SOUTH LONDON REFUGEE ASSOCIATION

CHILDREN & ADULT AT RISK SAFEGUARDING POLICY & PROCEDURE

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Contents

1. Policy Statement
2. Identifying Abuse and Neglect for Adults at Risk
3. Identifying Abuse and Neglect for Children
4. Additional Types of Harm
5. Additional Vulnerabilities
6. How safeguarding concerns may arise
7. Roles and Responsibilities
8. Responding to safeguarding concerns
9. Responding to a safeguarding concern raised by another agency
10. Responding to a safeguarding concern about staff
11. Safeguarding learning and development

Policy Statement

1.1 Purpose and Commitment

South London Refugee Association (SLRA) is committed to our duty of care for the people who use our services and for our staff and volunteers. We strive to create a safe and secure environment where children, vulnerable adults, volunteers and staff can work together confidently in mutual respect. To ensure this, the organisation adheres to the procedures within this safeguarding policy.

Refugee, asylum seeking and vulnerable migrant children, families and adults who come to this country may have undergone a series of traumatic experiences. When working with them, full consideration must be given to both prior experiences and current circumstances to ensure that they are adequately safeguarded. Consideration must be given to:

- the circumstances which gave rise to their leaving home
- the loss of friends and in some instances close family members
- the long, complex and often dangerous journeys undertaken to reach the UK
- the uncertainty the asylum and immigration processes create surrounding the present and the future.
- unaccompanied young people separated from their families and communities when they left home, and some children and young people who are no longer cared for by their extended family in the UK who intended to look after them.
- vulnerabilities caused by unfamiliar and often hostile environments and communities in the UK; education, health, and welfare systems not well understood or feared; poor housing or financial support.

SLRA is committed to the protection and welfare of children and adults at risk so that they develop and thrive in a safe, caring environment. Everyone at SLRA has a duty to safeguard and promote the welfare of our clients and all of us should be clear about this expectation. This policy and procedure are provided so that everyone involved with SLRA is aware of the legal and safeguarding context for children and adults at risk and knows what to do if there are any concerns about an individual.
We aim to work collaboratively with other agencies and professionals to ensure that the safety and welfare of our clients is paramount.

1.2 Think Family

It is important to consider broadly how safeguarding concerns may become apparent to us so that we remain alert to concerns about both children and adults at risk. For example, a safeguarding concern about a child may lead to worries about the safety of their adult carer, or a concern about an adult may lead to worries about their child. We will consider this 'Think Family' approach in all our work and this combined 'child' and 'adult at risk' safeguarding policy and procedure serves to promote the 'think family' approach. This policy and procedure relates to all children under the age of 18 years and to adults who are adults at risk.

1.3 Equality, Diversity and Inclusion

The welfare of all our clients is paramount. All adults and children, regardless of age, disability, gender, race, religious belief, sexual orientation, identity, or any other difference, have a right to equal protection from all types of harm or abuse. We recognise that some of our clients may be additionally vulnerable due to their unique personal characteristics. We will ensure that in all our work, we are respectful of our services users' unique identity and background and seek to work in partnership with them.

1.4 Scope

This policy applies to everyone working for or with SLRA whether in a paid or voluntary capacity. It includes Trustee's, paid staff, volunteers, sessional workers, students and anyone working on behalf of SLRA - hereafter for ease, all will be called 'staff' in this policy and procedure.

It is expected that this policy and procedure will be read, understood and applied by all staff. It will be made available at induction and made available on sharepoint.

Our clients will be made aware of the existence of this policy and procedure and we will make it available to them.

1.5 Review of Policy and Procedure

We are committed to reviewing this policy and procedure annually, learning from experience and updating it in accordance with changes in law and good practice. It will be re-issued to staff accordingly.

1.6 Underpinning Legislation

Our safeguarding policy and procedure is underpinned by law and statutory guidance, including the documents below.

- Charity Commission Safeguarding Guidance 2019
- Data Protection Act 2018 and the GDPR 2018
- Information Sharing Guidance 2018
- Safeguarding Vulnerable Groups Act 2006
- Care Act 2014
- Care & Support Statutory Guidance 2020
- Mental Capacity Act 2005
- UN Convention on the Rights of the Child 1991
- Children Act's 1989 and 2004
- Working Together to Safeguard Children 2018 (2020 update)
- Protection of Freedoms Act 2012
- Counter Terrorism and Security Act 2015
- Sexual Offences Act 2003
- Serious Crime Act 2015
- Female Genital Mutilation Act 2003
- Modern Slavery 2015

1.7 Alignment with Other Policies

SLRA has a number of policies and procedures which are linked and which should be read in conjunction with this policy and procedure. They include:

- Whistleblowing Policy
- Equity, Diversity and Inclusion Policy
- Complaints Procedure
- Confidentiality Policy
- Data Protection Policy
- Disciplinary Procedure
- Recruitment and Selection Procedure

Commented [VS1]: This too as we don't have a policy - maybe we could just refer to the Recruitment Process Guidelines? @Beth Brandford

- Lone Working Policy
- Supervision Policy

1. Identifying Abuse and Neglect for Adults at Risk

2.1. Defining an 'adult at risk'

Safeguarding adults applies to people who are 'adults at risk', defined as someone who is aged 18 years and over and who:

- has care or support needs (whether or not these needs are being met by the local authority)
- is experiencing, or at risk of, abuse or neglect
- 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

An adult may be in need of care and support and unable to protect themselves from harm for a variety of reasons such as physical or learning disability, mental health difficulties, addiction, age and infirmity.

2.2. The Care Act 2014 – Six Principles in Adult Safeguarding

The Care Act (2014) sets out the legal framework about how we should work to protect adults who may be at risk of abuse and neglect. The principles set out in the Act are:

- Empowerment – We empower adults to make their own decisions by providing them with support, advice and guidance to make informed choices.
- Prevention – Guidance is in place to ensure people know how to recognise abuse and how to seek help and to take action before harm occurs.
- Proportionality – Our response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed.
- Protection – We provide advice and guidance about keeping safe and signpost or refer to relevant agencies.
- Partnership - We work together with other agencies to provide holistic oversight and effective support whilst ensuring confidentiality is maintained.
- Accountability – We are clear about the roles and responsibility of all those involved in safeguarding. We deliver a transparent service that provides a robust and effective safeguarding policy and procedure.

2.3. Who abuses and neglects adults?

Anyone can perpetrate abuse or neglect, including:

- Family members including spouses/partners and children
- Neighbours, friends, acquaintances
- Local residents, community members, strangers
- Employers, landlords.
- Paid staff, professionals, volunteers, carers
- Statutory and non-statutory organisations and institutions, through discrimination and barring adults at risk from accessing services designed to support and protect citizens.

It is far more likely that the person responsible for abuse is known to the adult and may even be in a position of trust and power, than for the abuser to be a stranger.

Abuse can happen anywhere: for example, in someone's own home, in a public place, in a care setting, a community setting or on the streets. It can take place when an adult lives alone or with others.

2.4. Ten categories and indicators of abuse and neglect

The Care and Support Statutory Guidance 2020 sets out ten categories of abuse and neglect that adults may experience. This is not an exhaustive list and abuse and neglect can take place in many forms and in many circumstances. It is important that when working with people, we are alert to any concerns about their wellbeing and safety.

The ten categories are defined in the following ways and particular signs and indicators that may alert to the type of harm are also noted. Please note the signs and indicators listed are not exhaustive either and there may be no or few signs for some people.

Category of Harm	Possible Signs & Indicators
Physical Abuse	
• assaults: e.g. hitting, slapping, pushing, • misuse of medication • inappropriate restraint • inappropriate physical sanctions	• bruising, cuts, burns and/or marks on the body, clumps of hair loss • frequent injuries, unexplained falls • inconsistent or no explanation for injury • subdued or noticeable change in behaviour • signs of malnutrition • failure to seek medical treatment
Sexual Abuse	
• rape • indecent exposure • sexual harassment • sexual teasing or innuendo • sexual photography • subjection to pornography or witnessing sexual acts • sexual assault • sexual acts to which the adult has not consented or was pressured to consent	• bruising or injuries, particularly to areas such as thighs, buttocks, genital area • torn, stained or bloody underclothing • difficulty walking or sitting • infections or sexually transmitted diseases • changes in sexual behaviour or attitude • self-harming • poor concentration, withdrawal from others, sleep disturbance • excessive fear of certain relationships
Neglect	
• ignoring emotional or physical needs such as food, water, shelter, guidance • failure to provide access to appropriate medical, health, care and support or educational services • withholding life's necessities, such as medication, adequate nutrition and heating	• unkempt appearance • poor personal hygiene • malnutrition and dehydration • infections • illness
Psychological Abuse	
• emotional abuse • threats of harm or abandonment • deprivation of contact, isolation • humiliation, blaming, controlling • coercion, harassment, intimidation • cyber bullying • unreasonable withdrawal of services or support networks	• air of silence when an individual is present • withdrawal or change in the behaviour and temperament of the person • uncooperative and aggressive behaviour • signs of distress: tearfulness, anger • low self-esteem • insomnia • change of appetite, weight loss or gain

Domestic Abuse	
Domestic abuse covers the following: • physical abuse; psychological abuse; sexual abuse; financial abuse; emotional abuse; so called 'honour' based violence. *'Honour-based' violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community." (*CPS and Home Office definition). Coercion and control often underpins domestic abuse: what can seem like agreement from one party could be false representation due to the power another individual can gain.	• low self-esteem • self-blame for events outside of their control • injuries • hearing derogatory or intimidating comments about self • fear of an individual • isolation – not seeing friends and family, partaking in activities • limited access to money, without reason
Financial Abuse	
• theft, fraud, internet scamming • coercion about finances including about wills, property, inheritance or financial transactions • misuse or theft of property, possessions or benefits • move into a person's home without consent	• fear of particular people • unable to make reasonable purchases • in debt (without reason) • unable to pay bills • unkempt looking • hungry
Modern Slavery	
• slavery • human trafficking • forced labour and domestic servitude, sexual exploitation, debt bondage	• physical, emotional abuse or sexual abuse signs as above • malnourishment • withdrawn and / or fearful of others • poor living or work conditions • lack of identification documents • fear of police or authorities • unexplained absences
Discriminatory Abuse	
• harassment • slurs or similar treatment because of: o race o gender and gender identity o age o disability o sexual orientation o religion	• withdrawn and isolated • anger, frustration, fear or anxiety • no longer wants to receive services and disengaging
Organisational	
• neglect and poor practices in organisations and care settings, including care provided in own home. • ranging from one off incidents to ongoing ill-treatment. • arising from neglect or poor professional practices	• lack of policy, procedure, supervision and management • low numbers of staff or poorly trained staff • denial of basic needs, e.g. food, water • disrespectful or abusive attitudes to clients and families
Self-neglect	
Covers a wide range of behaviour in which a person neglects to care for own hygiene, health or surroundings and includes behaviour such as hoarding.	• unsanitary conditions that pose risk • hoarding • non-attendance at health appointments • not taking prescribed and recommended medication.

2. Identifying Abuse and Neglect for Children

3.1. Definition of 'child'

A 'child' is anyone who has not yet reached their 18th birthday. This is regardless of whether a person under age 18 years has left home or is working. 'Children' therefore also means 'children and young people'.

3.2. Definition of 'Safeguarding'

The legal definition of 'safeguarding' is:

- Protecting children from abuse and maltreatment
- Preventing harm to children's health or development
- Ensuring children grow up with the provision of safe and effective care
- Taking action to enable all children and young people to have the best outcomes

Child protection is part of safeguarding and promoting welfare and it refers to the work that is done to protect children who are suffering, or are likely to suffer, significant harm.

3.3. Paramountcy Principle

A key principle of the Children Act 1989 is that the welfare of the child is paramount. This refers to a child centred approach which is fundamental to safeguarding every child. It means keeping the child's best interests in focus and at the heart of all decisions. This is particularly pertinent when parents, carers or others have wishes, feelings, needs which may differ from the child's or impact on the child's well-being.

3.4. Defining 'abuse' and 'neglect'

Abuse and neglect are types 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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

3.5. Four categories and indicators of abuse and neglect

Working Together 2018 (2020 update) sets out four categories of abuse and neglect that children may experience. This is not an exhaustive list and abuse and neglect can take place in many forms and in many circumstances. It is important that when observing or talking with people, we are alert to any concerns about their wellbeing and safety.

The four categories are defined below with some signs and indicators also listed. The signs are not exhaustive and there may be no or few signs for some children. Often, we are looking for clusters of signs or signs that something for the child has changed. We should also be mindful of the language and behaviours of parents/carers and the interactions and relationship between them and their child.

Category of Harm	Possible Signs & Indicators
Physical Abuse	
May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.	• bruising, cuts, burns, marks, fractures • inconsistent explanations or unexplained injuries • subdued, aggressive or noticeable change in behaviour • flinching, fear

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.	• covering up injuries • frequent medical visits
Sexual Abuse	
Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.	• injuries to thighs, buttocks, genital area • torn, stained or bloody underclothes • sexually transmitted infections • age inappropriate sexual behaviour or knowledge • self-harming • poor concentration or sleep • excessive fear of certain relationships • running away • access to money/items without explanation
Neglect	
Persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child'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/carer failing to: a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical/emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.	• unkempt appearance • poor hygiene • hungry, stealing food, cramming food • malnutrition and dehydration • infections, illness • poor school attendance • obesity or underweight • not meeting developmental milestones • frequent accidents • poor attendance for medical or health needs
Emotional Abuse	
Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child 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	• withdrawal, sullen, quiet • uncooperative and aggressive behaviour. • distress: tearfulness, anger • low self-esteem • insomnia • change of appetite, weight loss or gain • self-harm • isolation

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. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child 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 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.	

3. Additional Types of Harm

The categories of abuse and neglect listed above for children and adults at risk are taken from the statutory guidance but are not exhaustive. Abuse and neglect are complex issues and they can occur in additional ways, such as those listed below, and apply to adults and to children.

4.1. Sexual and Gender Based Violence

Definition	Signs & Indicators
Sexual and gender based violence refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relations.' It includes physical, emotional, psychological and sexual violence and denial of resources or access to services. **SGBV includes:** Domestic abuse Rape and sexual assault Childhood sexual abuse Commercial sexual exploitation Stalking and harassment Harmful traditional practices (for example female genital mutilation, 'honour' crimes and forced marriage)	As there are many different types of sexual and gender based violence signs and indicators are difficult to list. For more information on these see: General information on SGBV: https://www.refuge.org.uk/our-work/our-services/gender-based-violence-services/ FGM: https://www.england.nhs.uk/wp-content/uploads/2016/12/fgm-pocket-guide-v5-final.pdf Sexual violence https://www.rainn.org/

4.2. Sexual Exploitation / Child Sexual Exploitation (CSE)

Definition	Signs & Indicators
Sexual exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person into sexual activity. Child sexual exploitation (CSE) is when this occurs when the person is a child or young person under the age of 18. It occurs: (a) in exchange for something the victim needs or wants, including attention and affection, drugs, alcohol, or gifts and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Children and adults are often tricked and groomed into believing that the sexual activity is consensual, or they may be forced or intimidated. Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship between the perpetrator and victim could be framed as friendship or as romantic. Victims can be trafficked	• unhealthy or inappropriate sexual behaviour • being frightened of some people, places or situations • being secretive • sharp changes in mood or behaviour • having money or things they can't or won't explain • physical signs of abuse, like bruises or bleeding in their genital or anal area • alcohol or drug mis/use • sexually transmitted infections • pregnancy • having an older boyfriend or girlfriend • staying out late or overnight • missing from home or care, or stopping going to school or college • having a new group of friends

to be sexually exploited, by being moved around towns, cities or even internationally to be abused, often with more than one person. Sexual exploitation does not always involve physical contact; it can occur through the use of technology.	• hanging out with older people, other vulnerable people or antisocial groups, or a gang

4.3. Grooming

Definition	**Signs & Indicators**
Grooming is when someone seeks to builds a relationship, create trust and emotional connection with a child or vulnerable adult in order to manipulate, exploit and abuse them. The groomer may set up a relationship with their victim which could appear to be romantic, educative or friendly. The groomer may use tactics such as pretending to be someone else, showing care, buying gifts, giving attention, taking the victim on outings. They may try to isolate the victim from their family and friends, create dependency, use blackmail to gain a hold over the victim, introduce the idea of 'secrets' to control the victim or frighten and intimidate them. People who are groomed can be sexually abused, sexually exploited or abused in other ways. Grooming can take place over a short or long period of time by a male or female, old or young, a stranger or someone who is known. Victims can be groomed online, in person or both. People in the victim's life (e.g. parent/carer, friends, professionals) can also be groomed so that the groomer appears trustworthy or authoritative and so that they can gain access to the victim. People may not realise they have been groomed. They may have complicated feelings, like loyalty, admiration, love, as well as fear, distress and confusion.	**Child / Vulnerable Adult** • secretive about how they spend time • having money or items like they can't explain • drinking or drug taking • upset, withdrawn or distressed • sexualised behaviour • spend time away from home or going missing **Groomer** • sexualised talk, 'jokes', 'banter', questioning, images • physical contact e.g. hugging, touching, kissing, tickling, wrestling • not respecting privacy • spend excessive time with victim; gives special attention, favouritism, finds ways to be alone with the victim • not adhering to rules of the agency or activity • giving gifts (including cigarettes/alcohol/drugs) or money for no apparent reason • set up inappropriate relationships e.g. treating a child as a peer/spouse, treating an adult client like a friend • isolating victim from others • encouraging silence, secrets, criminal behaviour, lies

4.4. Human Trafficking

Definition	**Signs & Indicators**
Human trafficking is a crime that involves the movement of people by the use of force, fraud, coercion or deception, with the aim of exploiting them. It is a form of modern slavery. It involves transporting people across nations as well as trafficking around the UK. It can be for commercial, sexual and/or bonded labour.	• acts as if instructed by another • signs of physical or psychological abuse • untreated medical conditions • has money deducted from their salary • little or no contact with family or loved ones

Three elements form part of trafficking: • The act of recruiting, transporting, transfer, harbouring or receiving persons • Use of the means of force, fraud, coercion, deception • The purpose of exploitation.	• not in possession of their own legal documents • seems held in the employer's home/workplace • works in excess of normal hours • appears frightened, withdrawn or confused? • with a group of workers of a similar nationality, age, gender • speaks as if 'coached'?
4.5. (Child) Criminal Exploitation & County Lines	
Definition of Criminal Exploitation	**Signs & Indicators**
Criminal exploitation is a form of abuse where adults or children are manipulated and coerced into committing crimes. Through the use of violence or grooming and pressure, they may be forced into doing things like stealing or carrying drugs or weapons and be put into dangerous situations. This may involve being part of a gang which is linked to illegal activity (a gang could be a peer group or an organised criminal gang). **Definition of County Lines** 'County Lines' is a term the police use for urban gangs that exploit children and vulnerable adults into moving drugs from a hub, normally a large city, into other areas such as suburbs and market and coastal towns, using mobile phone lines or "deal lines". This can involve victims being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. Accommodation can include Airbnb's, private rental properties, budget hotels or the home of a drug user or other victim that is taken over by a criminal gang (called cuckooing). Perpetrators of criminal exploitation and county lines use different tactics to recruit and exploit children and vulnerable adults including bribing, befriending, threatening or coercing them. It can be difficult for victims to cut off ties with the gang, e.g. because their own safety or that of their friends and family is threatened or because they have become addicted to drugs and alcohol supplied by gang leaders or because they are forced to commit crime to settle actual or fabricated debts. Children and vulnerable adults involved in criminal exploitation and county lines are also at risk of all other forms of abuse.	• going missing, unexplained absence from school, college or work • excessive travelling, being found out of their home area • unexplained access to money, clothes or mobile phones • signs of drug misuse, alcohol abuse • excessive use of internet, social media, texts, phone calls • relationships with controlling individuals or groups; gang-association and/or isolation from peers/social networks • using new slang words. • suspicion of physical assault, unexplained injuries • carrying of weapons such as knives • self-harm or significant changes in emotional well-being • committing petty crimes like shop lifting or vandalism

4.6. Radicalisation & Extremism

Definition	Signs & Indicators
Adults and children are exposed to information which may be considered radical or extreme. Radicalisation is the process through which a person comes to support extremist ideologies. It can result in a person becoming drawn into terrorism and it is a form of harm. The process of radicalisation may involve being groomed (online or in person), exploited, exposed to violent material, manipulated, harmed or threatened. Anyone can be radicalised but some people may be more vulnerable if they are more easily influenced or impressionable, isolated, they feel rejected or discriminated against or experience community tension amongst different groups. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to British fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. It also includes calls for the death of members of our armed forces as extremist. Extremism can involve targeting vulnerable people by seeking to sow division between communities on the basis of race, faith or denomination; or argue against the primacy of democracy and the rule of law in society. The government has established a Prevent Duty (under s26 Counter-Terrorism and Security Act, 2015) to reduce the numbers of people supporting extremism or becoming radicalised and to prevent them being drawn into terrorism. It is a statutory duty for local authorities, educational provisions, the health sector, police and prisons which means they must have “due regard to the need to prevent people from being drawn into terrorism." However, all organisations that work with children and vulnerable people have a responsibility to protect them from harm and becoming radicalised and/or being exposed to extreme views.	• isolating self and spending time alone via social media • feelings that they have no purpose in life; don’t belong; low self esteem • change in emotions and behaviour • change of routines, in appearance or online activities • fixated on an ideology, belief or cause • intolerant of difference such as race, faith, culture, gender or sexuality • justifying violence to others • change in language or use of words; closed to new ideas; ‘scripted’ speech • have materials or symbols associated with the cause • attending events, rallies etc of an extremist nature • sense of grievance (e.g. anti-West, anti-Muslim); sense of ‘them and us’ • conflict with family/friends or lose interest in people who do not have same beliefs • try to recruit others to join the ‘cause’

4.7. Online Abuse

Definition	Signs & Indicators
Technologies and the internet are an important source of communication, education and entertainment. Unfortunately, some people will use them to harm children and vulnerable adults. Technology can be used extensively to groom and harm people and be involved in sexual exploitation,	• meeting older or new friends they’ve met online • receiving gifts or money • withdrawn and secretive • new phone or more than one phone

radicalisation, cyber-bullying, criminal exploitation etc. Abusers can adopt an identity to befriend possible victim's, people can be manipulated into sharing sensitive information and images, hackers can access online accounts and financial information. 'Sexting' or youth produced sexual imagery is the use of technology to share indecent images or videos of a sexual nature which young people have taken of themselves – sharing images of children in this way is illegal. Online abuse can fall into these : **content:** exposure to illegal, inappropriate or harmful material e.g. sexual or violent material, offensive material which serves to breed hatred, fabricated news, radical and extremist views **contact:** subjected to harmful online interaction with other users e.g. adults posing as children or as 'friends', commercial advertising **conduct:** personal online behaviour that increases causes harm, e.g to peers, such as trolling, making, sending and receiving explicit images or online bullying. **Contract:** identity theft, online scams, security risks, phishing. Further advice and guidance on this topic are on the websites of the NSPCC, CEOP, Internet Watch Foundation and the UK Safer Internet Centre.	• receiving large numbers of calls or messages • worried about being away from their phone • excessive time on phone or online

5. Additional Vulnerabilities

Some adults and children may be more vulnerable to abuse and neglect due to physical or mental difficulties and/or their life experiences. There are many ways in which people can be vulnerable to risk. Listed here are some such circumstances but it is helpful to note that not all vulnerabilities will translate into harm.

5.1 Immigration Status

People with insecure or irregular immigration status are additionally vulnerable for many reasons including:

- May be forced to rely on others to meet their basic needs for shelter and subsistence due to destitution.
- May be financially exploited by unscrupulous solicitor to regularise their status
- May be very reluctant to approach services for help due to their irregular status
- May be unclear about cultural norms

5.2 Disability

People with disabilities are additionally vulnerable because they:

- may have signs of abuse/neglect which are misinterpreted as being due to the disability
- have impaired capacity to resist or avoid abuse
- have difficulties communicating to others what is happening due to fear, language barrier or any other reasons
- have fewer outside contacts than other people
- receive care from several carers which increases exposure to abusive behaviour
- receive personal care which makes it more difficult to maintain physical boundaries
- fear making a complaint in case they lose services or aggravate their carers

5.3 Looked After Children & Care Leavers

People who have experienced abuse, neglect and family breakdown such that they have spent parts of their childhood and adolescence in foster care or residential care may be particularly vulnerable. Many people who have experienced being in care may have poorer outcomes in terms of education, employment or health care needs – both physical and psychological - being met.

5.4 Race and Racism

People from black and minority ethnic groups may have experienced harassment, racial discrimination and institutional racism. Experiences such as these are likely to have a cumulative impact on their sense of identity and self-worth, limiting their opportunities or serving to isolate them from communities and sources of support. There is also a potential dynamic whereby professionals may not intervene soon enough in safeguarding matters (e.g. for fear of being seen as racist or in the mistaken belief that certain behaviours are acceptable in black families which would not be in white families) and in so doing, offer fewer safeguards.

5.5 Young carers

Young carers are those under age 18 who provide care for someone else (often their parent). Doing so may limit life opportunities for young carers, including education, social

and relationship experiences and the burden of their care-giving may be excessive or long term. Some young carers may be in need of protection for example if the person they care for is abusive.

5.6 Contextual Safeguarding

This refers to harm that people can experience from outside of their families. The environment and relationships that people form in their neighbourhoods, schools and online can feature violence and abuse and so there may be vulnerability to harm in social contexts.

Adolescents particularly may be affected as they begin to spend more time, independently of their families, outside the home. Their social environment may lead them to encounter either forms of protection or forms of abuse and exploitation. Examples such as street robbery; sexual violence in parks; gang-related violence; online bullying; harassment from peers and abuse in their intimate relationships, show that young people can be exposed to significant harm in settings outside their families. Parents/carers may have little influence over these extra-familial contexts and so may not be able to promote their safety and well-being. Equally, young people who are exposed to harm at home may avoid going home and therefore be exposed to crime or exploitation outside home, or they may adopt the harmful behaviour they are exposed to, as a behaviour toward others.

6. How Safeguarding Concerns May Arise

To help us identify safeguarding concerns, below are examples of the different ways in which safeguarding concerns may arise at SLRA.

- In a session with a client, they disclose that they are experiencing extremely threatening behaviour from another resident in the temporary accommodation they are living in.
- A worker in another agency tells you that an older female client with irregular immigration status you are working with has told them that she is being forced to cook and clean by the man who is providing her with accommodation.
- You are working with a vulnerable adult who is struggling to cope (eg mental health difficulties, homelessness etc). They are the sole carer for a young child, which leaves you with concerns about the child's welfare.
- An adult tells you they are the victim of domestic abuse at home. They have children who witness the domestic abuse.
- In a counselling session, an adult tells you they have harmed a child.
- A young person tells you that another staff member is trying to connect with them on social media.
- An adult client tells you about a childhood experience of abuse and you find out that the perpetrator currently has access to children.
- You observe a client bullying another client in a group session.
- You see physical signs of what could be abuse or neglect.
- You are working with a parent and you note their behaviour towards their child which leaves you with concerns.
- A parent you are working with tells you that she often leaves their 5 and 7 year olds alone at home while she attends appointments
- A young person tells you that their foster carer does not give them food and they are not allowed to access the kitchen
- A female client with multiple physical and mental health issues tells you she has left her husband due to domestic abuse and her friends could no longer help, she has been sleeping rough.
- An adult client tells you that they are planning to end their life as they can no longer cope with their current situation.
- A mother with irregular immigration status tells you that she has been living in a small room above a shop for the last 5 years and works long hours cleaning and cooking in exchange for a safe place to sleep.
- A mother with irregular immigration status tells you that she and her children are staying with another family because they are homeless.

7. Roles and Responsibilities

7.1. Everyone

This policy and procedure applies to everyone working at or for SLRA and everyone is responsible for safeguarding. Staff who interact regularly with our clients are much more likely to encounter safeguarding concerns so should be aware of how to recognise and respond. Everyone should:

- read and apply this safeguarding policy and procedure
- be mindful of own actions and behaviour, ensuring that we are promoting safeguarding, being aware of our position of trust and our duty to our clients
- be alert to potential indicators of abuse or neglect; aware of the risks which abusers, or potential abusers may pose
- respond to any safeguarding concerns, however small they may appear. Speaking with colleagues and supervisors to clarify any queries or concerns and sharing information so that a proper assessment can be made.

Those with specific safeguarding responsibilities across the organsiation are:

- Designated Safeguarding Officers (DSOs) have operational responsibilities
- Designated safeguarding Lead (DSL) has strategic safeguarding responsibilities
- Trustees are responsible for governance of safeguarding

Further details of these roles are provided below in 7.6 to 7.8

Everyone who volunteers or works at SLRA has specific responsibilities and procedures to follow for safeguarding and these are detailed below.

7.2 Volunteers

Are required to pass on any safeguarding concern to their supervisor/ any staff member who is also present where and when the safeguarding incident/disclosure has taken place. Volunteers may be asked for further details of a safeguarding incident at a later time/date for example if and when a safeguarding referral is made to Social Services the volunteer who raised the concern may be asked to clarify or add to details of the incident/disclosure. The volunteer's supervisor/ the staff member informed will inform the DSO of the safeguarding concern. The volunteer may be informed if any safeguarding actions taken – but this will be on a need to know basis.

7.3 Non frontline Staff

Are required to pass on any safeguarding concern to the relevant DSO (Designated Safeguarding Officer) (DSL (Designated Lead Officer) if DSO unavailable)
Non frontline staff may be asked for further details of a safeguarding incident at a later time/date for example if and when a safeguarding referral is made to Social Services the non frontline staff member who raised the concern may be asked to clarify or add to details of the incident/disclosure.
The DSO **may** inform the staff member of any safeguard actions taken – but this will be on a need to know basis.

7.4 Staff who do frontline work but are not Advice Workers or Caseworkers

Are required to pass on any safeguarding concern to their line manager (or relevant DSO if line manager is unavailable).
These staff members may be asked for further details of a safeguarding incident at a later time/date, for example if and when a safeguarding referral is made to Social Services the staff member who raised the concern may be asked to clarify or add to details of the incident/disclosure.
The DSO **must** advise the staff member of any safeguarding actions taken – this includes advising of any additional support to be provided by SLRA, and onward referrals or signposting for additional help and includes notifying the staff member if a referral has been made to Social Services.

7.5 Advice Workers, Caseworkers and Advice and Casework Managers (Not DSOs)

Are required to advise their line manager and / or the appropriate DSO of any safeguarding concern and then to take appropriate safeguarding action with advice from their line manager and / or the DSO as and when this is needed.
Appropriate action my include providing or arranging the provision of additional internal support, signposting or referring to other agencies to secure additional help and may include making a safeguarding referral to Social Services. Referrals to Social Services must only be made after discussion with the DSO (or DSL if DSO unavailable). DSO (or DSL if DSO unavailable) must be copied into all correspondence when a safeguarding referral to Social services is made.

7.6. Designated Safeguarding Officer (DSO)

The DSO's are the Head of Adult & Family Services and Head of Youth Services, and they have operational responsibilities for safeguarding across SLRA. Their responsibilities include:

- promoting a safeguarding and listening culture across our services.
- being aware and updated about changes in safeguarding law and best practice; safeguarding matters at SLRA and in the local multi-agency setting.
- providing advice and support on safeguarding matters for staff.
- managing individual safeguarding cases including making decisions about them, seeking specialist advice, supervising or making referrals to police or social care when necessary, working with external agencies, escalating concerns if required, managing record keeping.
- alerting the DSL to any safeguarding concerns relating to allegations against staff; poor practice concerns, staff training needs or any other matters relating to the management of safeguarding.
- deputising for the DSL including contributing to the broader safeguarding work e.g. policy development, data collection, safer recruitment, induction and training of staff.

7.7. Designated Safeguarding Lead (DSL)

The DSL at SLRA is the CEO who has strategic responsibilities for safeguarding across SLRA. The CEO may delegate parts of the role but remains responsible overall. The DSL:

- promotes a safeguarding and listening culture across SLRA.
- keeps updated with safeguarding law, best practice and of emerging trends and themes in safeguarding.
- sets the safeguarding policy and procedure direction in line with statutory guidance, ensures annual reviews are undertaken and is responsible for its implementation.
- monitors effectiveness and compliance with safeguarding policy and procedures as

well as related procedures such as Code of Conduct, Safer Recruitment, Disciplinary, Whistleblowing and Online Safety.

- ensures effective safeguarding systems and processes are in place, including secure recording and retrieval systems; DSO's are appointed and that safeguarding responsibilities are stated in all staff job descriptions.
- sets out required safeguarding training, including induction, and provides training and updates as per staff members roles and responsibilities. Maintains a record of staff attendance at safeguarding training.
- assists and oversees the work of the DSO's and quality assures management of safeguarding cases, including decisions made.
- oversees the management of safeguarding allegations against staff.
- briefs trustees on a regular basis about safeguarding activity and issues, maintains a risk register and provides an annual report on safeguarding.

7.8. Trustees

The Trustees are ultimately responsible for the governance of safeguarding at SLRA, ensuring that the organisation is legally compliant and delivering services safely. Their responsibilities include ensuring:

- a culture of safeguarding is promoted whereby staff and clients can raise concerns and feel supported.
- there is a staff Code of Conduct and policies such as Whistleblowing and Safer Recruitment (which includes information about statutory checks on the suitability of staff).
- a Safeguarding Policy and Procedure is in place (which includes how to deal with allegations against staff) which is reviewed at least annually and which is available to and understood/applied by staff.
- safeguarding concerns are managed effectively; there are systems in place for its management; safeguarding is resourced including for training; a DSL is appointed whose role is stated in their job description.
- they receive and review regular feedback on safeguarding activity (such as gaps, threats, risks), oversee a risk register and understand remedial actions required from the CEO and that they track progress.
- Chair of Trustees undertakes enquiries in the event of an allegation being made against the CEO.
- compliance with the Charity Commission serious incident notification requirements, and other bodies such as regulators, commissioners, grant-makers, insurance companies.
- a Lead Safeguarding Trustee is nominated who liaises at least quarterly with the DSL and ensures they are effectively resourced/supported to do their role, helping the DSL to oversee safeguarding arrangements and prepare reports to Board. The Lead Safeguarding Trustee will help the Board of Trustee's to ensure:
    - that safeguarding is well-managed across the organisation
    - that the work is compliant, e.g. policies, safer recruitment, recording
    - safeguarding is championed at the highest level and learning is promoted
    - strengths and weaknesses are understood, risk assessments are done and there is a development plan which is monitored
    - reports are made regularly (quarterly) to the Board thereby linking the Board with the operational part of the organisation
    - serious incidents are reported to Charity Commission.

8. Responding to Safeguarding Concerns

8.1. Barriers to Speaking Out for Clients

Many adults and children are reluctant to tell about their experiences of abuse and neglect. The reasons for this are profound and complex but explain why there are often delays in people coming forward and why some people never tell. People may be reluctant to speak out because they:

- do not have anyone that they can turn to or that they can trust
- may have sought help before but felt let down
- fear not being believed or being taken seriously
- feel shame, guilt or responsibility for the abuse
- feel embarrassed about talking to someone about what happened
- fear the consequences of telling, fear the situation could become worse
- believe they are protecting others (e.g. the abuser, family members)
- have been groomed
- have experienced abuse and/or neglect for so long that it seems to be a 'normal' part of their life experience
- lack language skills, e.g., because they are pre-verbal, have communication impairment, don't speak English fluently
- Fear consequences if insecure or irregular immigration status is disclosed.

8.2. Barriers for us in noticing/listening

As professionals, staff and volunteers, we may fail to notice signs of abuse or neglect or we may feel reluctance to listen fully to accounts of abuse and neglect and to act swiftly. This may be due to:

- not understanding or not recognising the signs and indicators
- not knowing how to react
- feeling overwhelmed
- not knowing who to tell
- loyalty to the family or colleagues
- fear of getting it wrong or making things worse
- worried that there isn't any hard evidence
- being worried about breaching the person's confidentiality
- lack of knowledge or trust in the multi-agency safeguarding system
- believing it is not our role
- thinking someone else is dealing with the issue
- not being clear about the safeguarding policy and procedures

These feelings are normal but may limit our responses to people who need our help. SLRA works to ensure that staff are supported to have supportive discussions with supervisors and colleagues and reflective spaces to make sure that we are open to listening and acting on our safeguarding concerns, however small or vague they may at first appear.

8.3. Responding to a safeguarding concern

When adults or children tell us that they have experienced or are experiencing harm, this is sometimes referred to as 'making a disclosure'. If an adult or a child tells you about abuse and neglect it may need to be reported to another agency and there may be criminal or safeguarding inquiries that commence. It can be hard to know how to respond to the adult or child in this context and this guidance may be helpful.

There may also be times when you see or hear an incident or behaviour which causes you to be concerned that a child or vulnerable adult may be experiencing harm.

The role of staff at SLRA is to support people to speak out. Our role is not to investigate allegations of abuse, that is the job of trained professionals to whom we will refer if this is necessary. In order to support people to speak out we will:

- Make time and provide a comfortable space to listen and understand what is being said.
- Respond naturally, with compassion and empathy. Reassure the person that they are right to tell you/someone.
- Take the matter seriously.
- Actively listen - allow the person to speak freely and recall significant events. Do not interrupt or push the person to tell you more than they wish or directly question them about the details of the incident.
- Remain 'neutral' and do not show reactions or feelings such as shock, denial.
- Do not ask leading questions. Where you need to ask questions, use open questions, such as those starting 'who', 'when', 'where', 'how'. Avoid asking 'why' questions.
- Do not speculate or blame anyone.
- Never ask to look at injuries, especially if it entails them lifting/removing clothing.
- Never promise confidentiality or make other promises such as 'it will all be okay now'.
- Explain what will happen next, who you will tell, that you have guidelines to follow.
- Consult immediately with the named person within your organisation. For volunteers this is your supervisor, the volunteer Co-ordinator or the member of staff most easily accessible to you at the time of the disclosure/incident. For all staff members this will be the relevant DSO.
- Record the conversation/incident immediately on the safeguarding incident report form (see Appendix 3).

8.4. Information Sharing and Confidentiality

Sharing internally

It is expected that information about clients will be shared internally with colleagues at SLRA on a 'need to know' basis. This will be, for example, for reasons such as registering them as clients on our database, supervising the work undertaken with them or managing safeguarding concerns. All client information will be securely managed.

Sharing externally with other agencies

When sharing information about clients with external agencies, the law on confidentiality and information sharing must be applied. The general principle is that clients have a right to expect that their personal information will not be shared with other agencies and that their consent is obtained before sharing. This principle is important to support clients to develop trusting relationships with us and to help them to engage openly when using our services.

There are important exceptions to this general principle. Confidentiality is not offered absolutely and we have a duty to make reports and share information in certain circumstances when it is in the public interest and may override their consent to share information in these circumstances:

- a person aged 16 years and over lacks the mental capacity to make that decision.
- there are emergency or life-threatening situations
- other people are, or may be, at risk, including children
- seeking consent could place the individual or others at risk
- sharing the information could prevent a serious crime

- a serious crime has been committed
- the risk is unreasonably high
- staff are implicated

Information sharing about adults at risk

For adult safeguarding, it is important to make decisions with adults about their circumstances, to share information with their informed consent or empower them to make their own decisions about information sharing. However the law does not prevent the sharing of information without consent in certain circumstances such as those set out above.
If an adult at risk does not give their consent to sharing safeguarding information, the reasons for this should be explored. Reassurance and support may help to change their view on whether it is best to share information. If they remain firm in their view and do not consent to information being shared, in general, their wishes should be respected and they should be offered support to build confidence with regular reviews provided to continue supporting them.

If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

The Social Care Institute for Excellence (SCIE) have produced a more detailed guide called Safeguarding Adults: Sharing Information (2019) which is available here:
https://www.scie.org.uk/safeguarding/adults/practice/sharing-information

Information sharing about children

Government advice about when and how information can be shared is found in 'Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018' which can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

It offers 'Seven Golden Rules to Sharing Information' which are:

i. the General Data Protection Regulation 2016 (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 individuals is shared appropriately.
ii. be open and honest with the individual (and/or their family) from the start about why, what, how and with whom information may be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
iii. seek advice from others including external agencies, if there is any doubt about sharing the information without disclosing the identity of the individual.
iv. where possible, share information with consent. Where possible, respect the wishes of those who do not consent to having their information shared. You may share information without consent if you consider on the facts presented that there is a lawful basis such as where safety may be at risk.
v. consider safety and well-being: base information sharing decisions on the safety and well-being of the individual and others who may be affected by their actions.
vi. 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.

vii. 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.

Information sharing principles

For both adults at risk and children, consent to share information should not be sought if this will place the person at further risk. This might include situations where for example there has been an allegation of familial sexual abuse or fabricated/induced illness when the detection of the crime may be jeopardised. If there is any doubt, seek advice before asking for consent or informing the individual.

In any situation where information is not shared because consent has not been given and it is judged that it cannot be shared, advice, signposting and guidance can be offered to support the client. Further opportunities to discuss matters, including concerns about safeguarding and to share information in future should be given.

Mental Capacity

Mental capacity is the ability that a person has to make a decision for themselves. The Mental Capacity Act 2005 provides the legal framework for making decisions on behalf of people aged over 16 years who lack the mental capacity to make decisions themselves. A person may not be able to make a decision at a certain point in time if they have an impairment in their functioning e.g. a learning disability, and the impairment means that they cannot make a certain decision because they are unable to understand information about the decision, retain, use or communicate their decision and understand the consequences.

The Mental Capacity Act 2005 sets out five principles where a person:

i. is assumed to have capacity unless it is established that they lack capacity
ii. should not be treated as unable to make a decision unless all steps to help them to do so have been taken without success
iii. should not be seen as unable to make a decision because they make an unwise decision
iv. who lacks capacity must have decisions made in their best interests
v. must have decisions made which are least restrictive of their rights and freedoms.

8.5 Recording

Recording is a key task in safeguarding practice and includes recording of concerns, intentions, interventions, decisions, actions and reasoning. Records are an essential part of ensuring that our response to safeguarding concerns is appropriate and effective and that we are able to safeguard vulnerable service users. Records may also have to be used in future legal proceedings and be accessed and scrutinised for this purpose. The following checklist is good practice in recording of safeguarding concerns. Records:

- can be made during the session with the adult or child with the practitioner explaining why this is being done, or failing that immediately afterwards. They must be completed as soon as possible after the event/incident and at the latest within 24 hours
- as far as possible, use the adult/child's own words and phrases
- should be legible and avoid acronyms or initials unless these are properly explained and unambiguous. They must be in plain language and free from jargon
- should be clear, legible accurate, concise and up to date. Use black ink to ensure good reproduction if photocopying is necessary
- should differentiate between fact and professional opinion or observations
- must state the date, time, place and who is present.

- be made only on SLRA systems and not on personal equipment such as phones or notebooks. Records will only be held by SLRA and all records are stored appropriately on Lamplight in a password protected electronic file on the SLRA sharepoint. Paper records must never be kept at home and electronic records must never be saved in places outside of sharepoint/Lamplight.
- be accessed only by those who are authorised and on a need-to-know basis.
- must never be amended. Additional information or corrections of fact must be written as a separate record; explaining why the additional note is being made.

All safeguarding Incidents must be recorded on Lamplight. The record must be kept using the 'Safeguarding Incident Report' tab on work a record. There is also a paper copy of the 'Safeguarding Incident Report Form' (Appendix 3) which is available in the Safeguarding folder on Sharepoint. The paper form is available for use in the unlikely event that Lamplight cannot be accessed. If completed this paper form must then be uploaded to Lamplight attached to a work record.

SLRA's Confidentiality Policy and Case Management Policies (for Adults and families and for Youth Service) should be referred for more detail on recording and storing information.

• Procedure for managing safeguarding concerns about clients

It is not our responsibility to decide whether an adult or child has been abused, or to undertake enquiries into abuse, but we are responsible for responding to and reporting concerns. Regardless of how safeguarding concerns emerge, it is important to act on them and to report them in accordance with this procedure. Reports must be made immediately or as soon as possible after the concern comes to light and within the day.

Please refer to the flowchart for managing concerns about adults and children (Appendix 4) and the Safeguarding Incident Report Form (Appendix 3).

9.1. Responding to an emergency

In an emergency where a child or adult at risk has been seriously hurt or is in imminent danger of being harmed you should inform a DSO as soon as possible and if the DSO is not immediately available, ring 999 and ask for the emergency service required - police and/or ambulance. Alert the appropriate DSO as soon as possible.

The procedures set out below in the paragraph 'Responding to a safeguarding concern about a child or adult must then be followed by the DSO.

9.2. Responding to a safeguarding concern about a child or adult

For safeguarding concerns that are not immediately life-threatening, follow these steps:

Stage 1: Speak to your supervisor (for volunteers)/ line manager (for frontline staff)/DSO (for non frontline staff members) about your concern. This should be done as soon as possible on the same day (or within 24 hours) of you identifying the concern.

Stage 2: Staff members record all relevant details on the Safeguarding Incident record on Lamplight. All subsequent actions and decisions must be recorded on this form.

Stage 3: Supervisor/ Line manager consults with DSO as appropriate.

Stage 4: The DSO, having listened and understood any relevant background, will make decisions about the next steps to take. The DSO may seek advice from others either at

SLRA or from external agencies. The DSO will ensure that the safeguarding concern has been discussed with the client to obtain their view of what they would like to happen and tell them of our duty to pass on our concerns if this is required. The DSO will clarify matters regarding consent to share information have been addressed properly. Thereafter the DSO will make decisions accordingly within 24 hours of the concern being alerted to them.

If there is any disagreement between SLRA staff and the DSO about the decision that is to be taken or if the DSO is unsure for any reason about the decision to be taken then the matter must be referred to the DSL to make a decision.

The DSO may make any of these decisions:

i. **No safeguarding concern;**
There is no further action to take. This is because there are no safeguarding concerns.

ii. **Low level safeguarding concerns;**
The threshold has not been met to refer onwards. SLRA will continue to provide support to the individual adult or child. This could involve signposting to other sources of help including helplines, counselling or other avenues of external support. It may involve ongoing monitoring of safeguarding for the person.

iii. **Serious safeguarding concern requiring Social Services response**

a. Referral is made to other agencies for support and help, f. This could involve voluntary or statutory agencies. If the person has an allocated Social Worker then this allocated Social Worker must be advised of the concerns and a request made that the concern raised is acknowledged in writing. Such referrals will require the informed consent of the client. It may involve ongoing monitoring of safeguarding for the person by SLRA.

b. Referral is made to Local Authority Adult or Children Social Care department if there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or there are serious concerns about the wellbeing of the person. Information sharing with other agencies should be in line with the principles set out in this policy and procedure.

The referral must be made immediately by the DSO / supervisor / line manager using the procedures and forms as set out by the Local Authority Adult or Children's Services (see contact details in Appendix 2). If the referral is made by telephone, this must be followed up in writing immediately and within 24 hours.

Adult or Children's Services should acknowledge your written referral within one working day of receiving it. If the DSO / supervisor / line manager has not heard from them within 1 working day of the referral, the DSO must make contact again to clarify.

The DSO / supervisor / line manager may decide to advise the person's allocated Social Worker of serious concerns rather than making a referral. This will be the case when the concerns have been previously raised with Social Services and/or if the DSO / supervisor / line manager makes an assessment that the level of risk is such that contacting the allocated Social Worker is the most effective course of action. The DSO / supervisor / line manager must request written acknowledgement of the concerns raised. If no acknowledgement is received from the allocated Social Worker within 1 working day then the DSO / supervisor / line manager must escalate the concern to the manager of the allocated Social Worker. If no response is received

from the allocated Social Worker's line manager within 1 working day then a referral must be made by the DSO / supervisor / line manager using the procedures and forms as set out by the Local Authority Adult or Children's Services.

Having made the referral, there may well be a need for ongoing work by the DSO / supervisor / line manager, including providing further reports or attendance at meetings, in line with the multi-agency procedures.

If a referral is not accepted or there are delays, the DSO / supervisor / line manager should be advised by the Local Authority and given reasons for these decisions. If the DSO / supervisor / line manager remains concerned, they should be proactive in pursuing further discussions with the Local Authority and consider escalating their concerns through the Safeguarding Partnership procedure.

iv. **Urgent safeguarding concern requiring immediate response**
Refer to the Police or other Emergency Services if there is an emergency situation requiring immediate action.

At any time, the DSO can seek advice from one or more of the following: the DSL, Local Authority, Police or any of the specialist providers in the local authority area or nationally (see agencies listed in Appendix 2).

Stage 5: In all cases, records must be kept of all conversations, observations and reasons for decisions. A decision to take no further action or monitor a situation is as serious as a decision to take action or make a referral out.

Stage 6: The DSO also has a role at SLRA to debrief with staff and to offer support and supervision during and after any safeguarding incidents. The DSL will also be appraised and may be involved in the provision of support and advice following a decision.

9.3. Responding to a safeguarding concern raised by another agency

When another agency informs an SLRA staff member about a safeguarding issue relating to a client known to both services a check must be made with the relevant person to see whether a safeguarding referral has already been made. For instance, where a therapist contacts a member of staff who a young person disclosing domestic abuse.
In this situation, if a safeguarding referral is needed then even if a referral has already been made by the other agency, a safeguarding referral **must** still be made by the relevant SLRA staff member.

10.Procedure for managing allegations against staff

N.B 'Staff' includes trustees, paid staff and volunteers.

SLRA's working practices seek to reduce the potential for staff to act in ways that may cause harm to our clients or to other staff and to our reputation. Staff should raise any concerns about the behaviour of colleagues and SLRA will fully support anyone who, in good faith, reports that a colleague may pose risk to a child or adult at risk. Staff members reporting abuse will be treated as witnesses not complainants.

This procedure is relevant in the event that there are safeguarding concerns about a member of SLRA staff.

Safeguarding concerns can include where a staff member may have:

i. behaved in a way that has – or may have - harmed an adult or a child; behaved in a way that could lead to an adult or child being harmed

ii. possibly committed, or is planning to commit a criminal act towards an adult or a child

iii. behaved toward an adult or a child in such a way that it indicates that they could pose a risk of harm to clients or be unsuitable to work with clients

whether this has occurred whilst working at SLRA or elsewhere, including online.

Safeguarding concerns about a staff member may arise in various circumstances, for example:

- a client (adult or child) or a third party makes an allegation implicating a staff member
- concerns about a staff member's behaviour emerge from another route e.g. a complaint or an enquiry
- a specific known person is not victimised but there are concerns about a staff member's behaviour, e.g. a staff member is looking at abusive images of children online or expressing inappropriate views online
- someone has breached the Code of Conduct or they engage in poor working practices
- they no longer work at SLRA and allegations come to light about them (historical or non-recent concerns)
- they are involved in activities outside of their work at SLRA, for example they have harmed their own children or another adult that leads to concerns about their fitness to work at SLRA
- new information is contained in a Disclosure and Barring List (DBS) check.

These concerns may be unfounded, or the allegations may be false or malicious, but they may also be founded. The outcome cannot be known until a proper enquiry has been undertaken using this procedure. It is important that all allegations are taken seriously and not ignored. All allegations and concerns must be reported so they can be properly addressed in line with this procedure and outcomes recorded. The report must be made immediately or as soon as possible after the concern comes to light and within the day.

10.1. Responding to a safeguarding concern about staff

Where there are safeguarding concerns about staff, including concerns about poor working practices, follow the steps below. Refer to the flowchart for Managing Allegations against Staff (Appendix 5) and the Safeguarding Incident Report Form (Appendix 3). In the case of Safeguarding concerns about staff the paper Safeguarding Incident Report Form should be completed and no record added to lamplight at this stage.

Speak to the DSL about your concern on the same day (and within 24 hours) that you identify it. It is not necessary for you to be completely certain and it is expected that you notify any concerns that may impact on the wellbeing of our clients. The subject of the allegation should not be notified. If the concern is about the DSL or a Trustee, then the Chair of Trustees (or another Trustee) must be notified.

Record all relevant details using the paper version of the Safeguarding Incident Report (Appendix 3) and hand to the DSL. The DSL will ensure that all subsequent actions and decisions are recorded.

Steps the DSL may take

The DSL will follow this procedure, dealing with matters quickly, fairly and consistently so that individuals are safeguarded, any evidence is secured and the staff member or volunteer is supported. This will involve working with others, both internally (including Trustees) as well as external agencies including Police, Local Authority and (if it relates to children), the Local Authority Designated Officer (LADO).

There may be up to four strands in the management of any safeguarding allegation and any or all of them may be required depending on the circumstances.

1. A police investigation if a criminal offence may have been committed
2. Enquiries by social care about child or adult at risk safeguarding
3. SLRA internal process including considerations about disciplinary action
4. Referral to the Disclosure & Barring Service and/or referral to a professional registration body for professional misconduct.

An initial plan for the enquiry with proposed actions and timescales must be confirmed within one working day by the DSL. Consideration should be given to these areas:

- which of the four stands of inquiry (see above list) are thought to be required at this stage (this may change as the enquiry progresses).
- if any immediate action is required to safeguard clients, staff, the building or services, including securing or 'locking down' any records; removing equipment from the subject of the allegation (including devices which contain evidence) or removing their access to parts of the building or shared drives etc.
- what other information is required, how it will be sought, when, from whom
- if advice is required from the Police, the Local Authority, LADO or other agency
- what information to share with the subject of the allegation and with any other known employer (if they work elsewhere); any arrangements to support the person
- decisions about temporary suspension or altering duties of person subject to allegation
- what information to share, and when, with other staff and clients; managing speculation, leaks and gossip; managing media interest if it should arise
- if the criteria is met for referral to the Police, Local Authority, the Local Designated Safeguarding Officer (LADO).
- if the criteria is met for a serious incident report being made to the Charity Commission

Liaison with the Local Authority Designated Officer (LADO)

- Where there are concerns about staff who work with children, the LADO must be contacted within one working day. The LADO for the local authority area where the child resides is the responsible agent, unless there is no known child in which case it is the area where the subject of the allegation lives.
- The LADO will advise and if the threshold for their involvement is met. If it is, then the LADO is involved from the initial phase of the allegation through to the conclusion of the case and will ensure all the relevant reports are made and lines of inquiry are undertaken.
- The LADO is responsible for:

- providing advice, information and guidance to employers and voluntary organisations around allegations and concerns about staff.
- managing and overseeing individual cases from all partner agencies.
- ensuring the child's voice is heard and that they are safeguarded.
- ensuring there is a consistent, fair and thorough process for all adults working with children against whom an allegation is made.
- monitoring the progress of cases.
- recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or social care.
- advising about referrals to other agencies such as DBS.

There is no LADO equivalent for adult safeguarding but matters relating to staff working with adults are dealt with by Adults Social Care. Where there may be crossovers between adult and child safeguarding, the LADO can advise.

A police investigation if a criminal offence may have been committed
A report must be made to the Police and a crime reference number obtained where:

- there has been a crime or a crime is suspected
- allegations about staff/volunteers who are no longer working for SLRA must also be reported to the Police.

Enquiries by social care about adult or child safeguarding
Adults and children who are victims of harm must be protected and provided with support. The immediate safety of an individual client must be considered as well as the safety needs of all other clients (current or historical) and any others that the subject of the allegation may have encountered. This will involve making referrals to the Local Authority as per the above 'Procedure for managing concerns about clients'.

SLRA internal process including considerations about disciplinary action
Internal investigations must be taken without delay, but are secondary to reports being made to Police, Adults or Children's Social Care and LADO.

Internal enquiries should use SLRA HR policies and HR advice as well as consultation with other relevant colleagues and address these areas:

- maintaining confidentiality for the subject of the allegation during the investigation period.

- the subject of the allegation has a right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. They should have a named contact at SLRA and be signposted to external support, e.g. union or counselling services.

- decisions about suspension or other alternatives such as allocating other duties during the investigation period. Suspension should not be the default option and alternatives to suspension will always be considered. Where suspension takes place, it is viewed as a neutral act which does not imply guilt. Suspension should be considered in these situations: Police are investigating allegations; the allegation is so serious that if it is substantiated, it would be grounds for dismissal; the person against whom the allegation is made may put pressure on others who are witnesses or may pose ongoing risk which cannot be managed satisfactorily without suspension. In any event, whilst inquiries are ongoing, the worker in question should not be in contact with clients.

- Outcomes of the investigation may fall into these areas:

- there is sufficient evidence to state that the allegation is substantiated and there has been harm to the client.
- there is sufficient evidence to disprove the allegation and say it is malicious. Malicious allegations made by another member of staff may result in disciplinary procedures against the referrer. Where police are involved, this may lead to charges of 'wasting police time' or 'perverting the course of justice'.
- there is sufficient evidence to disprove the allegation but it was not made to deceive. False allegations are rarely made by clients and it is more likely there has been a misunderstanding or misinterpretation of events. Where it transpires that there has been a false allegation, it is important to consider what may have driven this, including other welfare concerns.
- there is insufficient evidence to either prove or disprove the allegation which is therefore unsubstantiated.
- there is no evidence or proper basis which supports the allegation being made, e.g. due to a misinterpretation, so the allegation is unfounded.

The range of options open will depend on the circumstances of the case and take into account the result of any Police investigation or criminal trial, any safeguarding enquiries about the child or adult as well as the organisations duty to safeguard the charity, its staff and clients. Options may include:

- reintegrating the member of staff into the job role
- changes to the job description or working patterns
- invoking the disciplinary process
- dismissal
- alerting other known employers of the individual concerned (which the LADO can do for staff working with children)
- referring to the DBS
- alerting the Charity Commission or the charity's commissioners, insurance company or professional regulating bodies of the subject of the allegation
- consequences for staff who have made malicious allegations. There should be no consequence for staff who make allegations in good faith where those allegations are not substantiated or are unfounded.

Decisions must be implemented as soon as possible and in three working days of the decision of SLRA. The subject of the investigation must receive a letter within five working days of the conclusion of the investigation clarifying its outcome and any implications for their employment.

10.2 Refer to the disclosure and barring service (DBS)

SLRA has a duty to refer to DBS any person engaged to work in regulated activity where the allegation has been substantiated or where there has been harm caused. DBS will consider whether the person should be barred from working with children or adults at risk.

Referrals to DBS will be made where SLRA withdraws permission for a person to work in regulated activity with children and/or adult at risk, including moving them to do work that is not regulated activity. SLRA must also refer to DBS where we would have taken this action, but the person was re-deployed, dismissed, resigned, retired, or left. The DBS referral can take place at any time during the allegations process and at the earliest stage possible. Failure to report to DBS in these circumstances is an offence.

The referral process is outlined on the DBS website and they can be contacted for advice if there is uncertainty as to what to do.

10.3 Other considerations

Lack of co-operation
In all cases, the process of recording the allegation, identifying any supporting evidence and making a judgement as to whether it is substantiated should continue as far as possible. Full opportunity will be given to the person to respond to the allegation. Every effort will be made to conclude all cases where allegations are made, even where:

- the person concerned refuses to cooperate, resigns or otherwise stops providing their services
- it is difficult to reach a conclusion
- the person is deceased.

Managing communications
Clients and their families may need to be advised about the allegation and the decisions about how this occurs and what is shared will be made by the DSL. The client/s should ideally be told about the allegation as soon as possible, depending on the individual situation. They should be kept informed about the progress of the case and told of the outcomes where there is not a criminal prosecution. That includes the outcome of any disciplinary process.

The person against whom the allegation is made should be kept appraised by the nominated person at SLRA.

If there is media interest, this will be carefully considered by the leadership and Trustees.

Compromise, settlement or non-disclosure agreements
These are agreements whereby a person agrees to resign with an arrangement that the employer will not pursue disciplinary action, and where both parties agree a form of words to be used in any future reference.

These types of agreement must never be used in these cases nor can SLRA's duty to report to DBS be overridden.

References
Where allegations are considered to be false, unsubstantiated or malicious, these should not be included in employer references.

Record keeping
Details of allegations that are found to be malicious should be removed from personnel records.

For all other allegations, detailed and clear records of the allegation, how it was managed, actions taken and decisions reached, is kept on the confidential personnel file of the subject of the allegation. The record should be kept at least until the accused has reached normal pension age or for a period of 10 years from the date of the allegation if that is longer.

Supervision, support & learning
The DSL will ensure that, after the management of any allegation, staff who were involved in the issues surrounding the allegation are supported, supervised and effectively de-briefed.

There may need to be a learning review arising from the experience of managing the allegation and practice changes made accordingly, if there are features of the organisation that have contributed to the occurrence of the harmful behaviour. In some circumstances an individual case review may be required to learn lessons and improve practices, amend policies and procedures or lead to staff training. A short form will be available for use in supervision to aid the process of identifying and responding to learning from safeguarding incidents. This form is available in the 'Safeguarding' folder on Sharepoint.

This policy and procedure, or other policies may need to be reviewed in relation to the learning from the allegation management. These updates should be made at the time of learning rather than waiting for the next scheduled policy and procedure review.

11. Safeguarding Learning & Development

All staff should be equipped with the knowledge and skills to recognise the possible signs of abuse, neglect, exploitation and radicalisation and to know what to do if they have a concern. This should cover both the adults and the children safeguarding landscape.

Everyone should be familiar with this policy and procedure and be willing and able to apply it when required.

Designated Safeguarding Officers and the Designated Safeguarding Lead and Trustees must be able to undertake their specific responsibilities supported by training.

SLRA offers safeguarding learning opportunities which may take place through training, briefings, team meetings, reading or other learning opportunities. Records will be kept of attendance.

In addition, SLRA will provide 6 weekly supervision meetings to support staff and promote reflective learning about safeguarding.

11.1 Induction

All new staff, volunteers and Trustees, at the time of their starting work at SLRA will receive this safeguarding policy and procedure. They are expected to read it and to agree to apply it if and when it is so required (see Appendix 6).

11.2 Safeguarding learning and development for all staff

All staff and volunteers and Trustees will receive within 6 months of their starting their role, safeguarding learning and development which will help them to identify abuse and neglect and report it using this policy and procedure and statutory guidance. This will be for safeguarding children and adults at risk. This training will then take place annually as a refresher/update.

11.3 Safeguarding training for Designated Safeguarding Officers

The DSO's and the DSL will receive training within 6 months of their role commencing and then refresher/update briefings every two years. This training will focus on managing children and adult at risk safeguarding, including making decisions, referrals, and contributing to multi-agency work, consent, confidentiality and information sharing, staff support and promoting a safeguarding culture.

11.4 Safeguarding training for Designated Safeguarding Leads & Trustees

These senior roles will need to complete 'safer recruitment' training and training in managing allegations against staff. This training should be updated every three years.

11.5 Safeguarding Governance for Trustees

Trustees will have development opportunities to be able to fulfil their safeguarding governance responsibilities. This should take place for all Trustees and be updated every two years.

Appendix 1

Key Internal Contacts			
Designated Safeguarding Officer (DSO)- Youth Services			
Name:	Maya Pritchard	**Tel: Mobile:**	07718267948
Job Title:	Head of Youth Services	**Email:**	maya@slr-a.org.uk
Designated Safeguarding Officer (DSO)- Adult Services			
Name:	Rebeka Carey	**Tel: Mobile:**	07809 728013
Job Title:	Head of Adult and Family Services	**Email:**	rebeka@slr-a.org.uk
Designated Safeguarding Lead (DSL)			
Name:	Cynthia Orchard	**Tel:**	07715561600
Job Title:	CEO	**Email:**	cynthia@slr-a.org.uk
Chair of Trustees			
Name:		**Tel:**	
Title:	Chair of Trustees	**Email:**	
Lead Trustee for Safeguarding			
Name:	Joe Gordon	**Tel:**	
Title:	Trustee Safeguarding Lead	**Email:**	joe.gordon.london@outlook.com

Appendix 2:

Appendix 2: Key External Contacts and Resources	
Police, Ambulance, Fire Services	
Police (non-emergency)	Tel 101
Emergency Services	Tel 999
Police Prevent Team	Tel 101
Local Authority	
Local Authority Adults Social Care - LAMBETH	Tel: 020 7926 5555 Emergency/Out of Hours: 020 7926 5555 Email: n/a https://lambethchildcare.proceduresonline.com/p_threshold.html Web-link: https://beta.lambeth.gov.uk/adult-social-care-and-health/safeguarding/report-concern-about-adult/report-neglect-or-abuse-adult Link for adult safeguarding multi-agency procedures and reporting form: https://forms.lambeth.gov.uk/ADULTSAFEGUARDINGCONCERN/launch?utm_source=Lambeth&utm_medium=form&utm_campaign=safeguarding
Local Authority Children Social Care [MASH Hub] - LAMBETH	Tel: 020 7926 5555 Emergency/Out of Hours: 020 7926 5555 Email:n/a Web-link: https://beta.lambeth.gov.uk/noise-nuisance-anti-social-behaviour-and-safety/report-concern-about-child Link for children's safeguarding multi-agency procedures:
Merton Safeguarding Children Policies, Procedures and information	https://www.mertonscp.org.uk/guidance-policies-procedures/
A-Z of councils and their social media links	https://www.local.gov.uk/our-support/guidance-and-resources/communications-support/digital-councils/social-media/go-further/a-z-councils-online
Local authority Adults Social Care (England)	Use the following website to find out the details https://www.gov.uk/report-abuse-of-older-person
Local authority Children's Social Care (England)	Use the following website to find out the details:https://www.gov.uk/report-child-abuse-to-local-council
Local Authority Designated Officer	Tel: Email:

Domestic Abuse **The Gaia Centre (Lambeth)**	Tel: 020 7733 8724 Email lambethvawg@refuge.org.uk
Other boroughs	Tel Email
Sexual Assault Referral Centres	Tel 0808 802 9999 Email info@rasasc.org.uk
Radicalisation	
HM Govt Report radicalisation online	https://act.campaign.gov.uk/
Home Office Radicalisation e-learning module	https://www.elearning.prevent.homeoffice.gov.uk
Adult Safeguarding	
Ann Craft Trust Resources and support for safeguarding adults at risk	Tel 0115 951 5400 Website: http://www.anncrafttrust.org/safeguarding-adults-sport-activity/
NAPAC (National Association for People Abused in Childhood) Helpline and online support	Tel 0808 801 0331 Email support@napac.org.uk
Mencap Direct Helpline and support	Tel: 0808 808 1111 E-mail help@mencap.org.uk www.mencap.org.uk
MIND Helpline and support	Tel 0300 123 3393 Text 86463 E-mail info@mind.org.uk www.mind.org.uk
National Autistic Society Helpline and support	Tel 0808 800 4104 Website www.autism.org.uk
Children's Safeguarding	
NSPCC Helpline For anyone concerned about a child	Tel 0808 800 5000 Email help@nspcc.org.uk
Childline For children to use	Tel 0800 1111
NSPCC Whistleblowing Helpline	Tel 0800 028 0285 Email help@nspcc.org.uk.
NSPCC FGM Helpline	Tel 0800 028 3550 Email fgmhelp@nspcc.org.uk
Triangle Support and advocacy for disabled children	Tel 01273 305 888 https://triangle.org.uk/
Family Lives Parent advice line.	Tel 0808 800 2222
Child Trafficking Advice Centre	0808 800 5000
Child Exploitation and Online Protection Centre (CEOP) Investigates inappropriate online behaviour such as grooming online	0870 000 3344

Other National Services	
Victim Support	Tel 0808 168 9111 www.victimsupport.org.uk
National Domestic Violence Helpline	Tel 0808 2000 247
FGM FORWARD Training and support	Tel 020 8960 4000 Email forward@forwarduk.org.uk
Forced Marriage Helpline	Tel 0800 599 9247
Forced Marriage Unit	Tel 0207 008 0151 Out of office hours contact: 0207 008 1500 (ask for Global Response Centre).
UNSEEN Specialist charity giving advice and support about Modern Day Slavery	Telephone: 0303 040 2888 Helpline: 08000 121 700 Website: https://www.unseenuk.org/
British Institute of Learning Difficulties Training and resources	Tel 0121 415 6960 www.bild.org.uk
The UK Safer Internet Centre Provides advice for professionals and responds to reports about sexual abuse images of children online	0844 381 4772
Disclosure & Barring Scheme	https://www.gov.uk/government/organisations/disclosure-and-barring-service

Appendix 3

SLRA Safeguarding Incident Report Form

Type of Incident:
Date & Time:
Location:
Who was Present:
Events (or details) as reported to you or observed. Remember to record discussions 'verbatim' (in the words and phrases actually used) where possible.
Child or Adult at Risk name and contact details Parent or Carer contact details
Follow Up Required (+ Person Responsible + Date/s of Follow Up):
Follow up undertaken

SLRA

Appendix 4

Flowchart for Managing Safeguarding Concerns about Adults and Children

(see policy and procedure for detailed guidance)

Safeguarding concern about an adult or a child

FRONTLINE WORKER

Inform line manager immediately

Inform DSO if line manager unavailable

Complete Safeguarding Incident Form on Lamplight

NON FRONTLINE WORKER

Inform appropriate DSO immediately (or DSL if DSO unavailable)

Complete Safeguarding Incident Form on Lamplight

VOLUNTEER

Inform supervisor immediately (or another staff member if supervisor not available)

In an emergency situation, contact emergency services.

DSO decides on next steps (case specific) within 24 hours.

DSO may: seek further information and examine previous records; seek advice from others; clarify information sharing and consent to share; speak with the child, adult at risk and/or family members

No Further Action

Continue to provide support to adult or child and/or signposts to other agencies

Make referral to other agencies for early help or support, having sought informed consent

DSO ensures that a safeguarding referral is made and followed up as necessary.

In an emergency situation, contact emergency services.

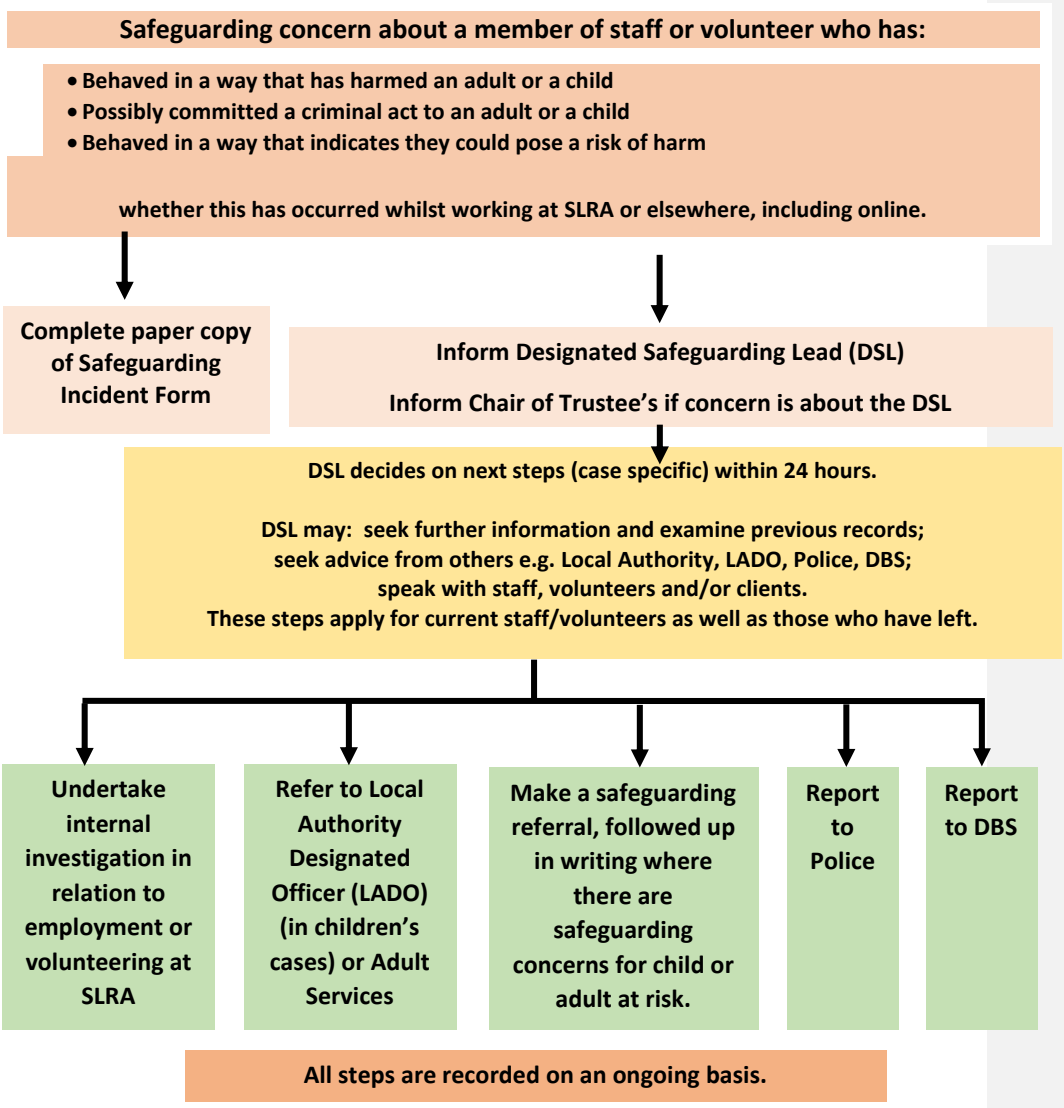
All steps are recorded on Lamplight on an ongoing basis.

SLRA

Appendix 5

Flowchart for Managing Allegations Against Staff

(see policy and procedure for detailed guidance)



Appendix 6

Confirmation of having Read, Understood and Agreement to apply safeguarding Policy and Procedure by staff and volunteers.

TO BE COMPLETED DURING INDUCTION AND WITHIN TWO WEEKS OF NEW POLICY AND PROCEDURE BEING ISSUED ANNUALLY

NAME:

DATE OF APPOINTMENT: n/a

DATE POLICY AND PROCEDURE DISCUSSED IN INDUCTION/SUPERVISION:

I have read and I understand the Safeguarding Adults and Children Policy and Procedure. I agree to adhere to the requirements of the Safeguarding Adults and Children Policy and Procedure during my work at SLRA.
YES/NO (circle as applicable)

I have had the opportunity to discuss the Safeguarding Adults and Children Policy and Procedure in supervision.
YES/NO (circle as applicable)

Name of Staff Member/Volunteer:

Signature of staff member/volunteer:

Date:

Name of Manager:

Signature of Manager:

Date: