

Safeguarding children, young people and their families

1. Purpose:

1.1. The Safeguarding children, young people and their families policy sets out how Ormiston Families safeguards and promotes the welfare of the children, young people and adults who access our services.

2. Persons Affected:

2.1. The Safeguarding children, young people and their families policy applies to all Ormiston Families' staff and volunteers.

3. Policy:

3.1. Ormiston Families:

- 3.1.1. will always act to safeguard and protect the welfare of children, young people, adults and their families;
- 3.1.2. is committed to safeguarding all service users and will act on any disclosure of maltreatment, impairment to health, development or well-being;
- 3.1.3. will ensure the security of children, young people and adults' records and the quality of the information they contain;
- 3.1.4. recognises that interagency working is vital in safeguarding and protecting the welfare of service users;
 - 3.1.4.1. our services will develop, promote and maintain collaborative relationships and, where appropriate, adopt a joint approach with partner agencies to ensure service users are safeguarded effectively.
- 3.1.5. will securely share relevant concerns and/or information with partner agencies, Social Care Services, the police and/or other statutory services in a timely manner to meet the needs of service users who require safeguarding;
- 3.1.6. will ensure that staff are supervised, supported and have time to reflect on their safeguarding activities through periodic evaluation of performance by their line-manager;
- 3.1.7. encourages employees to discuss with an appropriate manager any concerns that they have about the behaviour of any other employee or volunteer;
 - 3.1.7.1. all allegations of the abuse of children, young people and adults by those who work and/or volunteer with them will be taken seriously.
 - 3.1.7.2. where appropriate, the Charities Commission, Social Care Services, Ofsted and/or the Police will be informed about any allegations made about Ormiston Families' employees or volunteers.

4. Definitions:

4.1. **'Abuse'** is defined as a violation of an individual's human and civil rights by any other person or persons.

4.1.1. Abuse may consist of a single act or repeated acts. It can take place in any context and reflect very different dynamics (cf. section 4.5 'Contextual Safeguarding' below).

4.1.2. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

- 4.1.3. Any or all the following types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.
- 4.1.4. **'Physical abuse'** is the physical ill treatment of a child, young person or adult which may or may not cause physical injury.
- 4.1.4.1. Types of physical abuse can include hitting; slapping; shaking; pushing; throwing; poisoning; suffocating; kicking; burning or scalding; misuse of medication; making someone purposefully uncomfortable; and/or unauthorised restraint.
- 4.1.4.2. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.
- 4.1.4.3. Possible indicators of physical abuse are multiple bruising; fractures; burns; bed sores; fear; depression; unexplained weight loss; a failure to seek medical treatment; and/or a pattern of visiting different hospitals/doctors over a short period of time.
- 4.1.5. **'Sexual abuse'** includes any sexual act to which a child, young person or adult has not consented, could not consent, was pressured in to consenting and/or may not understand.
- 4.1.5.1. Types of sexual abuse can include rape; attempted rape or sexual assault; inappropriate touch anywhere; non-consensual masturbation of either or both persons; non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth; inappropriate looking, sexual teasing or innuendo; sexual harassment; sexual photography; forced use of pornography; witnessing of sexual acts; and/or indecent exposure.
- 4.1.5.2. Possible indicators of sexual abuse are a loss of sleep; unexpected or unexplained changes in behaviour; bruising; soreness around the genitals; torn, stained or bloody underwear; a preoccupation with anything sexual; sexually transmitted diseases; and/or pregnancy.
- 4.1.6. **'Psychological/Emotional abuse'** is behaviour that has a harmful effect on a person's emotional health and development or any form of mental cruelty that results in mental distress; the denial of basic human and civil rights such as self-expression, privacy and dignity; negating the right to make choices; undermining their self-esteem; and/or isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.
- 4.1.6.1. Some level of emotional abuse is involved in all types of maltreatment of a child, young person or adult though it may occur alone.
- 4.1.6.2. Types of psychological/emotional abuse can include enforced social isolation, i.e. preventing someone accessing services, educational and social opportunities and seeing family/friends; removing mobility or communication aids or intentionally leaving someone unattended when they need assistance; preventing someone from meeting their religious and cultural needs; preventing the expression of choice and opinion; failure to respect privacy; preventing stimulation, meaningful occupation or activities; intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse; addressing a person in a patronising or infantilising way; threats of harm or abandonment; and/or cyber-bullying.
- 4.1.6.3. Possible indicators of psychological/emotional abuse include fear; depression; confusion; loss of sleep; unexpected or unexplained change in behaviour; and/or low

self-esteem.

4.1.7. **‘Financial /material abuse’** is a crime which entails the use of a person’s property, assets, income, funds or any resources without their informed consent or authorisation.

4.1.7.1. Types of financial/material abuse include theft of money or possessions; fraud or scamming; preventing a person from accessing their own money, benefits or assets; employees taking a loan from a person using the service; undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions; arranging less care than is needed to save money to maximise inheritance; denying assistance to manage/monitor financial affairs; denying assistance to access benefits; misuse of personal allowance in a care home; misuse of benefits or direct payments in a family home; someone moving into a person’s home and living rent free without agreement or under duress; false representation; using another person's bank account, cards or documents; exploitation of a person’s money or assets; misuse of a power of attorney, deputy, appointeeship or other legal authority; so-called ‘Rogue trading’ i.e. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.

4.1.7.2. Possible indicators of financial/material abuse include unexplained withdrawals from the bank; unusual activity in bank accounts; unpaid bills; unexplained shortage of money; reluctance on the part of the person with responsibility for the funds to provide basic food and clothes; unnecessary property repairs; and/or changes in deeds or title to property.

4.1.8. **‘Neglect’ and acts of omission** are the failure of any person who has responsibility for the charge, care or custody of a child, young person or adult to provide the amount and type of care that a reasonable person would be expected to provide.

4.1.8.1. Neglect can be intentional or unintentional. Intentional neglect such as withholding meals may constitute ‘wilful neglect’ and is a criminal act punishable under law (Mental Capacity Act 2005, Section 44).

4.1.8.2. Types of Neglect and acts of omission can include failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care; providing care in a way that the person dislikes; failure to administer medication as prescribed; refusal of access to visitors; not taking account of individuals’ cultural, religious or ethnic needs; not taking account of educational, social and recreational needs; ignoring or isolating the person; preventing the person from making their own decisions; preventing access to glasses, hearing aids, dentures, etc.; and/or failure to ensure privacy and dignity.

4.1.8.3. Neglect may also occur during pregnancy because of maternal substance misuse.

4.1.8.4. Possible signs of neglect include a dirty or unhygienic environment; poor physical condition and/or personal hygiene; pressure sores or ulcers; malnutrition or unexplained weight loss; untreated injuries and medical problems; inconsistent or reluctant contact with medical and social care organisations; accumulation of untaken medication; uncharacteristic failure to engage in social interaction; inappropriate or inadequate clothing; recurrent diarrhoea; unresponsiveness; abnormally voracious appetite at school or nursery; indiscrimination in relationships with adults (attention

seeking); and/or over-sedation.

4.1.9. **'Self-Neglect'** can be an unwillingness or inability to care for oneself and/or one's environment.

4.1.9.1. Types of self-neglect can include a lack of self-care to an extent that it threatens personal health and safety; neglecting to care for one's personal hygiene, health or surroundings; inability to avoid self-harm; failure to seek help or access services to meet health and social care needs; and/or an inability or unwillingness to manage one's personal affairs.

4.1.9.2. Possible indicators of self-neglect may include very poor personal hygiene; unkempt appearance; lack of essential food, clothing or shelter; malnutrition and/or dehydration; living in squalid or unsanitary conditions; neglecting household maintenance; hoarding; collecting a large number of animals in inappropriate conditions; non-compliance with health or care services; and/or inability or unwillingness to take medication or treat illness or injury.

4.1.10. **'Discriminatory abuse'** exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals.

4.1.10.1. Discriminatory abuse can be a feature of any form of abuse of a child, young person or adult, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

4.1.10.2. It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, i.e. education, health, justice and access to services and protection.

4.1.10.3. Types of discriminatory abuse can include unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010); verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic; denying access to communication aids, not allowing access to an interpreter, signer or lip-reader; harassment or deliberate exclusion on the grounds of a protected characteristic; denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic; substandard service provision relating to a protected characteristic; Female Genital Mutilation (FGM); so-called 'Honour-based Violence'; and/or Forced Marriage.

4.1.10.4. Possible indicators may not always be obvious and may also be linked to acts of physical abuse, sexual abuse, financial abuse, neglect, psychological abuse and harassment but can include a rejection of own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices; and/or making complaints about the service not meeting their needs.

4.1.11. **'Institutional abuse'** is the mistreatment or abuse or neglect of an adult by a regime or individuals within settings and services that adults live in or use, that violate a person's dignity and result in lack of respect for their human rights.

4.1.11.1. Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the

whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of individuals.

- 4.1.11.2. Possible indicators of institutional abuse can include a lack of flexibility and choice for adults using the service; inadequate staffing levels; people being hungry or dehydrated; poor standards of care; lack of personal clothing and possessions and communal use of personal items; lack of adequate procedures; poor record-keeping and missing documents; absence of visitors; few social, recreational and educational activities; public discussion of personal matters or unnecessary exposure during bathing or using the toilet; absence of individual care plans; and/or lack of management overview and support.
- 4.2. **'Adults'** are defined as a person aged 18 years or over unless they are aged 18, 19 or 20 and have been looked after by a local authority at any time after attaining the age of 16; or have a learning disability.
- 4.3. **'Child protection'** is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
- 4.4. **'Children'**: In England, a child is anyone who has not yet reached their 18th birthday (Working Together to Safeguard Children, 2018 Appendix A).
- 4.5. **'Contextual Safeguarding'** is an approach to understanding and responding to young people's experiences of significant harm beyond their families.
- 4.5.1. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.
- 4.5.2. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.
- 4.6. **'Disclosure'** refers to information that is passed onto someone who would not have access to it. Within this context, disclosure may refer to the act of telling a staff member about the abuse a child or young person is experiencing, or it may refer to the notification by the Disclosure & Barring Service (DBS) that a prospective member of staff has been convicted of an offence.
- 4.7. **'Extremism'** is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.
- 4.7.1. This definition of extremism also includes calls for the death of members of British armed forces, whether in this country or overseas.
- 4.8. **'Female Genital Mutilation (FGM)'** (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- 4.8.1. The practice is illegal in the UK.
- 4.8.2. It is illegal to arrange for a child to be taken abroad for FGM.
- 4.9. **'Forced Marriage'** is a marriage that takes place without the full and free consent of both parties.

- 4.9.1. In a forced marriage, one or both parties are coerced into marrying someone against their will.
- 4.10. **‘Harm’** is defined in the Children Act 1989 as ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 so that it also includes "impairment suffered from seeing or hearing the ill-treatment of another".
- 4.11. **‘Mental Capacity’**: Having mental capacity means that a person can make their own decisions. The Mental Capacity Act 2005 applies to everyone who works in health and social care and is involved in the care, treatment or support of people aged 16 and over who live in England and Wales and who are unable to make all or some decisions for themselves.
- 4.11.1. The inability to decide can be caused by a psychiatric illness, i.e. dementia, a learning disability, mental health problems, a brain injury or a stroke.
- 4.11.2. The Mental Capacity Act 2005 says that a person is unable to decide if they cannot do one or more of the following four things:
- 4.11.2.1. understand information given to them;
- 4.11.2.2. retain that information long enough to be able to make the decision;
- 4.11.2.3. weigh up the information available to make the decision;
- 4.11.2.4. communicate their decision.
- 4.12. **‘Radicalisation’** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
- 4.13. **‘Safeguarding’** is defined in ‘Working Together to Safeguard Children’ (2018) as:
- 4.13.1. protecting children from maltreatment;
- 4.13.2. preventing impairment of children's health or development;
- 4.13.3. ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- 4.13.4. acting to enable all children to have the best outcomes.
- 4.14. **‘Section 47 Enquiry’**: Under Section 47 of the Children Act 1989, if a child is taken into Police Protection, is the subject of an Emergency Protection Order or there are reasonable grounds to suspect that a child is suffering or is likely to suffer Significant Harm, a Section 47 Enquiry is initiated.
- 4.14.1. A Section 47 Enquiry enables the local authority to decide whether they need to take any further action to safeguard and promote a child’s welfare.
- 4.14.2. Section 47 Enquiries are usually conducted by a social worker, jointly with the Police, and must be completed within 15 days of a Strategy Discussion.
- 4.14.3. Where concerns are substantiated, and the child is judged to be at continued risk of Significant Harm, a Child Protection Conference should be convened.
- 4.15. **‘Significant harm’** is defined in the Children Act 1989 as the threshold that justifies compulsory intervention in family life in the best interests of children.
- 4.15.1. There are no absolute criteria on which to rely when judging what constitutes significant harm.

- 4.15.2. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development.
- 4.15.3. Physical Abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm.
- 4.15.4. Suspicions or allegations that a child is suffering or likely to suffer significant harm should result in an Assessment incorporating a Section 47 Enquiry.

4.16. **The Local Safeguarding Children's Board (LSCB)** is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality and for ensuring the effectiveness of what they do.

4.17. **The Safeguarding Adults Board (SAB)** is a multi-agency partnership that promotes the development of adult safeguarding work.

4.18. **The Care Act 2014** helps to improve people's independence and well-being.

- 4.18.1. The Care Act 2014 makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

4.19. **'Vulnerable adults'** are defined as "A person who is 18 years of age or over, and who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him/herself, or unable to protect him/herself against significant harm or serious exploitation" (Who Decides? Making decisions on behalf of mentally incapacitated adults, 1997).

4.19.1. Vulnerable adults may include those:

- 4.19.1.1. who are older and frailer;
- 4.19.1.2. with a physical disability;
- 4.19.1.3. with a physical illness, including a terminal illness;
- 4.19.1.4. with mental health needs, or dementia; and/or
- 4.19.1.5. with learning disabilities, additional or extra needs.

5. Responsibilities:

5.1. A named trustee is responsible for ensuring that those benefiting from, or working with, Ormiston Families are not harmed in any way through contact with it.

- 5.1.1. The trustee will take all reasonable measures to ensure that the risk of harm to children, young people, adults and their families are minimised.

5.2. The Chief Executive is responsible for safeguarding in Ormiston Families.

5.3. The Operations Director is the Designated Lead for safeguarding in Ormiston Families and is supported by the Service Directors as the nominated lead for their respective services.

5.4. Service Directors will liaise with Local Authorities to identify changes in local policy or practice.

- 5.4.1. Service Directors must ensure that Service Manager/Team Leaders are informed of any changes to local policies or referral procedures and that referrals are made appropriately.
- 5.5. Service Directors are responsible for providing staff with:
- 5.5.1. local authority multi-agency child protection procedures and guidelines;
 - 5.5.2. contact names and details for other relevant agencies and resources;
 - 5.5.3. Ormiston Families contacts and details of other internal resources;
 - 5.5.4. up-to-date copies of Ormiston Families' Management Support Rota (MSR);
 - 5.5.5. access to initial and on-going training;
 - 5.5.6. support through high quality supervision;
 - 5.5.7. follow through support and guidance following any child protection or safeguarding adult issues.
- 5.6. Service Directors and Service Manager/Team Leaders will treat all allegations made against employees seriously and follow the Management of Allegations policy.
- 5.7. Service Directors and Service Manager/Team Leaders must treat any failure to report abuse as a disciplinary matter.
- 5.8. Service Manager/Team Leaders:
- 5.8.1. are responsible for receiving concerns about the safety and welfare of children, young people and their families, making decisions about what action needs to be taken, contacting and liaising internally and with other agencies involved in safeguarding children and their families, especially Social Care Services;
 - 5.8.2. must ensure that all employees and volunteers complete initial online child protection training and, where appropriate, Female Genital Mutilation (FGM) and their duty to prevent people from being drawn into terrorism under the Government's Prevent counter-terrorism strategy;
 - 5.8.3. must ensure that subsequent opportunities are made available to participate in appropriate and relevant training within the context of each Local Authority so that employees are working within statutory safeguarding arrangements;
 - 5.8.4. are responsible for ensuring that staff undertake appropriate safeguarding refresher training every 3-years;
 - 5.8.5. will ensure that all staff are introduced to, and are confident in the implementation of the safeguarding policy as part of their induction process;
 - 5.8.6. are responsible for ensuring all service user's records are clear, factual and concise, maintained appropriately and stored securely;
 - 5.8.7. will support staff through high quality supervision;
 - 5.8.8. must ensure that risk assessments are kept up to date and reflect any previous safeguarding concerns, especially if there are concerns that family members may behave unpredictably or violently (see Service Delivery Risk Assessment policy).
 - 5.8.9. will liaise with the appropriate Local Authority, following statutory procedures if there is a safeguarding concern about a child, young person or adult who is accommodated by the local authority or other agency.

5.9. All staff and volunteers:

- 5.9.1. must treat children, young people and their families with respect and dignity at all times, taking all reasonable steps to ensure their safety and well-being;
- 5.9.2. will complete initial online child protection training and, where appropriate, Female Genital Mutilation (FGM) and their duty to prevent people from being drawn into terrorism under the Government's Prevent counter-terrorism strategy during their induction;
- 5.9.3. will ensure that they are confident in the implementation of Ormiston Families' safeguarding children, young people and their families policy;
- 5.9.4. must take disclosures made by service users seriously, discussing them with their line-manager and recording them appropriately in accordance with this policy;
- 5.9.5. must be familiar with local authority procedures and protocols for safeguarding the welfare of children, young people and adults and the reporting of disclosures;
- 5.9.6. will be familiar with risk assessment and risk management processes and ensure that these are applied in everyday practice when planning activities and support for service users.
- 5.9.7. have a duty to pass on any concerns or allegations of inappropriate behaviour by another volunteer or staff member without delay or prejudice;
 - 5.9.7.1. If they feel that appropriate action has not been taken by the investigating manager, they have a duty to report to a more senior manager using the Management Support Rota as appropriate.

5.10. With regards to vulnerable adults, all employees and volunteers are expected to work to the following principles:

- 5.10.1. actively promote the empowerment and well-being of vulnerable adults through the services we provide;
- 5.10.2. act in a way which supports the rights of the individual to lead an individual life based on self-determination and personal choice;
- 5.10.3. recognise people who are unable to make their own decisions and/or to protect themselves, their assets and bodily integrity;
- 5.10.4. recognise that the right of self-determination can involve risk and ensure that such risk is recognised and understood by all concerned, and minimised whenever possible;
- 5.10.5. ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate help, including advice, protection and support from relevant agencies;
- 5.10.6. ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.

6. Procedures:

6.1. Planning for Safeguarding concerns:

- 6.1.1. All staff must be familiar with Ormiston Families' safeguarding procedures and confident that they would know how to respond appropriately if they were faced with a safeguarding issue (cf. Appendix 1 Ormiston Families' safeguarding flow-chart and summary below).
- 6.1.2. All staff and volunteers must complete online safeguarding and, as appropriate to their role, Female Genital Mutilation and Prevent duty training within 1 month of starting employment.
- 6.1.3. All staff should undertake subsequent and appropriate safeguarding training through their Local Safeguarding Children's Board.

- 6.1.3.1. Designated Safeguarding Leads will undertake refresher training every 2 years (Keeping Children Safe in Education September 2018, paragraph 64).
- 6.1.3.2. All other staff and volunteers should undertake refresher training every 3 years (Working Together 2010, paragraph 4.7).
- 6.1.4. Staff should ensure that they are aware of any changes in safeguarding practice in their area by regularly checking their Local Safeguarding Children/Adult Board websites.
 - 6.1.4.1. Managers should use team meetings and supervision to discuss any changes or guidance with their teams.
- 6.1.5. Service Manager/Team Leaders must make staff aware of the up-to-date contact details for all relevant agencies and store them in an easily accessible place.
 - 6.1.5.1. Outreach workers or lone workers should ensure that they are carrying appropriate contact numbers, including a copy of the Management Support Rota, at all times.
- 6.1.6. Risk and Needs Assessments must be completed by staff.
 - 6.1.6.1. Volunteers may help the practitioner to collect information but may not complete the form.
 - 6.1.6.2. Service Manager/Team Leaders must ensure that risk assessments are kept up to date and reflect any previous safeguarding concerns, especially if there are concerns that family members may behave unpredictably or violently (see Service Delivery Risk Assessment policy).
 - 6.1.6.3. Staff must find out as much as possible about the family's history and reflect upon any potential safeguarding issues with the Service Manager/Team Leader before work begins.
- 6.2. If a service user makes a disclosure:
 - 6.2.1. Staff should stay calm, remembering that the service user may be distressed and anxious.
 - 6.2.1.1. Staff must concentrate on exactly what is being said, as they will have to record the conversation.
 - 6.2.1.2. It is important to reassure the service user and not to seem shocked or judgemental.
 - 6.2.2. Staff must allow the service user to speak without being interrupted, remembering that they may be asked to recall the exact words the service user used.
 - 6.2.3. If the abuse is of a physical or sexual nature and has just occurred, the service user should be discouraged from washing, bathing, changing clothing or eating or drinking, until they have been examined by a doctor or police examiner as this might destroy evidence needed for a prosecution.
 - 6.2.4. Staff must not ask leading questions as this may prejudice evidence that may be used in court.
 - 6.2.5. Staff must not interview the service user or attempt to investigate the allegations as this could jeopardise any criminal investigation.
 - 6.2.6. Staff must reassure the service user that they have heard and understood what they are saying and that their allegations will be taken seriously.
 - 6.2.7. Staff should remind service users that they cannot keep information confidential when we think that they may be at risk.
 - 6.2.8. Staff should be aware that whilst a child, young person or adult may retract what they have said it is still essential to report what has been disclosed.

6.2.9. Staff should be as clear as possible with the service user about who their information will be passed to and what will happen next.

6.3. If a staff member considers a child, young person or adult to be in imminent danger:

6.3.1. If a service user is injured or very distressed, they must be moved to a place of safety.

6.3.2. If there is imminent danger to a service user staff must call the police and ensure that the service user and others are as safe as possible by moving them to another room or area, as appropriate.

6.3.3. Staff must follow the advice of the police and other statutory agencies and stay with the service user until they arrive.

6.3.4. At the first available safe opportunity, staff must contact their line-manager or use the Management Support Rota to contact a member of the Senior Leadership Team.

6.4. Discussing concerns:

6.4.1. No member of staff should act alone on a safeguarding issue unless the situation is immediately life threatening.

6.4.2. Concerns that a child, young person or adult may be at risk of abuse or neglect must be dealt with immediately.

6.4.3. A staff member who has an immediate concern that a service user may be at risk must contact their line-manager immediately.

6.4.3.1. They should discuss the exact nature of their concern, the situation or conversation that triggered it and any supporting evidence.

6.4.3.2. If their line-manager is unavailable, staff should contact their Service Director.

6.4.3.3. If neither are available, staff must contact the Operations Director or another member of the Senior Leadership Team using the Management Support Rota.

6.4.3.4. Staff working in partner-organisations, i.e. a prison, school or children's centre, etc. should advise the partner's nominated safeguarding lead or equivalent of their concerns, as appropriate.

6.4.4. Staff must not attempt to investigate any allegations of abuse.

6.4.5. Concerns must be recorded in a clear, factual and objective manner in the service user's file.

6.4.5.1. Staff must sign and date the record, noting a date when the concern will be reviewed if this is appropriate.

6.4.6. Service Manager/Team Leaders must review these records at least every three months, looking for trends and patterns and checking for signs of persistent abuse or neglect.

6.4.7. Details of the concern must be recorded on the Contact Record in the service user's file.

6.4.8. Records must always be clear, factual and objective.

6.4.8.1. Service users may ask to see the records we hold about them, or we may have to produce records for court proceedings.

6.4.8.2. If the service user is accessing a service which does not use individual records for each child or young person (e.g. a drop-in service) the Safeguarding Concern Form (cf. Appendix 2) should be used and kept by the Service Manager/Team Leader.

6.4.9. All managers must ensure that adequate opportunity is made available to all staff to bring forward concerns about service users.

6.4.9.1. Concerns about the well-being of individual service users relating to their health, development, behaviour or protection, will be discussed in supervision and team meetings.

6.4.10. If an allegation relates to an Ormiston Families employee or volunteer, a senior manager must be notified immediately in accordance with the Management of Allegations policy.

6.5. Deciding when to refer:

6.5.1. If staff consider a service user to be in imminent danger, they must contact the police immediately.

6.5.1.1. A service user may be in imminent danger if the alleged abuser is on the premises and is behaving in a way that indicates that he or she may present a risk of harm.

6.5.1.2. This is the only situation when no discussion or consultation with a manager is expected.

6.5.2. When staff have immediate concerns about a child, young person or adult or if they feel that allowing the service user to leave the premises would put them at significant risk of further abuse, they must contact their line-manager immediately.

6.5.2.1. If they are unable to contact either the relevant line-manager or Service Director, they should use the Management Support Rota.

6.5.2.2. Staff working in or with partner-organisations, i.e. a prison, school or children's centre, etc. should advise the partner's nominated safeguarding lead or equivalent of their concerns, as appropriate.

6.5.3. Unless the service user is in imminent danger, referrals to Social Care Services or to involve the police must only be made with the agreement of the most senior Ormiston Families manager involved in the process.

6.5.4. Managers must consider the persistence of the abuse, being aware that patterns of abuse can build up over a period of time.

6.5.5. If managers are unsure about referring a child or young person to Social Care Services, they may be able to request a consultation with a Social Worker.

6.5.5.1. They should record details of this conversation on the individual's record, stating who they spoke to, which information was shared, the advice given and reasons for this advice.

6.5.5.2. If the service user does not have a file, for example, if they are using a drop-in service, the practitioner should complete a Safeguarding Concern Form, ensuring that the service user's contact details are correct.

6.5.6. If the Social Worker advises that a formal referral is not appropriate, staff must continue to monitor the situation as a continuing concern.

6.5.7. If the Service Manager/Team Leader decides to make a referral, they must use the appropriate form issued by Social Care Services.

6.5.7.1. Staff should make a photocopy of the completed form and retain 1 copy in the child or young person's file.

6.5.8. If there are disagreements within the team about the plan of action, these should be recorded.

6.5.9. In cases where abuse is disclosed or suspected, but the service user is not in immediate danger, staff must record details of the allegation, as outlined above, and contact their line-manager or Service Director.

6.5.10. The staff member and a manager must decide upon a plan of action which will ensure that the service user's welfare is safeguarded.

6.5.10.1. The plan must be documented and kept on the service user's file or Safeguarding Concern Form, as appropriate.

6.6. Consent:

- 6.6.1. Wherever possible, staff should seek consent or be open and honest with the individual (and/or their family, where appropriate) from the outset as to why, what, how and with whom, their information will be shared.
- 6.6.2. Staff should seek consent where an individual may not expect their information to be passed on and they have a genuine choice about this.
 - 6.6.2.1. Consent in relation to personal information does not need to be explicit – it can be implied where to do so would be reasonable, i.e. a referral to an alternative service provider.
 - 6.6.2.2. More stringent rules apply to sensitive personal information, when, if consent is necessary then it should be explicit.
- 6.6.3. The responsibility to empower vulnerable adults to make their own decisions must be balanced against Ormiston Families' responsibility to safeguard service users who are affected by the abuse.
- 6.6.4. If the abuse is deemed to be severe, or if children, young people or adults are thought to be at risk, a referral can be made even if a service user does not give their consent.
- 6.6.5. Information can be shared without service user's consent, or explicit consent, if it is necessary in order for staff to carry out their role or protect the vital interests of an individual where, for example, consent cannot be given.
- 6.6.6. Information can also be shared without consent if it would be unsafe or inappropriate to do so, i.e. where there are concerns that a child, young person or adult is suffering or is likely to suffer significant harm.
 - 6.6.6.1. A record of what has been shared should be kept.

6.7. Referral:

- 6.7.1. Staff must ensure that the referral has reached its destination by contacting Social Care Services.
- 6.7.2. After a referral has been made to Social Care, the Service Manager/Team Leader should work with staff to review the support offered to the child or young person to ensure that it continues to meet their support needs.
 - 6.7.2.1. Staff should identify any new, or changed, support needs and involve other agencies where appropriate.
- 6.7.3. Staff may also be required to contribute to initial or core assessments and to specialist assessments of the child or family members.
 - 6.7.3.1. Staff may be expected to provide support or specific services to the child or member of the family as part of an agreed plan and contribute to any reviews of the child's developmental progress.
- 6.7.4. Staff must liaise closely with the referring Social Worker and be aware of the service user's history.
 - 6.7.4.1. If service users disclose abuse which is more severe than previously thought, or if the risk to children is greater than previously assessed, the practitioner must record this in the service user's file.

- 6.7.4.2. They must discuss their concerns with the Service Manager/Team Leader and decide on a plan of action. In most cases, changes in the nature or severity of the abuse will be discussed with the Social Worker.
- 6.7.4.3. Staff must record this conversation in the file, following the Information Sharing Policy to ensure that information is shared in an appropriate way.

6.8. Recording:

- 6.8.1. A record must be made of the referral on the service user's file.
- 6.8.2. Reference should be made to the completed Social Care Service's referral form and any other documents that have been submitted with the form.
- 6.8.3. If the service user does not have a file, for example, if they are using a drop-in service, the practitioner should complete a Safeguarding Concern Form, ensuring that the service user's contact details are correct.
- 6.8.4. If a service user has made a disclosure the following information must be recorded:
 - 6.8.4.1. what happened to prompt the disclosure;
 - 6.8.4.2. what was said to prompt the disclosure;
 - 6.8.4.3. what was said in the disclosure;
 - 6.8.4.4. how it was said;
 - 6.8.4.5. who was mentioned;
 - 6.8.4.6. what was said or done during the discussion;
 - 6.8.4.7. where the disclosure took place;
 - 6.8.4.8. when the disclosure took place.
- 6.8.5. Practitioner's records must be clear, factual and concise. They should also be timed, dated and signed.
- 6.8.6. Records should be completed contemporaneously or as soon as practicable after the event occurs and should be updated as information becomes available or as decisions or actions are taken.
- 6.8.7. Where records are made or updated late or after the event, the fact must be stated in the record, and the date and time of the entry should be included.
- 6.8.8. Records must be written concisely, in plain English, avoiding statements that are judgmental or speculative and focus on facts about the needs, strengths, and objectives of individuals.
- 6.8.9. Entries to case records should be written in a way which is sensitive to differences of diverse ethnic and religious backgrounds and lifestyles.
- 6.8.10. Use of technical or professional terms and abbreviations must be kept to a minimum; and if there is likely to be any doubt of their meaning, they must be defined or explained.
- 6.8.11. Care must be taken to ensure that information contained in records is relevant and accurate and is sufficient to meet legislative responsibilities and the requirements of these procedures.
- 6.8.12. Every effort must be made to ensure records are factually correct.
- 6.8.13. Records must distinguish clearly between facts, opinions, assessments, judgments and decisions.
- 6.8.14. Records must also distinguish between first-hand information and information obtained from third parties.
- 6.8.15. All records must be kept securely, including electronic records and transfer of information across agencies.
- 6.8.16. Paper records will be kept in folders with all documents firmly affixed to prevent their loss.

6.8.17. Files in paper form should be stored in a locked cabinet, or a similar manner, usually in an office which only staff/carers have access to.

6.8.18. Records should not be left unattended when not in their normal location.

6.9. Continuing concerns:

6.9.1. A concern may continue if the reasons for it have not been, or cannot be, addressed or resolved.

6.9.2. This may be for several reasons:

6.9.2.1. the root of the concern is not tangible enough at this point in time;

6.9.2.2. the nature of the concern is not considered to be severe enough for the child to be at risk of significant harm and therefore a referral to a statutory agency is deemed unnecessary at this point in time;

6.9.2.3. a formal referral made to a statutory agency was classified as requiring “no further action” and the child, young person or adult continues to access the service.

6.9.3. Where there are continuing concerns about a service user’s well-being, staff must agree an action plan with the Service Manager/Team Leader.

6.9.3.1. The plan must involve regular reassessments of the child’s situation and discussion with appropriate managers.

6.9.3.2. It might also include specific observations, consultation with other agencies and discussion with the child’s parents, carers and wider community (unless it would be in the child’s best interests not to do so).

6.9.4. The agreed action plan must be documented and a written record of all necessary details made in the child or young person’s file.

6.9.5. The action plan must be reviewed by the Service Manager/Team Leader at agreed, regular intervals to ensure that any concerns are appropriately referred appropriately and quickly to Social Care Services.

6.9.6. Sometimes a formal referral made to Social Care Services may be deemed to require 'no further action' but monitoring of the child or young person’s situation may indicate that they are still at risk of harm.

6.9.7. Service Manager/Team Leaders must discuss these cases with their Service Director.

6.9.7.1. Service Directors should also consider referring these cases to Ormiston Families’ Safeguarding Advisory Group (SAG).

6.10. Existing Injuries:

6.10.1. Staff should also record any significant visible injuries that occurred while the child or young person was not attending an Ormiston Families service. The Existing Injuries Form may be used for this purpose (see Appendix 3 below).

6.10.2. A staff member should sensitively ask parents or carers how these injuries occurred and ask them to sign the record.

6.10.3. If staff are unable to ask the parents or carers to sign the record for any reason, they are expected to record the reasons for this.

6.10.4. Staff must record their concerns in the service user’s file in a clear, factual and objective way. They must record what action has been taken and the reasons for this course of action.

6.10.5. If the service user does not have a file, staff must record this information on a Safeguarding Concern Form and pass this to their Service Manager/Team Leader.

7. Raising Concerns at Work:

- 7.1. If a child, young person or adult gives staff cause to be concerned about the behaviour of another staff member or volunteer, he/she must be listened to and allowed to speak freely.
- 7.2. Staff or volunteers must carefully record details of the allegation in the service user's file, using the service user's own words whenever possible.
 - 7.2.1. If the service user does not have a file, for example, if they are using a drop-in service, the practitioner should complete a Safeguarding Concern Form.
 - 7.2.2. Staff should reassure the service user that their allegation will be taken seriously but must not promise to keep 'secrets'.
- 7.3. The staff member or volunteer must immediately discuss the allegation with the Service Manager/Team Leader in accordance with the Management of Allegations policy.
- 7.4. If the allegation relates to the Service Manager/Team Leader, the staff member or volunteer must contact a Service Director or use the Management Support Rota to contact another senior manager.

8. Children who reside outside of the United Kingdom:

- 8.1. If concerns are raised about children whose normal residence is outside the UK, the Service Manager/Team Leader should contact Social Care Services for advice.
- 8.2. Concerns must be documented and monitored in the usual way, and referrals made following the advice of Social Care Services.

9. Supervision and Support for Staff involved in Child Protection Decisions:

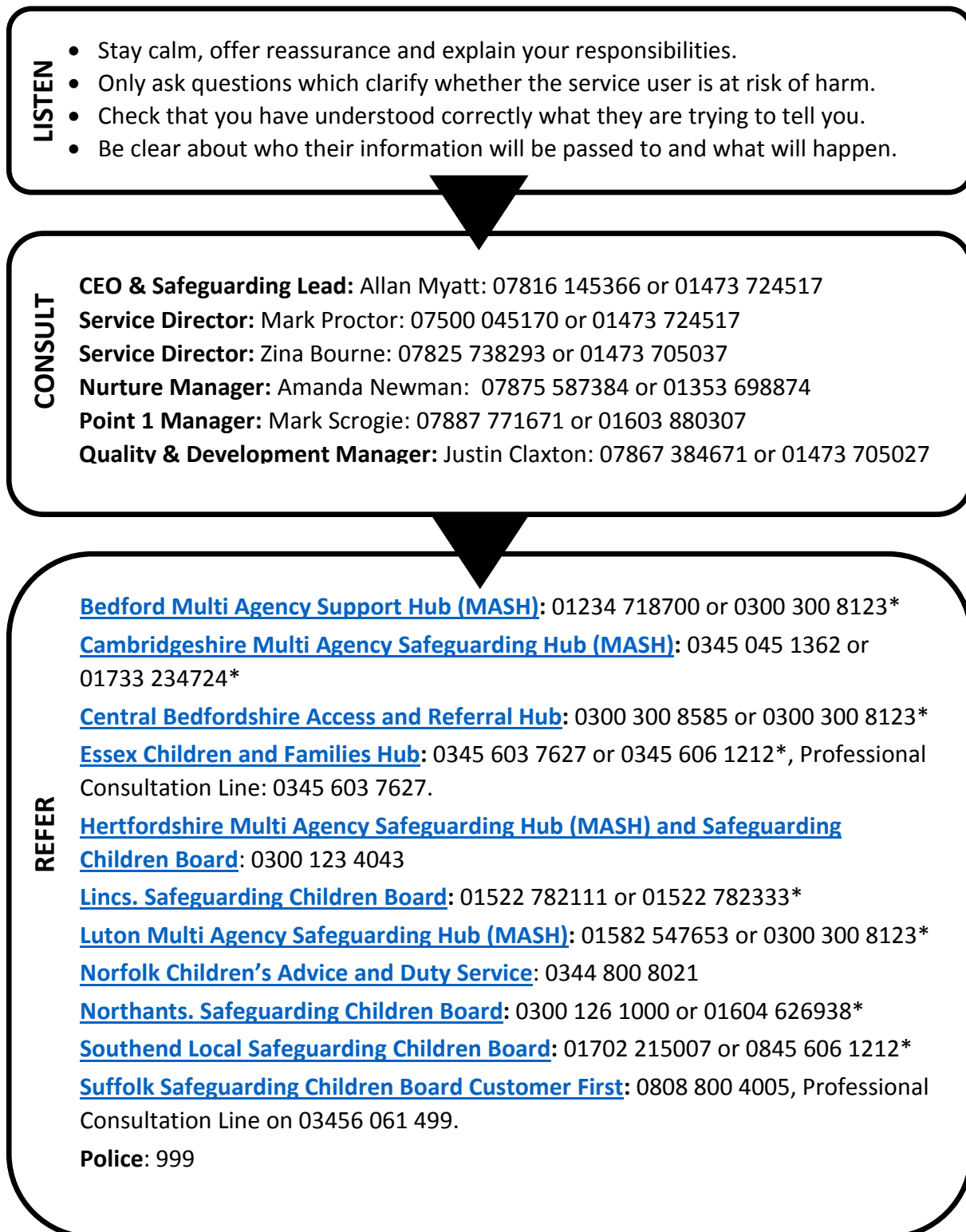
- 9.1. After a staff member has been involved in a situation of imminent danger, or a child protection issue, the Service Manager/Team Leader will arrange for supervision or de-briefing session as soon as possible after the event as well as any specialist follow up support as required.
- 9.2. Service Directors can refer safeguarding cases to the Safeguarding Advisory Group (SAG) chaired by the Operations Director.
 - 9.2.1. This group provides additional advice, support, guidance and instructions, where required, to those working with the most challenging safeguarding cases and ensures that the Operations Director is aware of safeguarding issues across the organisation.

10. Document Approval: Justin Claxton, Quality & Development Manager

11. Revision History: November 2018 | December 2017

12. Date of next review: December 2019

Appendix 1: Ormiston Families’ Safeguarding flow chart



Please add these numbers to your mobile phone. If you can’t reach any of the colleagues identified above, please refer to the Management Support Rota.
 Cover is available 8am to 10pm, Monday to Sunday.

Safeguarding Summary

- All adults who come into contact with children, young people and their families have a duty of care to keep them safe.
- It is essential that all possible steps are taken to safeguard children, young people and their families whilst ensuring that the adults working with them are safe to do so.
- What should you do if a child, young person or adult you are working with makes a safeguarding disclosure or alleges sexual abuse?
 - Listen to the child, young person or adult and respect his/her point of view;
 - Do not show shock or embarrassment at what you are hearing. Stay calm, reassure the child, young person or adult and offer support but be honest about your responsibilities.
 - Explain your responsibilities, do not promise confidentiality.
 - Clarify the information given without over questioning.
 - Do not investigate.
 - If it is necessary to seek further clarification, keep to open questions such as *What? When? Who? How? Where?*
 - Avoid asking *Why?*
 - Remember: only ask questions which will help to clarify whether the child is at risk of harm and once clarification is achieved, stop asking questions.
- Once you have clarified the situation or - in a different scenario – if you have observed something that you believe is a safeguarding or child protection concern:
 - consult, wherever possible, with your line-manager and/or the nominated person within your workplace.
 - make sure that your action is expedient and there are no delays in protecting the child, young person or adult;
 - do not do anything that may aggravate the situation or cause further harm or distress to the child / young person / adult.
- If appropriate, refer to Social Care Services and/or the police if the child is in immediate danger or is at risk of harm.
- Record, sign and date the relevant information.
- Ensure that you have support for yourself in managing the information you have received.

Appendix 2: Safeguarding Concern form

This concern form must be completed on the day of the concern/disclosure and shared with your line manager within 24 hours.

1. Key details:	
<input type="checkbox"/> Concern <input type="checkbox"/> Disclosure <i>(please select)</i> Date of Concern/Disclosure: Time:	
2. Person who the concern/disclosure is about:	
<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Service User <input type="checkbox"/> Other <i>(please state):</i> Name: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(please select)</i> Date of birth: Age <i>(if under 16yrs):</i> Address: Postcode: Telephone:	
Please complete if the person concerned is under 16 years old: Carer's Name (1): Relationship to person: Carer's Name (2): Relationship to person: Are any other children potentially at risk? <i>(provide names and ages below)</i>	
3. The Concern/Disclosure:	
Date (When?): Time (When?): Location (Where?): Details (What? Who? How?): <i>Records must be clear, factual and concise</i>	
If necessary, continue on a separate sheet of paper. Additional sheets attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. The Concern/Disclosure, continued.

Types of abuse this concern/disclosure covers:

Emotional Neglect Physical Sexual Financial Other:

(If one or more have been selected, please state what the indicators are)

Has this happened before? Yes No *(please select)*

Has a previous incident been reported? Yes No *(please select)*

(If Yes, to whom and on what date?)

5. Signs of injury:

Has an injury been alleged/observed? Yes No *(please select)*

(If Yes, describe the injury below)

Did you see it? Yes No *(please select)*

If Yes, please complete a Body Map on page 6 **Body Map Completed:** Yes No *(select)*

Was immediate treatment given? Yes No *(please select)*

(If Yes, state details below)

Who administered the treatment?

Was further medical treatment advised/received? Yes No *(please select)*

(If Yes, state details below)

6. Details of the alleged perpetrator, if known:	
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female <i>(please select)</i>
Date of birth:	Age <i>(if under 16yrs):</i>
Address:	Postcode:
Relationship to victim:	
7. Witnesses: <i>(if necessary, continue on an additional sheet)</i>	
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Ormiston Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(select)</i>	Ormiston Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(select)</i>
8. Person raising the concern/disclosure: <i>(if different from section 9 below)</i>	
<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Service User <input type="checkbox"/> Other <i>(please state):</i>	
Name:	
Job Title:	
Address:	
Postcode:	
Telephone:	
9. Person completing this form:	
<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <i>(please state):</i>	
Name:	
Job Title:	
Service:	
Address:	
Postcode:	
Telephone:	
10. Declaration:	
<i>I declare that the details contained here are correct according to my information and belief.</i>	
Signature:	
Date:	Time:
10. Follow-up action:	
Name of Line Manager you are giving this form to:	
Date:	Time:
Was the concern/disclosure reported to any other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please select)</i>	

11. No other agencies contacted?		
If appropriate, please summarise the reason(s) for not reporting to other agencies.		
12. Other agencies contacted?		
If other agencies were contacted, please identify below		
Date & Time	Agency	Agency Reference
13. Summary of information shared:		

14. Outcomes:

Date	Agency & Reference	Outcomes

15. Any further action required:

Please identify any action(s) required to monitor, minimise or prevent the risk of further harm below

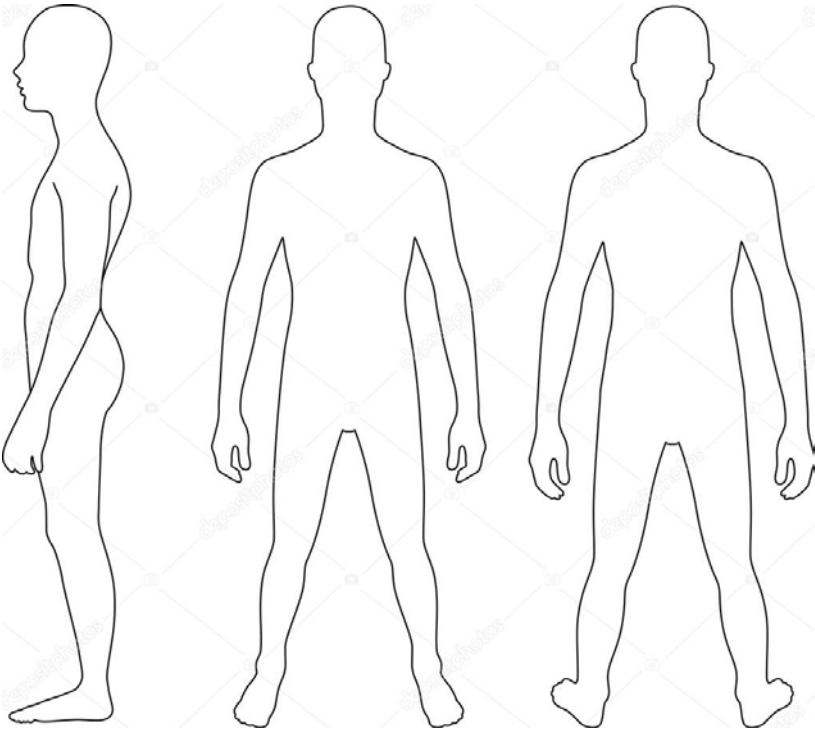
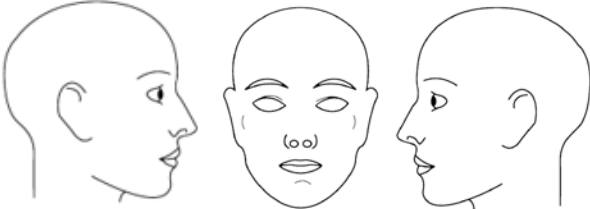
Action Required	Employee Responsible	Date Completed
1.		
2.		
3.		

16. Declaration & signatures:

I declare that the details contained here are correct according to my information and belief.

Service Manager/Team
 Leader signature:
 Service Manager/Team
 Leader name:
 Date:

Body Map



Appendix 3: Existing Injuries form



Existing Injury Form

This Existing Injury Form must be completed on the day staff were made aware and passed to your line manager for secure retention at the service.

1. Key Details	
Date informed of existing injury: []	Time: []
Programme: []	Service: []
2. Person who the existing injury is about	
Child's Name: []	<input type="checkbox"/> Male <input type="checkbox"/> Female (please select)
Date of birth: []	Age (if under 16yrs): []
Address: []	
Postcode: []	
Parent/Carer's Name: []	
3. The Existing Injury	
Date (When?): []	Time (When?): []
Location (Where?): []	
Details (Explanation of the injury given by the parent/carer): []	
4. Medical Treatment	
Was immediate treatment given?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, state details below)
[]	
Who administered the treatment?	[]
Was further medical treatment advised/received?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, state details below)
[]	
5. Person completing this form	
<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please state): []	
Name:	[]
Job Title:	[]
6. Declaration and Signatures	
<i>I declare that the details contained here are correct according to my information and belief.</i>	
Parent/Carer	Person in Section 5
Signature: []	Signature: []
Name: []	Name: []
Date: []	Date: []

Please ensure that you have completed the Body Map

Body Map

Please mark on the appropriate image below where the existing injury is.

