1.5 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child/adult. Physical harm may also be caused when a parent, carer or partner fabricates the symptoms of, or deliberately induces, illness in a child/adult.

Emotional abuse

- 1.6 Emotional abuse is the persistent emotional maltreatment of a child/adult such as to cause severe and persistent adverse effects on the child's or adult's emotional development. It may involve conveying to children/adults that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children/adults. These may include interactions that are beyond the child's or adult's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child/adult participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying, (including cyber-bullying) causing children/adult frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

- 1.7 Sexual abuse involves forcing or enticing a child/young person or adult to take part in sexual activities, not necessarily involving a high level of violence, including prostitution, whether or not the child/adult is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children/adults in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children/adults to behave in sexually inappropriate ways.

Neglect

- 1.8 Neglect is the persistent failure to meet a child or adult's basic physical and/or psychological needs, likely to result in the serious impairment of the child or adult's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
 - Protect a child from physical and emotional harm or danger
 - Ensure adequate supervision (including the use of inadequate care-givers)

- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

1.9 GFS adopts the overall definition of abuse as defined in Working Together to Safeguard Children (March 2013), which is as follows:

1.10 A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children

2 SIGNS AND SYMPTOMS OF ABUSE

2.1 The following have been taken from a number of sources including Working Together, the Pan London Child Protection Procedures and Kidscape (child abuse signs and symptoms) and the Department of Health 'No Secrets'. These signs do not automatically indicate a child/adult is being abused. However, the possibility of abuse should be investigated if a child/adult shows a number of these symptoms, or any of them to a marked degree.

Sexual abuse

- Statement of child/adult describing sexual experience or detailed observations of sexual acts;
- Inappropriate sexual knowledge or behaviour, demonstrated by sexual play with peers, toys or through drawings;
- Behavioural concerns e.g. depression, self-harm, suicide attempts, running away, overdoses, anorexia;
- Sudden changes in mood and altered attitudes to particular adults;
- Embarrassment or reluctance to undress for showers after games;
- Genital injuries;
- Vaginal discharge, bleeding, itching or soreness, which may be accompanied by difficulty in sitting still or walking;
- Sexually transmitted disease(s) – oral and genital;
- Bruising in lower abdominal or genital area.

Physical abuse

Bruising is more likely to be indicative of abuse where there are:

- Repeated injuries;
- Unlikely reasons given for the injury or a refusal to give any explanation;
- Refusal to undress for gym/games at school;
- Fear of suspected abuser being contacted;
- Finger shaped bruising around a limb caused by an excessively tight grip;
- Bruising to the lips, cheeks, ears or side of head which could indicate blows from a hand or fist;
- Bruising to the back or backs of legs.

Burns/scalds are more likely to be indicative of abuse where there are:

- Unlikely reasons given or a refusal to give any explanation;
- Repeated burns/scalds which may be indicative of neglect;
- Burns consistent with the imprint of a cigarette, fireguard or iron (even if accidental could also be neglect).

Fractures may include swelling and pain on movement. Whilst fractures in very young children should always be considered as possible indicators of significant harm, in older children they are more likely to occur by accident often as a result of sporting injuries.

Fabricated illness is where the parent or carer pretends the child/adult is ill in order to give them unnecessary medical treatment. It is a form of physical and emotional abuse. It may be a possibility where:

- Symptoms reported by the carer are not found on medical examination;
- New symptoms are reported on resolution of previous ones;
- Symptoms reported by the carer are not present when the carer is absent;
- The child/adult is repeatedly presented by the carer with a range of symptoms;
- The parent curtails the child or adult's normal activities beyond what might be expected for any diagnosed medical disorder.

Emotional abuse

Possible indicators include:

- Behavioural problems such as petty crime, telling lies, being disruptive in school;
- Child/adult scapegoated within the family;
- Low self-esteem and lack of confidence;
- Lack of response to discipline including absenteeism and running away from school;
- Aggression;
- Indiscriminate attachment to others or failure to attach to a parent;
- Lethargy, depression and anxiety– including loss of vitality and being withdrawn;
- Developmental delay including difficulty with learning;
- Self harm.

Neglect

Signs and symptoms of neglect may include:

- Gross under-stimulation which can lead to developmental delay;
- Failure to thrive which can lead to poor growth;
- Recurrent or persistent minor infections;
- Poor or disturbed emotional attachments, e.g. indiscriminate attachment to strangers;
- Language delay;
- Conduct disorder;
- Poor educational performance;
- Poor supervision and lack of boundaries for the child;
- Failure to thrive e.g. poor weight and height gain;
- Constant hunger;
- Poor personal hygiene;
- Constant tiredness;
- Untreated medical problems and poor health care e.g. immunisations not up to date;
- Inappropriate clothing, e.g. child coming to school without a warm coat or socks in the winter;
- Lack of emotional warmth, appropriate physical contact, interaction and stimulation;
- Frequent and inappropriate substitute carers e.g. child regularly being looked after by under-age carers.

Abusers

The perpetrator of child/adult abuse can be anyone who is in a position to exert power over a child/adult, including a natural parent, step-parent, relative, foster carer, respite carer, adoptive parent, teacher, member of staff, volunteers, sibling, friend (including another child), neighbour, partner or a stranger.

When a child/adult has been abused the role of others within the household must be considered. Some parents/carers will have been totally unaware of the abuse and may need support to help come to terms with it. Others may have co-operated with the abuse or been coerced into accepting it.

3 CHILD/ADULT PROTECTION CONFERENCES AND PLANS

- 3.1 If the initial assessment concludes the child/ adult appears to be suffering or at risk of significant harm an *initial child/adult protection conference* will be convened. This is a formal meeting that brings together relatives /carers/representative/carer (including the child/adult, where appropriate) and all professionals involved with the child/adult and the relatives/carer. It decides whether the child/adult is at continuing risk of significant harm and, if so, draws up a *child/adult protection plan*.
- 3.2 A *child/adult protection plan* is a detailed inter-agency plan based on the assessment and information held from any previous involvement with the child/adult and family. It sets out what needs to change to safeguard the child/adult from harm. A *key worker* (who is always a social worker from Children's or Social Services) is appointed. The key worker co-ordinates a *core group* of staff from the other agencies working with the child/adult e.g. teacher, health visitor who will work with the family/carer/representative to bring about the necessary change.
- 3.3 The child/adult protection plan will be monitored at regular *review child/adult protection conferences*. These are also formal inter-agency meetings (the practitioners invited will usually be the same as for the initial conference) to ensure the child/adult continues to be adequately safeguarded and whether any changes are required to the child/adult protection plan.
- 3.4 Within child protection plans the first review takes place within three months and further reviews at six monthly intervals until the conference decides the child no longer needs a child protection plan.
- 3.5 A child protection plan is a voluntary agreement with the family but if it is not kept to it is more likely the Children's Services department will go to court to get an order to place the child in care.
- 3.6 Note until December 2007 conferences also placed children subject to child protection plans on the *child protection register*. Child protection registers have now been phased out but the local authority can identify all children currently subject to child protection plans from its electronic recording systems.

4 LEGAL FRAMEWORK: CHILDREN AND YOUNG PEOPLE

- 4.1 A child is legally defined as anyone who has not yet reached his or her 18th birthday. In this module we will use the term “child” to refer to all children and young people under the age of 18.
- 4.2 The Children Act 1989 defines abuse and neglect as maltreatment of a child through inflicting harm, or failing to act to prevent harm. In many cases, children are subjected to a combination of forms of abuse.
- 4.3 Local authority children’s services departments (previously known as social services departments) have the lead responsibility for protecting children within their geographical area. This responsibility is set out in the Children Act 1989, as amended by the Children Act 2004.
- 4.4 Section 47 of the 1989 act places a duty on the local authority to make enquires and takes action if there is reasonable cause to suspect that a child is suffering, or likely to suffer “significant harm.” Significant harm is defined as the threshold that justifies compulsory intervention in family life in the best interests of children.
- 4.5 Section 31 of the *Children Act 1989* allows the local authority to apply for care proceedings to remove a child from their parents if the child is suffering, or is likely to suffer, significant harm and the child would benefit from an order being made.
- 4.6 Section 17 of the *Children Act 1989* requires the local authority to safeguard and promote the welfare of children in need within its area. A child in need is defined in the Act as “*a child needing additional services to achieve a reasonable standard of health and development, a disabled child or one whose health or development is likely to be significantly impaired, or further impaired without the provision for him of such services*”.
- 4.7 The government has published guidance ‘*Working Together to Safeguard Children*’ on how agencies should work together to safeguard children inter-agency working. The current edition was introduced in 2018.
- 4.8 Local authorities base their child protection procedures on Working Together 2018.
- 4.9 Section 11 of the Children Act 2004 places a duty on a range of organisations, including voluntary organisations like GFS, to ensure their functions, and any services are discharged with regard to the need to

safeguard and promote the welfare of children.

5 LEGAL FRAMEWORK: ADULTS

5.1 The adult safeguarding duties under the Care Act 2014 apply to an adult, 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.

Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

5.2 Local authorities have a duty to adults and there will be LASB's in place according to the legislation.

5.3 For adults the regulatory and legislative framework is not, at least yet, as defined as for children.

5.4 The Care Act 2014 places the duty upon Adult Services to investigate situations of harm to adults with care and support needs. This may result in a range of options including action against the person or organisation causing the harm, increasing the support for the carers or no further action if the 'victim' chooses for no further action and they have the capacity to communicate their decision. However, this is a decision for Adult Services to decide not GFS.

A3 Safeguarding: Child and Adults with Additional Care and Support needs at Risk Protection Policy and Procedure

APPENDIX 7

Template Contact Details for Children’s Services and Adult Services by Region/County

Region/County:

If you suspect or believe a child is suffering, or is likely to suffer, significant harm (including any form of mistreatment or abuse) you should ALWAYS report your concerns.

Local Safeguarding contact:

For safeguarding and wellbeing concerns – if there is no immediate danger to the child or if you need some advice or information, you can be in touch with Children Services Customer Service Centre (CSC) on

Out of Hours – if you need to get in touch out of usual office hours you can contact the Emergency Duty Team (EDT)

Emergencies – if you think that a child is at immediate risk, contact the police immediately on 999 Safeguarding Children Board Webpage – reporting concerns, the forms for safeguarding concerns are completed online. <https://www.....>

Call GFS’s National Safeguarding Partner contact: Thirtyone:eight (formally known as CCPAS) for 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: TBC

GFS Designated Safeguarding Deputy: Carolyn Peers Operations Manager

Tel: 020 7837 9669 Mobile: 07810 501 737 Email: carolyn@girlsfriendlysociety.org.uk

A3 Safeguarding: Child and Adults with Additional Care and Support needs at Risk Protection Policy and Procedure APPENDIX 8 Safeguarding Statement

DETAILS OF THE ORGANISATION

Name of Organisation: Girls Friendly Society in England and Wales

Address: 30 Angel Gate London EC1V 2PT

Tel No: 0207 837 9669

Email: safeguarding@girlsfriendlysociety.org.uk

Charity Number: 1054310

Company Number: 03172713

Insurance Company: Public and products liability insurance Hiscox Underwriting Ltd

GFS recognises the importance of its work with children and young people and adults in need of protection and its responsibility to protect everyone entrusted to our care.

The following statement was agreed by the organisation on: 1st December 2018

This organisation is committed to the safeguarding of children and adults with additional care and support needs and ensuring their well-being.

Specifically:

- We recognise that we all have a responsibility to help prevent the physical, sexual, emotional abuse and neglect of children and young people (those under 18 years of age) and to report any such abuse that we discover or suspect.
- We believe every child should be valued, safe and happy. We want to make sure that children we have contact with know this and are empowered to tell us if they are suffering harm.
- All children and young people have the right to be treated with respect, to be listened to and to be protected from all forms of abuse.
- We recognise that we all have a responsibility to help prevent the physical, sexual, psychological, financial and discriminatory abuse and neglect of adults who have care and support needs and to report any such abuse that we discover or suspect.
- We recognise the personal dignity and rights of adults who find themselves victims of forced marriage or modern slavery and will ensure all our policies and procedures reflect this.
- We believe all adults should enjoy and have access to every aspect of the life of the organisation unless they pose a risk to the safety of those we serve.

- We undertake to exercise proper care in the appointment and selection of all those who will work with children and adults with care and support needs.

We are committed to:

- Following the requirements for UK legislation in relation to safeguarding children and adults and good practice recommendations.
- Respecting the rights of children as described in the UN Convention on the Rights of the Child.
- Implementing the requirements of legislation in regard to people with disabilities.
- Ensuring that workers adhere to the agreed procedures of our safeguarding policy.
- Keeping up to date with national and local developments relating to safeguarding.
- Following any denominational or organisational guidelines in relation to safeguarding children and adults in need of protection.
- Supporting the safeguarding leads in their work and in any action they may need to take in order to protect children /adults with additional care and support needs.
- Ensuring that everyone agrees to abide by these recommendations and the guidelines established by this organisation.
- Supporting parents and families
- Nurturing, protecting and safeguarding of children and young people
- Supporting, resourcing, training, monitoring and providing supervision to all those who undertake this work.
- Supporting all in the organisation affected by abuse.
- Adopting and following the 'Safe and Secure' safeguarding standards developed by Thirtyone: eighty.

We recognise:

- Children's Social Services has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about a child. Adult Social Care has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about an adult with care and support needs.
- Where an allegation suggests that a criminal offence may have been committed then the police should be contacted as a matter of urgency.
- Where working outside of the UK, concerns will be reported to the appropriate agencies in the country in which we operate, and their procedures followed, and in addition we will report concerns to our agency's headquarters.
- Safeguarding is everyone's responsibility.

We will review this statement and our policy and procedures annually.

If you have any concerns for a child or adult with care and support needs then speak to one of the following who have been approved as safeguarding lead/deputy for this organisation.

GFS Designated Safeguarding Lead: TBC

GFS Designated Safeguarding Deputy: Carolyn Peers Operations Manager

Tel: 020 7837 9669

Mobile: 07810 501 737

Email: carolyn@girlsfriendlysociety.org.uk

Trustees with special responsibility for Safeguarding: Margaret Winks and Emma Dickinson