

Safeguarding Children, Young People and 'Adults at Risk'

1. Purpose:

- 1.1. The Safeguarding Children, Young People and 'Adults at Risk' policy sets out how Ormiston Families safeguards the welfare of our service users.
 - 1.1.1. This policy is primarily concerned with the safeguarding and protection of children and young people up to the age of 18. However, these responsibilities do not stop when a young person reaches 18. Indeed, young people making the transition from adolescence to adulthood can be particularly vulnerable, especially when moving between children's and adults' services.
 - 1.1.2. The safeguarding principles described in this policy still apply to young people over the age of 18, and indeed to adults of all ages accessing our services, even though the legislative framework changes.
 - 1.1.3. As such, this policy also outlines how Ormiston Families protects adults with care and support needs from abuse and neglect.

2. Persons Affected:

- 2.1. The Safeguarding Children, Young People and 'Adults at Risk' policy applies to all Ormiston Families' staff and volunteers.

3. Policy:

3.1. Ormiston Families:

- 3.1.1. is committed to safeguarding children, young people and adults identified as being at possible risk of abuse and neglect.
- 3.1.2. will put measures in place to safeguard and protect the welfare and well-being of children, young people and 'adults at risk';
- 3.1.3. will ensure safe practices are used to recruit staff and volunteers, introduce them to their role and help them carry out their duties safely;
- 3.1.4. will ensure the security of children, young people and adults' records and the quality of the information they contain;
- 3.1.5. recognises that inter-agency working is vital in safeguarding and protecting the welfare of children, young people and 'adults at risk';
- 3.1.6. will securely share relevant concerns and/or information with partner agencies, the police and/or other statutory services in a timely manner to meet the needs of children, young people and adults accessing our services;
- 3.1.7. encourages staff and volunteers to discuss any concerns they may have about the behaviour or conduct of another employee or volunteer with an appropriate manager.

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 or repeated acts. It can take place in any context and reflect very different dynamics (cf. s.4.8 '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; 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 and 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 ‘cyberbullying’.

- 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 or 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, s.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' and 'Hoarding'** 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' and 'Hate Crime'** 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/emotional abuse and harassment but can include a rejection of a person's 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 or Organisational 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.

4.1.12. **'Domestic Abuse'** is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

4.1.13. Possible indicators of domestic abuse can include symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders; alcohol or other substance misuse; unexplained gynaecological symptoms; adverse reproductive outcomes, including multiple unintended pregnancies or termination; delayed pregnancy care, miscarriage, premature labour and stillbirth or concealed pregnancy; frequent bladder or kidney infections; traumatic injury, particularly if repeated and with vague or implausible explanations; headaches, cognitive problems, hearing loss; repeated health consultations with no clear diagnosis; and/or the intrusive and sometimes inappropriate presence of another person including partner or spouse, parent, grandparent or an adult child.

4.2. **'Adult at Risk'**: Prior to the introduction of the Care Act in 2014, the No Secrets statutory Guidance which covered adult safeguarding, used a broad definition of a 'vulnerable adult' as a person "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 or herself, or unable to protect him or herself against significant harm or exploitation". The Care Act 2014 has superseded this and s.42 now identifies 'an adult at risk.' An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs is unable to protect themselves.

- 4.3. **'Bullying'** is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. The harmful impact of bullying on the well-being of children and young people can be serious, prolonged and have a big impact on a child or young person's well-being. Bullying can occur anywhere in any group of children and young people, and sometimes between adults. It can take many forms and may be perpetrated online or using mobile devices ('cyberbullying').
- 4.4. **The Care Act 2014:** 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. The Care Act's statutory guidance lists 10 types of abuse but states that abuse or neglect should not be limited to these types, or the different circumstances in which they can take place. These are:
- 4.4.1. Discriminatory Abuse or Hate Crime,
 - 4.4.2. Domestic Abuse,
 - 4.4.3. Financial or Material Abuse,
 - 4.4.4. Modern Day Slavery,
 - 4.4.5. Neglect and Acts of Omission,
 - 4.4.6. Organisational Abuse,
 - 4.4.7. Physical Abuse,
 - 4.4.8. Psychological Abuse,
 - 4.4.9. Self-Neglect and Hoarding,
 - 4.4.10 Sexual Abuse.
- 4.5. **'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.
- 4.6. **'Child' or 'Children':** In England, a child is anyone who has not yet reached their 18th birthday (Working Together to Safeguard Children, 2018, Appendix A).
- 4.7. **'Child or Children in Need':** Under Section 17 Children Act 1989, a child is considered in need if:
- 4.7.1. they are unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the Local Authority;
 - 4.7.2. their health or development is likely to be significantly impaired, or further impaired, without the provision of services from the Local Authority;
 - 4.7.3. they have a disability.
- 4.8. **'Contextual Safeguarding'** is an approach to understanding and responding to children and young people's experiences of significant harm beyond their families.
- 4.8.1. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.
 - 4.8.2. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child

relationships.

- 4.9. **‘Cyberbullying’** is bullying that takes place online. Unlike bullying offline, online bullying can follow the child wherever they go via social networks, gaming and mobile phones.
- 4.10. **‘Disclosure’** refers to information that is passed onto someone who would not have access to it. Within a safeguarding context, disclosure may refer to the act of telling a staff member about the abuse a child, young person or adult 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.
- 4.11. **‘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.
- 4.12. **‘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. The practice is illegal in the UK and it is illegal to arrange for a child to be taken abroad for FGM.
- 4.13. **‘Forced Marriage’** is a marriage that takes place without the full and free consent of both parties. In a forced marriage, one or both parties are coerced into marrying someone against their will.
- 4.14. **‘Harm’ and ‘Significant Harm’**
- 4.14.1. **‘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".
- 4.14.2. **‘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. There are no absolute criteria on which to rely when judging what constitutes significant harm. 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. Physical abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm.
- 4.15. **‘Modern Day Slavery’** is holding a person in a position of slavery, forced servitude, or compulsory labour, or facilitating their travel with the intention of exploiting them soon after. Indicators of Modern Day Slavery might include someone appearing to be under the control of someone else and reluctant to interact with others; not having personal identification on them; having few personal belongings, wearing the same clothes every day or wearing unsuitable clothes for work; not being able to move around freely; being reluctant to talk to strangers or the authorities; appearing frightened, withdrawn, or showing signs of physical or psychological abuse; being dropped off and collected for work always in the same way, especially at unusual times.

- 4.16. **‘Radicalisation’** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
- 4.17. **‘Safeguarding’**
- 4.17.1. With regards to children and young people, ‘Working Together to Safeguard Children’ (2018) defines safeguarding as:
 - 4.17.1.1. protecting children from maltreatment;
 - 4.17.1.2. preventing impairment of children's health or development;
 - 4.17.1.3. ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
 - 4.17.1.4. acting to enable all children to have the best outcomes.
 - 4.17.2. With regards to ‘adults at risk’, the Care Act 2014 defines Adult safeguarding as ‘Protecting an adult’s right to live in safety, free from abuse and neglect’.
- 4.18. **‘Sexting’** is sending, receiving, or forwarding sexually explicit messages, photographs, or images, primarily between mobile phones, of oneself to others. It may also include the use of a computer or any digital device.
- 4.19. The **‘Local Safeguarding Children’s Partnership’ (LSCP)** 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.
- 4.20. The **‘Safeguarding Adults Board’ (SAB)**: Section 43 of the Care Act 2014 requires each local authority to establish a Safeguarding Adults Board for its area. Safeguarding Adults Boards bring together statutory and non-statutory organisations to actively promote effective working relationships between different organisations and professional groups to address the issue of abuse and harm.
- 4.21. **‘Transitional Safeguarding’** is a term used by [Research in Practice](#) to recognise the developmental needs of older teenagers and young adults transitioning from adolescence into adulthood.

5. Responsibilities:

- 5.1. The Board of Trustees is accountable to The Charity Commission for ensuring the safeguarding and protection of children, young people and ‘adults at risk’ accessing services through Ormiston Families.
- 5.2. The Board of Trustees will take all reasonable steps to ensure that Ormiston Families:
 - 5.2.1. has appropriate safeguarding policies and procedures in place which are followed by all trustees, staff, volunteers and beneficiaries;
 - 5.2.2. checks that staff and volunteers are suitable to act in their roles;
 - 5.2.3. knows how to spot and handle safeguarding concerns in a full and open manner;
 - 5.2.4. has a clear system of referring or reporting to relevant organisations as soon as concerns are suspected or identified;

- 5.2.5. sets out risks and how they will be managed in a risk register which is regularly reviewed;
 - 5.2.6. follows statutory guidance, good practice guidance and relevant legislation;
 - 5.2.7. is quick to respond to concerns and carry out appropriate investigations;
 - 5.2.8. does not ignore harm or downplay failures;
 - 5.2.9. makes sure protecting people from harm is central to its culture;
 - 5.2.10. has enough resources, including trained staff/volunteers/trustees for safeguarding and protecting children, young people and 'adults at risk';
 - 5.2.11. conducts periodic reviews of safeguarding policies, procedures and practice.
- 5.3. A member of the Board of Trustees will be appointed as a Designated Safeguarding Trustee (DST). The Designated Safeguarding Trustee is responsible for assuring that all safeguarding policies, procedures and practice are checked and challenged to ensure they are fit for purpose.
- 5.4. The Chief Executive is responsible for ensuring the safeguarding and protection of children, young people and 'adults at risk' accessing services through Ormiston Families.
- 5.5. The Director of Operations is Ormiston Families' Designated Safeguarding Lead (DSL) and shares this role with 3 Operations Managers who act as Designated Safeguarding Leads for their respective services.
- 5.6. The Director of Operations, the Operations Managers and the Designated Safeguarding Trustee are supported by the Quality and Development Manager who also acts as a Designated Safeguarding Lead.
- 5.7. The Designated Safeguarding Leads act as a point of contact for staff concerned about the safety or protection of a child, young person or 'adult at risk'. The Designated Safeguarding leads are responsible for leading on:
- 5.7.1. safeguarding policies and procedures,
 - 5.7.2. workforce safeguarding training and development,
 - 5.7.3. receiving safeguarding concerns about a child, young person or 'adult at risk',
 - 5.7.4. reporting, storing and retaining safeguarding records in accordance with policy and procedure.
- 5.8. The Director of Operations is Ormiston Families' Allegations Manager. In the absence of the Operations Director or where that person is the subject of the allegation or concern, Operations Managers will deputise for the Operations Director as the Allegations Manager.
- 5.8.1. The Allegations Manager acts as a single point of contact for reported allegations of the abuse of children, young people and 'adults at risk' against staff and volunteers in accordance with Ormiston Families' *Management of Allegations* policy.
- 5.9. The Director of Operations will chair Ormiston Families' Safeguarding Advisory Group (SAG).
- 5.9.1. The purpose of the Safeguarding Advisory Group is to:

- 5.9.1.1. promote the safety, health and resilience of all service users, by providing an overview of safeguarding activity across the organisation and ensuring wider awareness among all staff and trustees;
 - 5.9.1.2. allow serious safeguarding concerns to be considered and addressed within a context of corporate ownership and accountability, rather than in isolation by individual services;
 - 5.9.1.3. provide a forum to share and promote organisational learning around safeguarding best practice.
- 5.10. Service Managers are responsible for the safety and protection of children, young people and 'adults at risk' through the provision of high quality services. Service Managers are responsible for:
- 5.10.1. managing safeguarding concerns about a child, young person or 'adult at risk' in accordance with this policy and its associated procedures;
 - 5.10.2. ensuring service users' records are clear, factual and concise, maintained appropriately and are stored and shared securely in accordance with *Case Recording* procedures and the *Data Protection and Records Management* policies;
 - 5.10.3. ensuring successful and timely completion of staff safeguarding training, including mandatory online, local safeguarding partnership Introductory or Core, supplementary and refresher training every 3-years, relative to role;
 - 5.10.4. ensuring risk assessments are kept up to date and reflective of any safeguarding concerns in accordance with the *Risk Management* and *Service Delivery Risk Assessment* policies;
 - 5.10.5. providing effective supervision and support to staff through regular supervision, annual appraisal, team and other meetings in accordance with the *Appraisal* and *Supervision* policies and procedures.
 - 5.10.6. liaising with the appropriate statutory authorities, agencies and other partners where there is a safeguarding concern about a child, young person or 'adult at risk'.
- 5.11. All staff and volunteers are responsible for the safety and protection of children, young people and 'adults at risk' through the provision of a high quality service. All staff and volunteers are responsible for:
- 5.11.1. responding to safeguarding concerns about a child, young person or 'adult at risk' in accordance with this policy and its associated procedures;
 - 5.11.2. ensuring service users' records are clear, factual and concise, maintained appropriately and are stored and shared securely in accordance with *Case Recording* procedures and the *Data Protection and Records Management* policies;
 - 5.11.3. ensuring the successful and timely completion of safeguarding training, including mandatory online, local safeguarding partnership Introductory or Core, supplementary and refresher training, relative to role;
 - 5.11.4. ensuring risk assessments are kept up to date and reflective of any safeguarding concerns in accordance with the *Risk Management* and *Service Delivery Risk Assessment* policies;
 - 5.11.5. positively participating in regular supervision, annual appraisal, team and other meetings;

- 5.11.6. liaising with the appropriate statutory authorities, agencies and other partners where there is a safeguarding concern about a child, young person or 'adult at risk', as required;
- 5.11.7. reporting allegations or concerns about the behaviour or conduct of a member of staff or volunteer in accordance with the *Managing Allegations* or *Whistleblowing* policies.

6. Procedures:

6.1. Planning for a safeguarding concern or disclosure:

- 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.
- 6.1.2. All staff will undertake safeguarding training appropriate to their role:
 - 6.1.2.1. The Designated Lead Trustee responsible for safeguarding will undertake Charity Trustee Safeguarding training every 3 years;
 - 6.1.2.2. Designated Safeguarding Leads will undertake refresher training every 2 years (*Keeping Children Safe in Education* September 2018, paragraph 64).
 - 6.1.2.3. staff with lead responsibility for recruitment will undertake Safer Recruitment training;
 - 6.1.2.4. all staff coming into contact with children, and having a duty to report concerns about abuse and neglect, will attend their Group 1 and 2 or local safeguarding partnerships' Introduction Level Child Protection training or equivalent;
 - 6.1.2.5. all staff who work predominantly with children, young people and/or their parents/carers and could possibly contribute to safeguarding assessment, planning, intervention or review will attend their Groups 3-6, or local safeguarding partnership' *Core Programme* Level training or equivalent;
 - 6.1.2.6. all staff coming into contact with 'adults at risk', and having a duty to report concerns will attend their local safeguarding partnerships' Adult Safeguarding Awareness training or equivalent;
 - 6.1.2.7. all staff will undertake further supplementary safeguarding training through their local safeguarding partnerships, including Signs of Safety training, as appropriate;
 - 6.1.2.8. all staff will undertake their local safeguarding partnership refresher training every 3 years (*Working Together 2010*, section 4.7).
- 6.1.3. Service Managers should use team meetings and supervision to discuss any changes in local safeguarding practice or priorities, including the outcome(s) of relevant Serious Case Reviews, as appropriate.
- 6.1.4. Service Managers must make staff aware of the up-to-date contact details for all relevant partner agencies including universal services, Early Help Teams and statutory authorities and display them in an easily accessible place.

6.2. If a safeguarding concern is identified or is suspected:

- 6.2.1. If the safeguarding concern relates to a child or young person, staff should discuss the concern with the child or young person and their family unless to do so would place the child or young person at increased risk of harm.
- 6.2.2. Staff should engage parents to ascertain if they recognise and share the concern and are prepared to consider any support or other services available.
- 6.2.3. Staff should appropriately challenge the families they work with and expect them to demonstrate how they are putting the needs of the child or young person first.
- 6.2.4. If there are no immediate concerns for the child or young person's safety, staff should use their knowledge, skills and professional judgement in conjunction with all of the information they have available to decide whether the child or young person's health, wellbeing and/or safety is at risk (see section 6.5 below).
- 6.2.5. If the safeguarding concern relates to an 'adult at risk', staff will discuss the concern with the adult and gather their views of what they would like to happen.
- 6.2.6. Staff should engage the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving their quality of life, well-being and safety.
- 6.2.7. Where it is not possible to seek the adult's views, the reasons why need to be recorded in the adult's records.
- 6.2.8. If there are no immediate concerns for an adult's safety, staff should use their knowledge, skills and professional judgement in conjunction with all of the information they have available to decide whether the adult's health, wellbeing and/or safety is at risk (see section 6.5 below).

6.3. If a safeguarding disclosure is made:

- 6.3.1. Staff should stay calm, remembering that the service user may be distressed and anxious.
 - 6.3.1.1. Staff should concentrate on exactly what is being said, as they will have to record the conversation.
 - 6.3.1.2. It is important to reassure the service user and not to seem shocked or judgemental.
- 6.3.2. Staff must allow the child, young person or adult to speak without being interrupted, remembering that they may be asked to recall the exact words the service user used.
- 6.3.3. Staff must not ask leading questions as this may prejudice evidence that may be used in court.
- 6.3.4. Staff must not interview the service user or attempt to investigate the allegations as this could jeopardise any criminal investigation.
- 6.3.5. Staff should reassure the service user that they have heard and understood what they are saying and that their allegations will be taken seriously.
- 6.3.6. Staff should remind service users that they cannot keep information confidential when they may be at risk and/or a crime has been committed.
- 6.3.7. 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.

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

6.4. If there are immediate concerns for a service user's safety:

6.4.1. If staff have an immediate concern for a service user's safety, they should call 999 for an emergency response and ensure that the service user and any others, including themselves, are as safe as possible.

6.4.2. Staff must follow the advice of the emergency services and stay with the service user until they arrive.

6.4.3. 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 to report the incident.

6.5. If there are no immediate concerns for a service user's safety:

6.5.1. If there are no immediate concerns for a service user's safety, staff should consider all of the information they have available to decide whether a service user's health, wellbeing and/or safety is at risk.

6.5.2. Unless there are immediate concerns for a service user's safety, no member of staff should act alone on a safeguarding issue.

6.5.3. When deciding upon the extent of risk to an individual's health, wellbeing and/or safety staff should seek advice and guidance from their line-manager and/or their safeguarding lead in the first instance.

6.5.3.1. If their line-manager is unavailable, staff should contact their Operations Manager and/or another senior manager using the Management Support Rota.

6.5.3.2. Staff working in host organisations, e.g. a Community Rehabilitation Company, prison or school, should advise the partner's Designated Safeguarding Lead or equivalent of their concerns in accordance with local safeguarding reporting procedures.

6.5.4. When deciding upon the extent of risk to a service user's health, wellbeing and/or safety, staff should recognise the potentially harmful impact of over intervention or intervening in a way that does not provide support effectively.

6.5.5. Staff need to be mindful that a local authority safeguarding response is not the only, or always the most appropriate, response to keeping people safe. Therefore, staff need to identify the most appropriate agency to respond.

6.5.6. With regards children and young people, when deciding upon the extent of any harm or significant harm, staff should assess the:

6.5.6.1. risk factors in a child's life,

6.5.6.2. protective factors in a child's life,

6.5.6.3. age of the child,

6.5.6.4. context of care that the child is known to experience.

6.5.7. Staff should ensure that the information used to inform their assessment is:

6.5.7.1. accurate,

6.5.7.2. factual, and

6.5.7.3. up-to-date.

- 6.5.8. To ensure that their assessment is appropriate and the response proportionate, staff should ensure that their assessment is informed by:
- 6.5.8.1. the application of the 'Signs of Safety' practice framework used by their local safeguarding partnership;
 - 6.5.8.2. knowledge of the 'Assessment Triangle' (Working Together, 2018 section 52) and any threshold documents adopted by statutory services, for example:
 - 6.5.8.2.1. Norfolk Safeguarding Children Partnership's 'The Norfolk Threshold Guide: a child centred framework for making decisions',
 - 6.5.8.2.2. Suffolk Safeguarding Partnership's 'Suffolk Safeguarding Adults Framework for Adults 18 years and over';
 - 6.5.8.3. any specialist safeguarding advice obtained directly through consultation with statutory services, for example:
 - 6.5.8.3.1. for children and young people, the Norfolk's Children's Advice and Duty Service (CADS),
 - 6.5.8.3.2. for 'adults at risk', Suffolk's Multi-Agency Safeguarding Hub's Consultation Line.
- 6.5.9. Once the extent of risk to a service user's health, wellbeing and/or safety has been assessed, staff should decide if the needs of the service user can still be met within universal services and refer accordingly.
- 6.5.10. If universal services or a coordinated multi-agency approach cannot meet a service user's needs, if a child or young person's family are not consenting to a multi-agency response or a Family Support Plan or equivalent is not helping to address the concerns, then a manager should decide if a referral to statutory services is needed to keep the service user safe.
- 6.5.11. If there is evidence of significant harm to a child or young person a referral to statutory services should be made directly.
- 6.5.12. If the line-manager is unsure about referring on to statutory services, they should request a consultation with the statutory authority's representative.
- 6.6. Consent to share information with other agencies or services:**
- 6.6.1. Sharing information is vital for early intervention to ensure that children, young people and 'adults at risk' receive the services they require. It is also essential to protect children and young people from suffering significant harm.
 - 6.6.2. Wherever possible, staff should seek consent or be open and honest with the service user (and/or their family, where appropriate) from the outset as to when, why, what, how and with whom, their information will be shared.
 - 6.6.3. As a general principle, all staff should aim to gain consent to share information but should be mindful of situations where to do so would place a service user at increased risk of harm.
 - 6.6.4. There may be some situations where it is not appropriate for staff to seek consent, either because the service user cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put a service user's safety or well-being at risk.
 - 6.6.5. With regards to children and young people, staff must always consider the safety and welfare of a child or young person when making decisions on whether to share information. Where there is concern that the child or young person is a child in need, has suffered or is likely to suffer significant harm, the

child or young person's safety and welfare must be the overriding consideration.

- 6.6.6. Staff should, where possible, respect the wishes of children or families who do not consent to share confidential information. However, they may still share information if in their judgement there is sufficient need to override that lack of consent.
- 6.6.7. The Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows staff to share information without obtaining consent from the child or young person and their family.
- 6.6.8. This means that there is no requirement to obtain consent from the child or young person and their family when any of the following apply:
- 6.6.8.1. other people, including other children or an adult, could be at risk from the person causing harm;
 - 6.6.8.2. it is necessary to prevent crime or a serious crime has been committed;
 - 6.6.8.3. there is a statutory duty or Court Order requiring the information to be shared.
- 6.6.9. It is recommended that staff should seek advice from their line-manager where they are in doubt, especially where the doubt relates to concern about possible significant harm to a child or serious harm to others.
- 6.6.10. With regards to adults 'at risk', if a staff member has concerns about an adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed.
- 6.6.11. The Data Protection Act 2018 allows the sharing of safeguarding information when the Care Act 2014 requires staff to do so without obtaining the consent from the adult or their representative.
- 6.6.12. This means that there is no requirement to obtain consent from the adult or their representative when any of the following apply:
- 6.6.12.1. other people, including other adults or children, could be at risk from the person causing harm;
 - 6.6.12.2. it is necessary to prevent crime or a serious crime has been committed;
 - 6.6.12.3. staff believe that the 'adult at risk' is being coerced or fearful of repercussions;
 - 6.6.12.4. there is an overriding public interest;
 - 6.6.12.5. there is reason to believe that their health and/or well-being will be adversely affected by ongoing harm or abuse;
 - 6.6.12.6. the person posing a risk also has care and support needs and may also be at risk.
- 6.6.13. Where none of the above apply, staff should seek consent from the adult (or their representative) to make a referral and provide them with information about how they can withdraw their consent. However, it should be noted the legal basis for making a safeguarding referral identified above should be followed wherever it is appropriate to do so.

- 6.6.14. It is recommended that staff seek advice from their line manager in cases where an adult with capacity challenges their decision to a safeguarding referral being made.
- 6.6.15. The adult at risk should be informed of the decision for the referral and the reasons, unless telling them would jeopardise their safety or the safety of others.

6.7. Consulting with or referring to statutory services:

- 6.7.1. When consulting with or making a referral to statutory services, staff should ensure that they are able to provide:
 - 6.7.1.1. the service user's name and address;
 - 6.7.1.2. all the details known by your service about that service user;
 - 6.7.1.3. any details about the service user's family composition;
 - 6.7.1.4. the nature of safeguarding concern; and
 - 6.7.1.5. a view on any immediate risks.
- 6.7.2. In the case of children and young people, staff should also be prepared to identify where the child or young person is and whether their parents or carers have been informed of the safeguarding concern(s).
- 6.7.3. If the statutory authority's representative advises that a formal referral is not appropriate, staff must continue to monitor the situation as a continuing concern.
- 6.7.4. If the line-manager decides to make a formal referral, they should confirm in writing any referrals within 48 hours using the appropriate form(s) issued by the statutory agency, if required.
 - 6.7.4.1. Staff should make a photocopy of the completed form(s) and retain a copy in the service user's file.
 - 6.7.4.2. Once the referral has been made, the line-manager must complete a *Notification of Statutory Safeguarding Referral* form (cf. Appendix 1 below) and email a copy to the Director of Operations and their respective Operations Manager within 48 hours of making the referral.
- 6.7.5. After a referral has been made to a statutory authority, the line-manager should work with staff to review the support offered to the service user to ensure that it continues to meet their support needs, as appropriate.
 - 6.7.5.1. Staff should identify any new, or changed, support needs and involve other agencies where appropriate.

6.8. Continuing concerns:

- 6.8.1. A safeguarding concern may continue if the reasons for it have not been, or cannot be, addressed or resolved.
- 6.8.2. This may be for several reasons:
 - 6.8.2.1. the root of the concern is not tangible enough at this point in time;
 - 6.8.2.2. the nature of the concern is not considered to be severe enough for the service user to be at risk of significant harm and therefore a referral to a statutory agency is deemed unnecessary at this point in time;
 - 6.8.2.3. 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.
- 6.8.3. Where there are continuing concerns about a service user's well-being, staff must agree an action plan with their line-manager.

- 6.8.3.1. The plan must involve regular reassessments of the service user's situation and discussion with appropriate managers.
 - 6.8.3.2. It might also include specific observations, consultation with other agencies and discussion with a child or young person's parents/carers and/or wider community (unless it would be in the child's best interests not to do so).
 - 6.8.3.3. The agreed action plan must be documented and a written record of all necessary details made in the service user's file.
 - 6.8.3.4. If there are disagreements within the staff team about the plan of action, these should be recorded.
 - 6.8.4. The action plan must be reviewed by the line-manager at regular intervals to ensure that any concerns are appropriately referred to the relevant statutory authorities.
 - 6.8.5. If a formal referral made to a statutory agency is deemed to require 'no further action' but monitoring of the service user clearly indicates evidence of ongoing or escalating risk of harm or significant harm, staff should discuss their concerns with their line-manager prior to re-referring to the relevant statutory agency.
 - 6.8.6. If, following re-referral, the line-manager is still unhappy with the decision of the statutory agency, the concern should be progressed to the appropriate Operations Manager/Designated Safeguarding Lead who will seek to constructively resolve any concerns in accordance the statutory agency's 'Resolving Professional Disagreement' policy or equivalent.
 - 6.8.7. Line-managers and Operations Managers/Designated Safeguarding Leads should consider referring borderline, problematic or stalled cases to Ormiston Families' Safeguarding Advisory Group (SAG) by completing a *Safeguarding Advisory Group Case Referral* form (cf. Appendix 5).
- 6.9. Recording:
- 6.9.1. Irrespective of outcome, any concern(s) about a service user's safety must be recorded appropriately and in accordance with Ormiston Families' *Case Recording* procedure.
 - 6.9.2. If a safeguarding concern arises about a service user who does not have an individual record, a *Safeguarding Concern* form (cf. Appendix 2 below) should be completed and discussed with a line-manager.
 - 6.9.2.1. The line-manager should hold all such forms centrally and review them regularly in order to maintain an overview of safeguarding concerns within the service.
 - 6.9.3. If a safeguarding concern arises about a service user who has an individual record, a separate, numbered *Confidential Safeguarding Record* form (cf. Appendix 3) should be used each time a safeguarding issue arises or is discussed.
 - 6.9.3.1. *Confidential Safeguarding Record* forms should be filed in a discrete, confidential part of the case file marked 'Safeguarding' and should be cross-referenced from the service user's *Contact Record*.
 - 6.9.3.2. Where possible, case records should:
 - 6.9.3.2.1. avoid professional jargon and be written in a language more readily understood by the service user or family;
 - 6.9.3.3. capture the views or behaviour of the service user;

- 6.9.3.3.1. focus on specific, observable behaviours rather than judgement loaded terms or vague interpretations;
- 6.9.3.3.2. keep personal information, other than the individual's name, separate from information about other people;
- 6.9.3.3.3. maximise the service user's or family's understanding of what agencies are concerned about and focus on what changes the service user or families need to make to address the concerns, what support is offered and what needs to happen to reach a position where statutory interventions can cease or be avoided.
- 6.9.4. Case records must be timed, dated and signed by the person who makes them and completed contemporaneously or as soon as practicable after an event has occurred.
 - 6.9.4.1. Where case records are made or updated late or after an event, the fact must be stated in the record, and the date and time of the entry should be included.
- 6.9.5. Following consultation with or referral to statutory services, staff should record details of this conversation on the service user's case record, recording:
 - 6.9.5.1. when the consultation or referral took place,
 - 6.9.5.2. who was spoken to,
 - 6.9.5.3. what information was shared,
 - 6.9.5.4. the advice given,
 - 6.9.5.5. the reason(s) for this advice,
 - 6.9.5.6. any decisions made,
 - 6.9.5.7. any action(s) required,
 - 6.9.5.8. any disagreement between agencies about decision making.
- 6.9.6. A copy of any written follow up received following consultation or referral should be filed alongside the relevant case record forms.
- 6.9.7. Case records relating to safeguarding concerns should be regarded as information which is sensitive and personal and will be treated as 'special category personal data' (Working Together to Safeguard Children 2018, section 27).
- 6.9.8. As 'special category personal data' all records must be kept and transferred securely.
- 6.9.9. Paper case records will be:
 - 6.9.9.1. kept in folders with all documents firmly affixed to prevent their loss;
 - 6.9.9.2. stored in a locked cabinet, or a similar manner, usually in an office which only approved staff have access to;
 - 6.9.9.3. not be left unattended when not in their normal location.
- 6.9.10. Electronic case records will be protected by appropriate security measures including usernames, passwords and encryption.
- 6.10. Recording existing injuries:
 - 6.10.1. If a child or young person presents with any significant visible injuries that occurred prior to attending an Ormiston Families service, staff should complete an *Existing Injuries* form (cf. Appendix 4 below).
 - 6.10.2. A staff member should sensitively ask parent(s)/carer(s) how these injuries occurred and ask them to sign the form.

- 6.10.3. If staff are unable to ask the parent(s)/carer(s) to sign the form for any reason, they are expected to record the reasons for this.
- 6.10.4. If the injuries or the parent's/carer's response(s) gives staff legitimate cause for concern they should respond as if a safeguarding concern has been identified or suspected (cf. section 6.2 above).
- 6.11. Responding to safeguarding allegations against other children and young people ('peer-on-peer' abuse):
- 6.11.1. Safeguarding concerns or reports of abuse in any form may be made against other children or young people within the settings Ormiston Families' staff and volunteers work, e.g. schools.
- 6.11.2. In most instances, the conduct of pupils towards each other will be covered by their school's behaviour policy. However, some allegations might be of such a serious nature that they become safeguarding concerns. These allegations are most likely to include physical abuse, emotional abuse, sexual abuse and sexual exploitation.
- 6.11.3. It may also be considered a safeguarding issue if the allegation:
- 6.11.3.1. is being made against an older pupil and refers to their behaviour towards a younger or more vulnerable pupil;
 - 6.11.3.2. is of a possible criminal nature;
 - 6.11.3.3. puts other pupils in the school at risk, or raises the risk factor for others;
 - 6.11.3.4. indicates that other pupils may have been harmed or be at risk of harm;
 - 6.11.3.5. includes bullying (under the definition of emotional abuse) or intimidation;
- 6.11.4. Specific safeguarding issues against another student may include:
- 6.11.4.1. Physical abuse:
 - 6.11.4.1.1. pre-planned violence,
 - 6.11.4.1.2. physical altercations,
 - 6.11.4.1.3. forcing others to carry out violence,
 - 6.11.4.1.4. forcing others to use drugs, alcohol or other substances.
 - 6.11.4.2. Emotional abuse:
 - 6.11.4.2.1. bullying,
 - 6.11.4.2.2. threats and intimidation,
 - 6.11.4.2.3. blackmail / extortion.
 - 6.11.4.3. Sexual abuse:
 - 6.11.4.3.1. sexual assault,
 - 6.11.4.3.2. indecent exposure,
 - 6.11.4.3.3. indecent touching,
 - 6.11.4.3.4. showing pornography to others,
 - 6.11.4.3.5. forcing others to create / share / download indecent images,
 - 6.11.4.3.6. 'sexting'.
 - 6.11.4.4. Sexual exploitation:
 - 6.11.4.4.1. encouraging/enticing other pupils to engage in inappropriate sexual behaviour,
 - 6.11.4.4.2. photographing or videoing other children performing indecent acts,
 - 6.11.4.4.3. sharing images through social media.

6.11.5. When an allegation is made by a pupil against another student, which is of a safeguarding nature it should be reported to the school's designated safeguarding lead (DSL) as soon as possible in accordance with section 6.5.3.2 above.

6.12. Responding to safeguarding allegations or concerns about Ormiston Families' staff or volunteers:

6.12.1. If a child, young person or adult gives staff cause to be concerned about the behaviour or conduct of another staff member or volunteer, they must be listened to and allowed to speak freely.

6.12.2. Staff should respond in a manner consistent with that outlined above for a disclosure (cf. section 6.3 above).

6.12.3. Staff must record the details of the allegation in the service user's file, using the service user's own words whenever possible.

6.12.3.1. If the service user does not have a file, staff should complete a *Safeguarding Concern* form (see Appendix 2 below).

6.12.4. Staff and volunteers must immediately discuss the allegation with their line-manager in accordance with Ormiston Families' *Management of Allegations* policy.

6.12.5. If the allegation relates to their line-manager, staff or volunteers must contact an Operations Manager or use the Management Support Rota to contact another senior manager.

6.13. Responding to safeguarding concerns about children and young people resident outside the United Kingdom:

6.13.1. If concerns are raised about children whose normal residence is outside the UK, a line-manager should contact the relevant statutory agency for advice.

6.13.2. Concerns must be documented and monitored in the usual way, and referrals made following the advice of the relevant statutory agency.

6.14. Supervision and support for staff and volunteers involved in safeguarding:

6.14.1. After a staff member has been involved with a safeguarding concern or disclosure, their line-manager will arrange for supervision and/or a debriefing session as soon as possible after the event as well as any specialist follow up support as appropriate and required.

6.14.2. For the purposes of organisational learning, line-managers should consider referring appropriate safeguarding cases to Ormiston Families' Safeguarding Advisory Group (SAG) by completing a *Safeguarding Advisory Group Case Referral* form (cf. Appendix 5).

7. Document Approval: Chief Executive Officer and Chair of the Board of Trustees.

8. Revision History: December 2017 | November 2018 | September 2019 | October 2019 | November 2019 | February 2020 | December 2020.

9. Date of next review: December 2021

Appendix 1: Notification of statutory safeguarding referral

WHEN SHOULD THIS FORM BE USED?

A completed copy of this form should be emailed to your Operations Manager and the Director of Operations, along with any referral forms and supplementary information, *within two working days of a formal safeguarding referral being made to the statutory authorities.*

This is to enable the Safeguarding Advisory Group to retain an informed overview of safeguarding activity across the organisation.

SERVICE INFORMATION					
SERVICE					
REFERRER					
RESPONSIBLE MANAGER					
DATE CONCERN RAISED					
DATE OF REFERRAL					
DATE OF THIS NOTIFICATION					
SERVICE-USER INFORMATION					
NAME					
GENDER					
DATE OF BIRTH					
FAMILY REFERENCE NUMBER					
REFERRAL INFORMATION					
TYPE OF CONCERN (✓ ALL WHICH APPLY):					
Emotional		Neglect		Physical	
Sexual		Financial		Other	[Give details]
SOURCE OF CONCERN (✓):					
Disclosed by service user					
Alleged by third party					
Observed by referrer					

STATUTORY AUTHORITY (✓):	
Children's Social Care	<input type="checkbox"/>
Early Help (Norfolk only)	<input type="checkbox"/>
Adult Social Care	<input type="checkbox"/>
Police	<input type="checkbox"/>
COPY OF REFERRAL FORM ATTACHED? (✓):	
Yes	<input type="checkbox"/>
No – See 'Comments'	<input type="checkbox"/>
Comments	[Reason referral form not included with notification]
OUTCOME OF REFERRAL (✓):	
Unacknowledged	<input type="checkbox"/>
Acknowledged and pending	<input type="checkbox"/>
Accepted	<input type="checkbox"/>
Rejected	<input type="checkbox"/>
Accepted and escalated to SAG	<input type="checkbox"/>
FOLLOW-UP INFORMATION	
FOLLOW-UP ACTION REQUIRED? (✓):	
No	<input type="checkbox"/>
Yes – See 'Follow-up actions'	<input type="checkbox"/>
Follow-up actions	[Details of any follow-up actions required]

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:	
Email:	
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:	
Email:	
Relationship to victim:	
7. Witnesses: <i>(if necessary, continue on an additional sheet)</i>	
Name:	Name:
Address:	Address:
Email:	Email:
Telephone:	Telephone:
Ormiston Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(select)</i>	Ormiston Staff? <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:	
Email:	
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:	
Email:	
Telephone:	
10. Declaration:	
<i>I declare that the details contained here are correct according to my information and belief.</i>	
Signature:	
Date:	Time:
11. 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>	

12. No other agencies contacted?

If appropriate, please summarise the reason(s) for not reporting to other agencies.

13. Other agencies contacted?

If other agencies were contacted, please identify below

Date & Time	Agency	Agency Reference

14. Summary of information shared:

15. Outcomes:

Date	Agency & Reference	Outcomes

16. 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.		

17. Declaration & signatures:

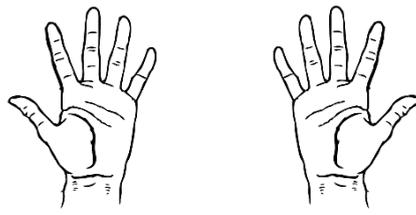
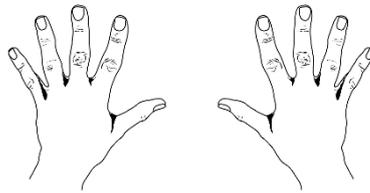
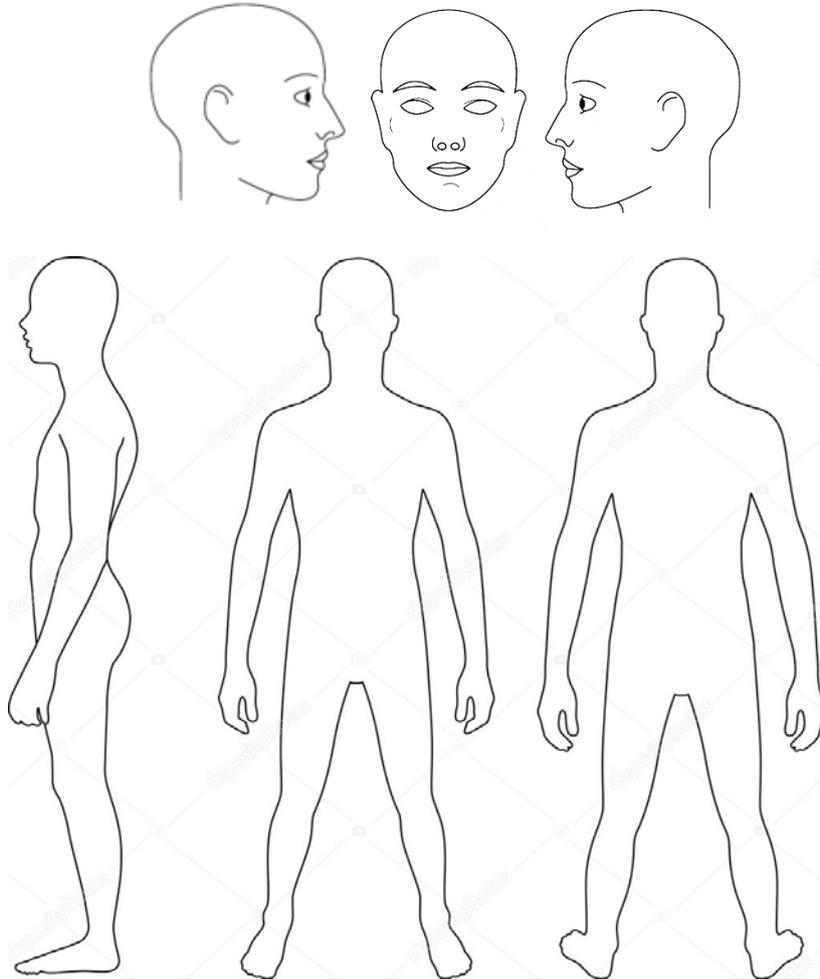
I declare that the details contained here are correct according to my information and belief.

Service Manager/Team Leader signature:

Service Manager/Team Leader name:

Date:

Body Map



Appendix 3: Confidential Safeguarding Record

SERVICE USER'S NAME		RECORD NUMBER	
<p>Using this form</p> <p>This form should be used to record details of any safeguarding issues which arise with a service user, including related decisions and actions agreed at professional meetings or with a responsible manager, e.g. in line management supervision, through the Management Support Rota or Safeguarding Advisory Group.</p> <p>A separate, numbered Confidential Safeguarding Record form should be used each time a safeguarding issue arises or is discussed. These forms should be filed in a discrete, confidential part of the case file, marked 'Safeguarding', and should be cross-referenced with the service user's Contact Record.</p>			
DATE & TIME		NAME & SIGNATURE OF CASE WORKER	
RECORD OF SAFEGUARDING ISSUE/DISCUSSION/DECISION/ACTION:			
<p>[Continue on a separate sheet if necessary]</p>			

Appendix 4: Existing Injuries form

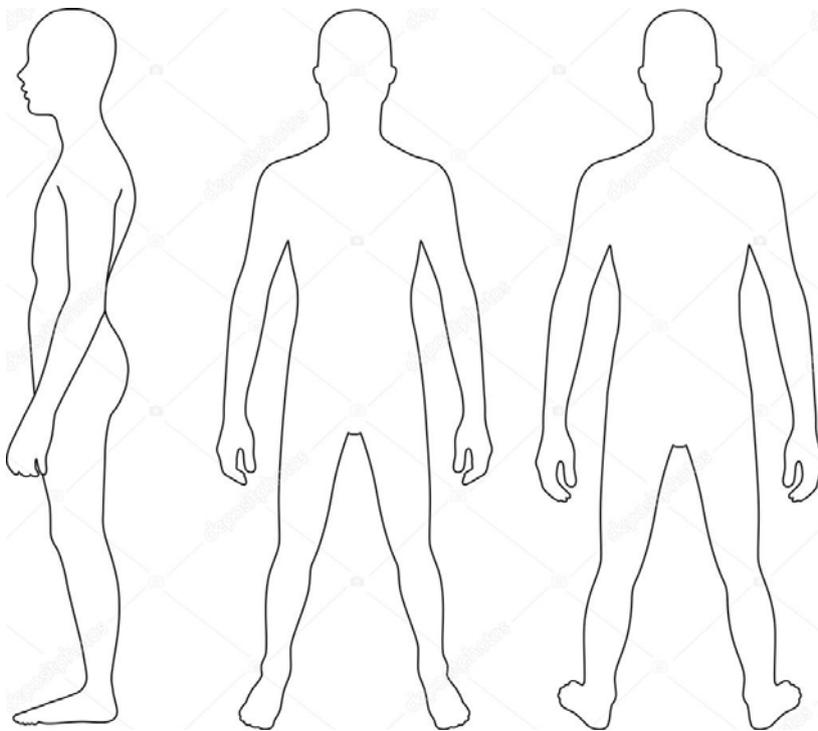
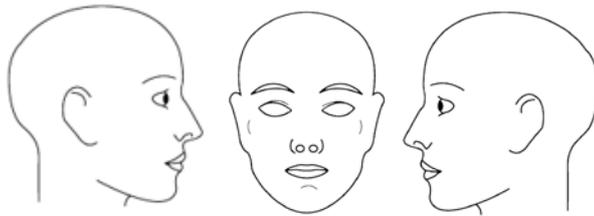
This Existing Injury Form must be completed on the day staff were made aware and passed to your line manager for secure retention at the service.

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 <i>(please select)</i>
Date of birth:	Age <i>(if under 16yrs):</i>
Address:	
Parent/Carer's Name:	
Parent/Carer's Email:	
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 <i>(If Yes, state details below)</i>
Who administered the treatment?	
Was further medical treatment advised/received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, state details below)</i>
5. Person completing this form	
<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <i>(please state):</i>	
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 Signature: Name: Date:	Person in Section 5 Signature: Name: Date:

Please ensure that you have completed the Body Map

Body Map

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



Appendix 5: Safeguarding Advisory Group referral form

Safeguarding Advisory Group – case discussion information

Thank you for bringing a case for discussion at the next Safeguarding Advisory Group. To keep the discussion focused, and maximise the time available to us, please complete this form and email a copy to the Quality Development Manager at least two working days before the case discussion.

Details of staff member referring to Safeguarding Advisory Group (SAG):	
Name:	<i>Click here to enter text.</i>
Role:	<i>Click here to enter text.</i>
Service:	<i>Click here to enter text.</i>
Contact details:	<i>Click here to enter text.</i>

Name(s) of adult / child / children / young person:		
First name:	Age:	Gender:
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>

Other family members and significant relationships:		
First name:	Age:	Relationship to adult / child / young person:
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>

Who else is involved? For example, School / Early Years provider / GP / Health Visitor / Voluntary Sector / etc.		
Name of professional:	Role:	Agency name:
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>	<i>Click here to enter text.</i>

Referral Information:	
Please outline your involvement with the adult/child/children/young person/family and any ongoing support that is being provided. Detail any past concerns or known involvement of statutory agencies.	
<i>Click here to enter text.</i>	
What are you worried about? What impact is this having on the adult/child/children/young person? (Consider past harm and future danger).	
<i>Click here to enter text.</i>	
What is working well for this adult/child/children/young person and their family? (Consider strengths and safety within the family).	
<i>Click here to enter text.</i>	
What do you want to happen next?	
<i>Click here to enter text.</i>	
What outcomes for the adult/child/children/young person do you anticipate in having this conversation with the Safeguarding Advisory Group?	
<i>Click here to enter text.</i>	
Where on your local safeguarding partnership board's threshold document would you place this adult/child/children/young person?	
<i>Click here to enter text.</i>	
Any other information that would be helpful for SAG members to be aware of prior to the case discussion?	
<i>Click here to enter text.</i>	
What is your reason for referring this case to the SAG? For example, are you seeking advice on how to proceed, seeking help to escalate a case within statutory authorities, seeking emotional support, flagging up a safeguarding 'near miss' from which the organisation can learn and/or sharing best safeguarding practice with colleagues?	
<i>Click here to enter text.</i>	

Feedback sheet for recording actions:	
Date of conversation at SAG:	<i>Click here to enter a date.</i>
SAG feedback: what was the outcome of the conversation?	
<i>Click here to enter text.</i>	