**hArt Safeguarding Policy & Procedures for Adults & Children**

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1. **Introduction & Background**

**Purpose and Commitment**

hArt exists to offer creative therapeutic and recreational activities to support mental health, well-being and address wider social issues in people of all ages and abilities. hArt has three broad aims:

* To improve mental health, well-being and wider social issues through creative therapies
* To increase access to and participation in indoor/outdoor creative activities and to reduce social isolation
* To improve the quality of life for individuals of all ages, abilities, gender, culture, race or background in England and Wales.

hArt works with statutory, health, education and community partners to deliver services to referred clients as well as private clients.

hArt currently delivers services covering the BCP Council area in Dorset through the New Forest to the Waterside area of Hampshire.

At hArt we value all our service users as being a vital part of the organisation and we wish to see them grow, develop, heal, and be challenged in a healthy and safe environment.

We believe that people have a right to live safely, free from abuse and neglect. We know safeguarding works best when people and organisations work together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s or child’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

We are committed to ensuring that people who use our services are not harmed and that our working practices minimise risk to our service users. We recognise our duty to identify abuse and report it.

We understand that we may need to think broadly about how safeguarding concerns may become apparent and we will consider the ‘Think Family’ approach in all our work. This means for example that a safeguarding concern about a child may lead to worries about the safety of their adult carers; a safeguarding concern about an adult may lead to concerns about their children or that a \*historical or non-recent allegation of abuse is made by an adult that may cause concerns about current safeguards for other people. \*Refers to a recent disclosure of an incident that happened in the past, the concern is where the perpetrator of that incident is still a risk to others, known to hArt or otherwise.

This policy sets out our organisational commitment to safeguarding and to working with other agencies to safeguard adults and children from abuse, neglect and exploitation. It offers a summary of the legal and the safeguarding context for adults and children; clarifies the roles and responsibilities of employees, trustees and volunteers as well as the policies and procedures that must be followed in the event of a safeguarding concern.

hArt has numerous policies, procedures and working practices which collectively aim to safeguard our service users and to develop and sustain safer working practices. We will review these, learning from experience and updating them in accordance with changes in law and good practice. Safeguarding policies and practices should be viewed as guidance and ultimately every person’s situation is unique and will require sensitive and sound judgements to be made, including working in collaboration with others, including our service users, their families and with our multi-agency partners.

**Scope**

Safeguarding is everyone’s responsibility. We all play a key role in preventing, detecting, reporting and responding to abuse, neglect or exploitation.

This policy applies to anyone working for or with hArt who may come into contact with vulnerable adults or children during the course of their work at hArt. It includes Trustees, employees, volunteers, agency staff, sessional workers, students, contractors, those organisations that are commissioning services, visitors and service users.

Whilst we are all responsible for being vigilant about safeguarding concerns and proactively addressing them in line with this policy, certain people will have additional safeguarding responsibilities at HArt. The Designated Safeguarding Officer will be responsible for addressing individual safeguarding concerns, the Designated Safeguarding Lead is responsible for the strategic aspects of safeguarding for hArt and the Trustees are responsible for the governance of safeguarding.

**Access and Application of Safeguarding Policy**

This policy will be made available to all individuals at induction. It will be placed on the hArt website and will also be available on shared drive, in paper form on the notice board in hArt’s office and sent via email upon request).

The policy will be updated annually or amended in light of experience, learning or other changes and it will be re-issued accordingly.

It is expected that the policy will be read, understood and applied by all those commencing work at hArt in whatever capacity and that (hereafter called the hArt Team) will adhere to its content.

**Equality and Diversity**

The welfare of all of our service users is paramount.

hArt is committed to practices that protect from harm regardless of a person’s age, gender, disability, racial heritage, religious belief, sexual orientation, identity, or any other characteristic as covered by the Equality Act 2010.

Many of our service users have additional vulnerabilities or experience additional hurdles in their lives. This may be due to the impact of their previous experiences, their family or environmental situation or their personal characteristics. We will always remain mindful of these vulnerabilities when offering our services. However, we also recognise that safeguarding concerns can emerge in any family and we will be open minded.

**Alignment with Other Policies**

This safeguarding policy is linked to and should be read in conjunction with other HArt policies including;

* Code of Conduct
* Whistleblowing Policy
* Complaints Policy
* Safer Recruitment Policy (In Progress)
* Health & Safety Policy

hArt also works as part of the multi-agency safeguarding system in Hampshire and Dorset and this policy reflects the statutory guidance and the multi-agency safeguarding procedures.

**2. Identifying Abuse and Neglect for Adults at Risk**

Abuse and neglect is a violation of a person’s human and civil rights. It may consist of single or repeated acts and these may be deliberate and intentional, or harm may be caused by failure to provide what a person needs, for example food or medication.

**Safeguarding Legislation and Guidance**

hArt is committed to working within the legal framework for safeguarding adults at risk which includes these key documents:

* Care Act 2014
* Care & Support Statutory Guidance 2018
* Mental Capacity (Amendment) Act 2019 (including Liberty Protection Standards)

**Defining an ‘adult at risk’**

Safeguarding adults applies to people who are ‘adults at risk’ and they are defined as people aged 18 years and over who:

* have care or support needs (whether or not these needs are being met)
* are experiencing, or at risk of, abuse or neglect
* are unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those care and support needs

An adult may need care and support due to a range of factors including personal characteristics, factors associated with their situation or environment and social factors. It is important to recognise that some adults may struggle to protect themselves from harm. This can be for many reasons such as having a learning difficulty, mental or physical health difficulties, trauma, addiction, and those who are elderly or vulnerable to others.

These features may increase vulnerability to abuse but they do not mean that people will inevitably experience harm or abuse.

**The Care Act 2014 – Six Principles in Adult Safeguarding**

The Care Act (2014) sets out the legal framework about the protection of adults who may be at risk of abuse and neglect. These six principles as set out in the Act are:

* Empowerment – We support adults to make their own decisions by providing them with support, advice and guidance to make informed choices.
* Prevention – Guidance is in place to ensure people know how to recognise abuse and how to seek help and to take action before harm occurs.
* Proportionality – Our response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed.
* Protection – We provide advice and guidance about keeping safe and we support and represent those in greatest need.
* Partnership - We work together with multi-agencies to provide effective support whilst ensuring confidentiality is maintained. We recognise that communities have a role in preventing, detecting and reporting abuse and neglect.
* Accountability – We are clear about the roles and responsibility of all those involved in safeguarding and transparent in our delivery of services.

#### **Who abuses and neglects adults?**

It is important that we are aware that anyone can perpetrate abuse or neglect, including:

* family members such as spouses/partners, children/young people
* neighbours, friends, acquaintances, peers
* local residents, community members, strangers
* paid staff, professionals and volunteers, carers

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

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

**Ten categories and indicators of abuse and neglect**

The Care and Support Statutory Guidance 2018 sets out ten categories of abuse and neglect that adults may experience. This is not intended to be an exhaustive list and abuse and neglect can take place in many forms and in many circumstances. It is important that in making observations, having conversations and working together with people, we are alert to any concerns about their wellbeing and safety.

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

|  |  |
| --- | --- |
| **Category of Harm** | **Possible Signs & Indicators** |
| **Physical Abuse** | |
| * assaults: e.g. hitting, slapping, pushing, * misuse of medication * inappropriate restraint * inappropriate physical sanctions | * bruising, cuts, burns and/or marks on the body, clumps of hair loss * frequent injuries, unexplained falls * inconsistent or no explanation for injury * subdued or noticeable change in behaviour * signs of malnutrition * failure to seek medical treatment |
| **Sexual Abuse** | |
| * rape * indecent exposure * sexual harassment * sexual teasing or innuendo * sexual photography * subjection to pornography or witnessing sexual acts * sexual assault * sexual acts to which the adult has not consented or was pressured to consent | * bruising or injuries, particularly to areas such as thighs, buttocks, genital area * torn, stained or bloody underclothing * difficulty walking or sitting * infections or sexually transmitted diseases * changes in sexual behaviour or attitude * self-harming * poor concentration, withdrawal from others, sleep disturbance * excessive fear of certain relationships |
| **Neglect** | |
| * ignoring emotional or physical needs such as food, water, shelter, guidance * failure to provide access to appropriate medical, health, care and support or educational services * withholding life’s necessities, such as medication, adequate nutrition and heating | * unkempt appearance * poor personal hygiene * malnutrition and dehydration * infections * illness |
| **Psychological Abuse** | |
| * emotional abuse * threats of harm or abandonment * deprivation of contact, isolation * humiliation, blaming, controlling * coercion, harassment, intimidation * cyber bullying * unreasonable withdrawal of services or support networks | * air of silence when an individual is present * withdrawal or change in the behaviour and temperament of the person * uncooperative and aggressive behaviour * signs of distress: tearfulness, anger * low self-esteem * insomnia * change of appetite, weight loss or gain |
| **Domestic Abuse** | |
| Domestic abuse covers the following:   * physical abuse; psychological abuse; sexual abuse; financial abuse; economic abuse, emotional abuse; coercive control, honour based violence. *’Honour-based’ violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community." FGM, Forced marriage (*CPS and Home Office definition).   Coercion and control often underpins domestic abuse: what can seem like agreement from one party could be false representation due to the power another individual can gain.  Domestic abuse is a series of incidences and a pattern of abuse leading to violence/homicide. It is never just a ‘one off’ incident.  Stalking: victims are at higher risk when a relationship has ended and stalking behaviour can include monitoring and tracking movements of the victim. | * low self-esteem * self-blame for events outside of their control * injuries * hearing derogatory or intimidating comments about self * fear of an individual * isolation – not seeing friends and family, partaking in activities * limited access to money, without reason |
| **Financial Abuse** | |
| * theft, fraud, internet scamming * coercion about finances including about wills, property, inheritance or financial transactions * misuse or theft of property, possessions or benefits * move into a person’s home without consent | * fear of particular people * unable to make reasonable purchases * in debt (without reason) * unable to pay bills * unkempt looking * hungry |
| **Modern Slavery** | |
| * slavery * human trafficking * forced labour and domestic servitude, sexual exploitation, debt bondage | * physical, emotional abuse or sexual abuse signs as above * malnourishment * withdrawn and / or fearful of others * poor living or work conditions * lack of identification documents * fear of police or authorities |
| **Discriminatory Abuse** | |
| * harassment * slurs or similar treatment because of: * race * gender and gender identity * age * disability * sexual orientation * religion | * withdrawn and isolated * anger, frustration, fear or anxiety |
| **Organisational** | |
| * neglect and poor practices in organisations and care settings, including care provided in own home. * ranging from one off incidents to ongoing ill-treatment. * arising from neglect or poor professional practices | * lack of policy, procedures, supervision and management * low numbers of staff or poorly trained staff * denial of basic needs, eg food, water * disrespectful or abusive attitudes to service users and families |
| **Self-neglect** | |
| Covers a wide range of behaviour in which a person neglects to care for own hygiene, health or surroundings and includes behaviour such as hoarding. | * unsanitary conditions that pose risk * hoarding * non-attendance at health appointments * not taking prescribed and recommended medication. |

1. **Identifying Abuse and Neglect for Children**

**Safeguarding Legislation and Guidance**

hArt is committed to working within the legal framework for safeguarding children which includes these key documents:

* Children’s Act 1989 and 2004
* Working Together to Safeguard Children 2018
* Information Sharing Guidance 2018

**Definition of ‘child’**

The law tells us that a ‘child’ is anyone who has not yet reached their 18th birthday. This is regardless of whether a person under age 18 years has left home or is working.

‘Children’ therefore also means ‘children and young people’.

**Defining abuse and neglect**

Abuse and neglect is maltreatment of a child which can be caused by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

**Definition of ‘Safeguarding’**

The legal definition of ‘safeguarding is:

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

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

**Paramountcy Principle**

A key principle of the Children Act 1989 is that the welfare of children is paramount.

This refers to a child-centred approach which is fundamental to safeguarding every child. It means keeping the child’s best interests in focus and at the heart of all decisions. This is particularly pertinent when parents, carers or others have wishes, feelings, needs which may impact on the child’s well-being.

**Four categories and indicators of abuse and neglect**

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

The four categories are defined below with some signs and indicators also listed. The signs are not exhaustive and there may be no or few signs for some children. Often, we are looking for clusters of signs or signs that something for the child has changed.

|  |  |
| --- | --- |
| **Category of Harm** | **Possible Signs & Indicators** |
| **Physical Abuse** | |
| May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.  Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. | * bruising, cuts, burns, marks, fractures * inconsistent explanations or unexplained injuries * subdued, aggressive or noticeable change in behaviour * flinching, fear * covering up injuries * frequent medical visits |
| **Sexual Abuse** | |
| Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.  The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.  They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse  Sexual abuse can take place online, and technology can be used to facilitate offline abuse.  Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. | * injuries to thighs, buttocks, genital area * torn, stained or bloody underclothes * sexually transmitted infections * age inappropriate sexual behaviour or knowledge * self-harming * poor concentration or sleep * excessive fear of certain relationships * running away * access to money/items without explanation |
| **Neglect** | |
| Persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent/carer failing to:  a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)  b. protect a child from physical/emotional harm or danger  c. ensure adequate supervision (including the use of inadequate caregivers)  d. ensure access to appropriate medical care or treatment  It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. | * unkempt appearance * poor hygiene * hungry, stealing food, cramming food * malnutrition and dehydration * infections, illness * poor school attendance * obesity or underweight * not meeting developmental milestones * frequent accidents * poor attendance for medical or health needs |
| **Emotional Abuse** | |
| * Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. * It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. * It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. * It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. * It may involve seeing or hearing the ill-treatment of another. * It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. * Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. | * withdrawal, sullen, quiet * uncooperative and aggressive behaviour. * distress: tearfulness, anger * low self-esteem * insomnia * change of appetite, weight loss or gain * self-harm * isolation |

The NSPCC has produced a document which provides additional information: <https://www.nspcc.org.uk/globalassets/documents/information-service/definitions-signs-child-abuse.pdf>

1. **Additional Types of Harm**

The categories of abuse and neglect listed above in the sections (ten categories for adults at risk and four categories for child safeguarding) come from the relevant statutory guidance. Abuse and neglect are complex issues and occur in several additional ways, such as those listed below, which may apply to both adults and to children.

**Sexual Exploitation / Child Sexual Exploitation (CSE)**

**Definition of Child Sexual Exploitation**

CSE is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

(a) in exchange for something the victim needs or wants, including attention and affection, drugs, alcohol, or gifts and/or

(b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Children are often tricked and groomed into believing that the sexual activity is consensual, or they may be forced or intimidated.

Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship between the perpetrator and victim could be framed as friendship or as romantic. Children can be trafficked to be sexually exploited, by being moved around towns, cities or even internationally to be abused, often with more than one person.

CSE does not always involve physical contact; it can occur through the use of technology.

Whilst CSE is a particular phenomenon involving children, it is important to remember that vulnerable adults are also sexually exploited and the same dynamics from the above definition and the signs and indicators are equally present for them.

**Signs & Indicators of Sexual Exploitation / Child Sexual Exploitation**

Sometimes signs can be difficult to notice because they may simply reflect ‘normal’ behaviour for some people who are victims. It is important to remain vigilant and open to supporting them anyway. These signs can include:

* [unhealthy or inappropriate sexual behaviour](https://www.nspcc.org.uk/keeping-children-safe/keeping-children-safe/healthy-sexual-behaviour-children-young-people/)
* being frightened of some people, places or situations
* sharp changes in mood or behaviour; being secretive
* having money or things they can't or won't explain
* physical signs of abuse, like bruises or bleeding in their genital or anal area
* [alcohol or drug mis/use](https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/alcohol-drugs-parenting/)
* sexually transmitted infections
* pregnancy
* having an older boyfriend or girlfriend
* hanging out with older people, other vulnerable people or antisocial groups, or a [gang](https://www.nspcc.org.uk/keeping-children-safe/keeping-children-safe/staying-safe-away-from-home/gangs-young-people/)
* staying out late or overnight
* missing from home or care, or stopping going to school or college

**Criminal Exploitation, Child Criminal Exploitation (CCE) and County Lines**

**Definition of Criminal Exploitation and Child Criminal Exploitation**

Criminal exploitation is a form of abuse where adults or children are manipulated and coerced into committing crimes. Through the use of violence or grooming and pressure, they may be forced into doing things like stealing or carrying drugs or weapons and being put into dangerous situations. This may involve being part of a gang which is linked to illegal activity (a gang could be a peer group or an organised criminal gang).

**Definition of County Lines**

‘County Lines’ is a term the police uses for urban gangs that exploit children and vulnerable adults into moving drugs from a hub, normally a large city, into other areas such as suburbs and market and coastal towns, using mobile phone lines or “deal lines”. This can involve victims being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. Accommodation can include Airbnb’s, private rental properties, budget hotels or the home of a drug user or other victim that is taken over by a criminal gang (called cuckooing).

Perpetrators of criminal exploitation and county lines use different tactics to recruit and exploit children and vulnerable adults including bribing, befriending, threatening or coercing them. It can be difficult for victims to cut off ties with the gang, e.g. because their own safety or that of their friends and family is threatened or because they have become addicted to drugs and alcohol supplied by gang leaders or because they are forced to commit crime to settle actual or fabricated debts.

Children and vulnerable adults involved in criminal exploitation and county lines are also at risk of all other forms of abuse.

**Signs & Indicators of Criminal Exploitation, Child Criminal Exploitation (CCE) and County Lines**

* going missing, unexplained absence from school, college or work
* excessive travelling, being found out of their home area
* unexplained access to money, clothes or mobile phones
* signs of drug misuse, alcohol abuse
* excessive use of internet, social media, texts, phone calls
* relationships with controlling individuals or groups; gang-association and/or isolation from peers/social networks
* using new slang words.
* suspicion of physical assault, unexplained injuries
* carrying of weapons such as knives
* self-harm or significant changes in emotional well-being
* committing petty crimes like shop lifting or vandalism

**Female Genital Mutilation (FGM)**

FGM is a term given to a range of procedures whereby a female’s genitals are cut, injured, removed or changed without a medical reason or other health benefit. It is commonly carried out without anaesthetic, medicines, sterile equipment or medical training. FGM is carried out on females of any age, from newborn’s to older teenagers and adult women.

The practice is carried out in certain parts of the world and also in the UK within those communities that practice it, although it is illegal in the UK and in many other countries. It is done for cultural reasons, with those that practice it arguing that it benefits the woman or girl, keeps her ‘clean’, retains her virginity or makes her ‘marriageable’. In fact it causes extreme pain, infection, and life-long physical and psychological damage to healthy functioning for women and girls and causes risk to the unborn child.

It is a criminal offence (Female genital Mutilation Act 2003) in the UK to either perform FGM (including taking a child abroad for FGM) or to enable/facilitate FGM on a British National or a permanent British resident, with the crime incurring a maximum 14 year imprisonment. Certain professionals have a mandatory reporting duty if they are aware of FGM occurring for a child (under age 18).

**Signs and indicators of FGM**

* long visit abroad; ‘ceremony’ to be ‘woman’
* relative or ‘cutter’ visiting from abroad
* female relative being cut
* prolonged absence from school
* difficulty walking, standing or sitting
* spending longer in the toilet
* pain urinating or menstruating
* appearing withdrawn, anxious or depressed
* reluctant to have normal medical exams
* severe pain, shock, bleeding, infections, organ damage, blood loss

**R****adicalisation & Extremism**

**Definition of Radicalisation and Extremism**

Adults and children can be exposed to views and information from various sources and some of these views may be considered radical or extreme.

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and it is a form of harm. The process of radicalisation may involve being groomed (online or in person), exploited, exposed to violent material, psychologically manipulated, harmed or threatened. Anyone can be radicalised but certain people may be more vulnerable, for example because they are more easily influenced or impressionable, isolated, they feel rejected or discriminated against or experience community tension amongst different groups.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to British fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. It also includes calls for the death of members of our armed forces as extremist. Extremism can involve targeting vulnerable people by seeking to sow division between communities on the basis of race, faith or denomination; or argue against the primacy of democracy and the rule of law in society.

The government has established a Prevent Duty (under s26 Counter-Terrorism and Security Act, 2015) to reduce the numbers of people supporting extremism or becoming radicalised and to prevent them being drawn into terrorism. It is a statutory duty for local authorities, educational provisions, the health sector, police and prisons which means they must have “due regard to the need to prevent people from being drawn into terrorism." However, all organisations that work with children and vulnerable people have a responsibility to protect them from harm and from becoming radicalised and/or being exposed to extreme views.

**Signs & Indicators of Radicalisation and Extremism**

* self-isolating and spending time alone via social media
* feelings that they have no purpose in life; don’t belong; low self esteem
* changes in emotions and behaviour
* change of routines, in appearance or online activities
* fixated on an ideology, belief or cause
* change in language or use of words; closed to new ideas; ‘scripted’ speech
* have materials or symbols associated with the cause
* sense of grievance or injustice (eg, anti-West, anti-capitalist, anti-Muslim); sense of ‘them and us’
* conflict with family/friends or lose interest in people who do not have same beliefs
* try to recruit others to join the ‘cause’

**Contextual Safeguarding**

‘Contextual Safeguarding’ refers to a way of understanding and responding to harm that young people can experience from outside of their families. It recognises that wider environmental factors and the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Contextual Safeguarding therefore expands our understanding of child safeguarding to include young people’s vulnerability to abuse in a range of social contexts.

Adolescents particularly, may begin to spend more time, independently of their families, outside the home. The nature of their schools, neighbourhoods and the relationships that they form may lead them to encounter either forms of protection or forms of abuse and exploitation. Examples including: robbery on the street or on public transport; sexual violence in parks; gang-related violence; online bullying; harassment from peers and abuse in their intimate relationships, show that young people can be exposed to significant harm in settings outside their families.

Young people’s experiences in their neighbourhoods inform, and can be informed by, their home-life. Therefore, difficulties they have in their community or with peers may fracture relationships at home and undermine parental capacity. Parents/carers may have little influence over these extra-familial contexts and so may not be able to promote their safety and well-being. Equally, young people who are exposed to harm at home may avoid going home and therefore be exposed to crime or exploitation outside home, or they may adopt the harmful behaviour they are exposed to, as a behaviour towards others.

Peer relationships are increasingly influential during adolescence, informing behaviour, choices, attitudes and experiences. Contextual safeguarding involves supporting young people to socialise in protective schools and community settings so they can form safe and supportive peer relationships.

**Online Safety**

Technologies and the internet are an important source of communication, education and entertainment. Unfortunately, some people will use them to harm children and vulnerable adults. Technology can be a significant component of safeguarding including sexual exploitation, radicalisation, bullying, criminal exploitation by providing a way to facilitate harm.

Online safety can fall into these areas of risk:

**content:** exposure to illegal, inappropriate or harmful material e.g. sexual or violent material, offensive material which serves to breed hatred, fabricated news, radical and extremist views

**contact:** subjected to harmful online interaction with other users e.g. adults posing as children or as ‘friends’, commercial advertising

**conduct:** personal online behaviour that

causes harm, e.g. making, sending and receiving explicit images, or online bullying.

1. **How Safeguarding Concerns may arise at hArt**

**A Summary of hArt’s Activities:**

hArt works with adults, children and adolescents who may suffer from a diverse range of physical and mental health needs. Clients can be referred from local authorities, Health, Education or Corporate sectors or clients can self-refer. Sessions can be delivered on a 1-2-1, face-to-face basis, in a therapy room, community setting, surgery, hospital, at the client’s home or in some cases at the therapists home in a studio setting. Other sessions can be delivered as a group in a community setting, surgery, hospital or in the workplace. All of the above can also be delivered as on-line support and in an outdoor forest setting.

The clients we work with are particularly vulnerable and due to this we deliver a Progression Model of support which comprises of:

**Adults: Group work:**

* 12 weeksArts on Prescription – a closed group with direct referrals from GP’s, NHS, Local Authority. Facilitated by an Art Psychotherapist and volunteer.
* Weekly Creative Activities Sessions – Participatory Arts - An on-going informal creative activity group with referrals from all sectors and self-referrals. A continuation project for those who completed the Arts on Prescription programme. Facilitated by an Arts Facilitator and 2 volunteers.
* A Peer Support Group – For clients within the Weekly Creative Sessions to create a sub-group which they run themselves.
* Monthly Creative Arts Participatory Project – An Outreach Arts Programme for hard-to-reach areas and hard-to-engage communities. Facilitated by an Art Psychotherapist or Art Facilitator and 2 volunteers.
* On-line Creative Activities Programme for hArt clients – Adults, Children & Young People. Facilitated by an Arts Psychotherapist or an Arts Facilitator.
* Outdoor Forest School and Eco-Therapy Programme for clients identified and referred by NFDC and NPA – currently. Facilitated by an Art Psychotherapist, a Woodsman and a volunteer.

**Children & Adolescents: Group Work and 1-2-1:**

* Safer Relationships Programme – A 12 week programme for children up to 12 years referred by schools, local authorities or referred by parents/carer. Facilitated by an Art Psychotherapist, a trainee Art Therapist or counsellor and a volunteer. Delivered in a community setting or school.
* 1-2-1 Art Therapy – for children and adolescents referred by local authority, schools or parent/carer. Facilitated by an Art Psychotherapist. Delivered in a school setting, at the child’s home or at the Art Therapists home studio.

**Safeguarding Concerns relevant to the activities:**

* At a club you run, an adult or a child that you work with tells you they are currently experiencing abuse.
* Someone else tells you that a child/adult you are working with has experienced abuse.
* You offer one-to-one work with adults, one of whom tells you about childhood experiences of abuse/neglect, you find out that the perpetrator currently has access to children.
* You are working with a vulnerable adult who is struggling to cope (e.g. mental health difficulties, homelessness etc) and you realise they are the sole carer for a young child, which leaves you with concerns about the child’s welfare.
* You work with a child who tells you that their parent is subject to domestic violence, exploitation, stalking.
* A service user tells you that a staff member is being inappropriate, connecting on social media with them, giving them lifts, talking to them outside of work etc.
* You observe a service user bullying another service user (peer-peer)

1. **Roles and Responsibilities at hArt**

**Safeguarding is Everyone’s Responsibility**

This policy applies to everyone working at or for hArt and everyone is responsible for safeguarding and for promoting a safeguarding and listening environment in our organisation. Those of us who interact regularly with our service users are much more likely to encounter safeguarding concerns, and it is important that we are all aware of how to recognise and respond. However all of us have to:

* be mindful of our own actions and behaviour, ensuring that we are promoting safeguarding and making sure we are aware of our position of trust and our duty to our service users
* be vigilant
* read and apply this safeguarding policy and procedures
* read and apply hArt Code of Conduct
* respond to any safeguarding concerns, however small they may appear and check out with others if there are any queries.

Some people at hArt have specific responsibilities for safeguarding and these are detailed below.

**Designated Safeguarding Officer (DSO)**

The DSO at hArt are (currently the Charity Development Manager, Julie Johns)

who has operational responsibilities for safeguarding across hArt. These responsibilities include:

* having a sound awareness of the needs and vulnerabilities of service users and how safeguarding may emerge within the context of the work at hArt.
* being available to staff/volunteers during operational hours as a safeguarding specialist and a source of advice and support for any safeguarding concerns.
* supporting staff and volunteers with continuous learning and development on safeguarding.
* developing links with relevant statutory and voluntary agencies, including the local safeguarding partnership.
* managing individual safeguarding cases including:
  + making sound decisions about safeguarding concerns, with consultation and advice as needed, and being able to articulate reasoning for decisions
  + being the primary point of contact at hArt for individual safeguarding cases
  + making referrals to external agencies and working with others on individual cases which may include sending reports, attending meetings, escalating concerns, working with family members of the individual
* keeping records on safeguarding cases using the systems and processes in place.
* being familiar with the process for dealing with allegations against staff and volunteers.
* undertaking training to be able to be effective in their DSO role
* providing cover for other DSO’s for safeguarding concerns so that all staff/volunteers can access a DSO.
* contributing to the broader safeguarding work at hArt, e.g. policy development, data collection, safer recruitment, induction and training of staff.
* deputise for the Designated Safeguarding Lead.

**Designated Safeguarding Lead (DSL)**

The DSL at hArt is CEO, Annie Jeffery who has strategic responsibilities for safeguarding across hArt.

hArt also has a Deputy Safeguarding Lead, Marylin Freedman, Trustee, who will cover for and support the work of the DSL.

The DSL role includes:

* being aware of the specific vulnerabilities of service users and potential safeguarding concerns and aware of emerging themes in safeguarding across hArt.
* providing sufficient resources so that safeguarding work at hArt is effective, including capacity to manage cases, review policy, receive training etc.
* setting the safeguarding policy direction and clarifying the process to follow if there are safeguarding concerns in line with statutory guidance; setting out other allied policies and guidance (eg safer recruitment, code of conduct); ensuring regular review of policies
* communicating policy to those who work at, or for, hArt, to service users and other stakeholders.
* ensuring that all staff/volunteers have read, understood and committed to applying the safeguarding policy.
* setting the safeguarding training strategy including induction, ensuring that everyone has the appropriate training and updates to undertake safeguarding responsibilities effectively including: staff and volunteers, Designated Safeguarding Officers, Safeguarding Lead and Trustees. Keeping a record of staff attendance at safeguarding training. Promoting a learning culture to promote continuous improvement in safeguarding.
* appointing Designated Safeguarding Officers across all sites and services at hArt who are available to support staff/volunteers with safeguarding concerns. Ensuring that the DSO role is explicit in their job description.
* being a source of safeguarding guidance, advice and expertise for others at hArt, including providing cover for DSOs to manage safeguarding concerns if required.
* overseeing the work of the DSOs and supervising and quality assuring the management of safeguarding cases including decisions made.
* establishing and managing safeguarding recording systems, including recording forms and confidential files, secure systems and access to records.
* ensuring safer recruitment of staff and volunteers.
* ensuring that safeguarding responsibilities are stated explicitly in the job descriptions of every member of staff and volunteer.
* managing allegations against staff and volunteers. This may include undertaking any enquiries in the event of an allegation being made against staff/volunteers and for liaising with other agencies, which may include Police, Local Authority and Charity Commission.
* reporting regularly to trustees about the safeguarding themes and data and possible gaps and risks for hArt.

**Trustees**

The Trustees are responsible for the governance of safeguarding at hArt, ensuring that the organisation is legally compliant, that any emerging themes and patterns are discussed and addressed and that the organisation is delivering its services safely.

Their responsibilities include:

* ensuring that safeguarding is regularly placed on the Board agenda.
* resourcing safeguarding in the organisation, including ensuring there is enough capacity to undertake the roles and funding for training etc
* appointing a Designated Safeguarding Lead (currently the CEO) who has received training in their safeguarding responsibilities and whose DSL responsibilities are stated clearly in their job description.
* nominating a Lead Safeguarding Trustee who will, on behalf of the Board:
  + maintain regular contact with the DSL
  + ensure that the Trustees receive regular reports about safeguarding activity.
* ensuring that the roles of DSO and DSL are being effectively carried out.
* ensuring that there is a safeguarding policy and procedures in place, which include procedures for dealing with allegations of harm made against staff and volunteers including allegations made against the DSL. This policy and procedures should be consistent with statutory requirements and be reviewed at least annually and made available to all staff, volunteers, service users and other stakeholders.
* confirming that hArt follows safer recruitment procedures that include statutory checks on the suitability of staff and volunteers to work with vulnerable adults and children.
* ensuring that the safeguarding policy and procedures are systematically embedded with other policy and procedures such as the Code of Conduct, safer recruitment and whistleblowing policies.
* clarifying that effective systems are in place for recording, storage and retrieval of safeguarding records.
* confirming there is a sound training and induction strategy in place so that all trustees, staff and volunteers are equipped to identify and respond to safeguarding concerns in accordance with their job role. This includes ensuring that all staff and volunteers have read and understood this policy.
* ensuring that they understand any safeguarding gaps, threats or risks within hArt and put in place measures to reduce the likely occurrence of these risks and track progress. This would be through a risk register.
* The Chair of Trustees (or another nominated Trustee) is responsible for undertaking any enquiries in the event of an allegation being made against the CEO / DSL (or for other staff where the CEO/DSL may be implicated) and for liaising with other agencies, which may include Police, Local Authority and Charity Commission. Aside from this one exception, the Trustee Board is not involved in any safeguarding case management issues.

1. **Responding to Safeguarding Concerns**

**Responding to an adult/child**

#### People working with vulnerable adults and children at hArt need to be familiar with this policy and procedures. Each of us is responsible for safeguarding. We are in a position of trust and authority and have a duty of care towards our service users. This means we act appropriately and in accordance with our Code of Conduct. It means that we are vigilant, actively listening and aware of signs and indicators that may alert us to safeguarding concerns, which we then act upon.

There may be times when adults or children tell us that they have experienced or are experiencing harm, sometimes this is referred to as ‘making a disclosure’. Where an adult or a child tells you about abuse and neglect it can be hard to know how to respond - you will need to support the person, respond in accordance with this policy and be mindful that the matter may need to be reported to another agency. The ‘top tips’ below offer some helpful guidance.

**What to do and say if a person makes an allegation**

* Make time and space to listen and understand what is being said. Respond naturally, be sensitive and act with compassion and empathy. Reassure the person that they are right to tell you/someone.
* Take the matter seriously. The safety and welfare of the person is paramount.
* Actively listen - allow the person to recall significant events and reassure the person that they are being heard. Don’t push the person to tell you more than they wish or directly question them about the details of the incident.
* Stay calm. Remain ‘neutral’ and don’t show reactions or feelings such as shock, denial.
* Don’t ask leading questions. These are questions that presume an answer (e.g. ‘so your father slapped you?’) Where you need to ask questions, use open questions, such as those starting ‘who’, ‘when’, ‘where’, ‘how’. Avoid asking ‘why’ questions.
* Don’t speculate or blame anyone.
* Helpful things you can say:
* ‘What you are telling me is very important’
* ‘This is not your fault’
* ‘I am sorry that this has happened/is happening’
* ‘You were right to tell someone’
* ‘What you are telling me should not be happening to you and I will find out the best way to help you’
* Things NOT to say or do:
* ‘Are you sure?’
* ‘Why do you think that happened’?
* ‘I know him/her, and so I am surprised to hear this’
* ‘Now you have told me, everything will be alright’
* Never ask to look at injuries, especially if it entails them lifting/removing clothing.
* Be aware of the possibility of the existence of forensic evidence and seek to preserve it without contamination. This also means acting in a timely way and without delay.
* Never promise confidentiality or make other promises such as ‘it will all be okay now’.
* Explain what will happen next, who you will tell, that you have guidelines to follow.
* Consult immediately with the designated safeguarding officer. If there is immediate danger or need for urgent medical attention, then the emergency services should be called immediately and the designated safeguarding officer informed as soon as possible.
* It is not your role to begin to make further inquiries or to assess whether there has been abuse or neglect and such actions may contaminate evidence.
* Record the conversation immediately, taking notes of exactly what is said and observed.

**Information Sharing and Confidentiality**

Sharing the right information, at the right time, with the right people and in the right way, is fundamental to good practice in safeguarding.

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

However, there are important exceptions to this general principle. Confidentiality is not offered absolutely and we have a duty to make reports and share information in certain circumstances when it is in the public interest, i.e when there is a concern about actual or possible abuse/neglect or if we believe a crime has been committed.

The government gives advice about when and how information can be shared in ‘Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018’ and offers ‘Seven Golden Rules to Sharing Information’ which are:

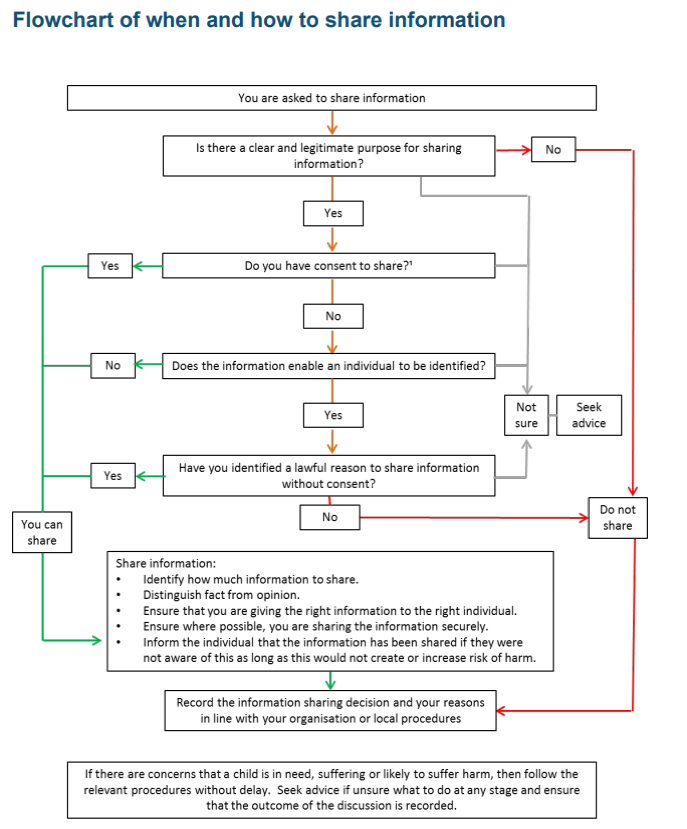
1. the General Data Protection Regulation 2016 (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about individuals is shared appropriately.
2. be open and honest with the individual (and/or their family) from the start about why, what, how and with whom information may be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. seek advice from others including external agencies, if there is any doubt about sharing the information without disclosing the identity of the individual.
4. where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. You may share information without consent if you consider on the facts presented that there is a lawful basis such as where safety may be at risk.
5. consider safety and well-being: base information sharing decisions on the safety and well-being of the individual and others who may be affected by their actions.
6. necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

For adult safeguarding, it is important to make decisions with adults about their circumstances, to share information with their informed consent or empower them to make own decisions about information sharing. The law does not prevent the sharing of information without consent and is required when an adult is at risk or has experienced abuse/neglect. Where an adult does not have capacity to consent to share information and is experiencing or at risk of abuse/neglect, information can be shared. The Social Care Institute for Excellence (SCIE) have produced a more detailed guide called Safeguarding Adults: Sharing Information (2019) which is available here:<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

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

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

The flowchart below, taken from HM Government ’Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers’ (2018), offers a helpful guide to navigate confidentiality, consent and information sharing.



**Recording**

Recording is a key task in safeguarding practice which includes recording of concerns, interventions, decisions and reasoning. The following checklist provides some good practice tips in recording of safeguarding concerns. Recording should:

* be made only on hArt secure systems and will be owned by hArt.
* records should never be kept at home or in places outside of hArt, nor be made on personal equipment such as phones or records.
* be completed as soon as possible after the event/incident and at the latest within 24 hours
* be clear, accurate, concise and up to date
* as far as possible, use actual words said by the person, rather than an interpretation
* differentiate between fact and professional opinion
* state facts relating to names, dates, places
* note observations of injuries (if known)
* be in plain language, free from jargon and acronyms
* be made with an awareness that they may be accessed by service users or be used in court
* be accessed only by those who are authorised and on a need-to-know basis.
* Safeguarding concerns about individual service users known to hArt will be recorded and securely stored in their individual case files.
* Safeguarding concerns about staff or volunteers will be recorded and securely stored on the personnel file of the individual.
* Access to the safeguarding records will be restricted to those staff who need to have access to them.

The records will be kept for a period of 12 months as advised by hArt’s GDPR policy.

**Procedure for Dealing with Safeguarding Concerns**

Safeguarding concerns about an adult or a child may arise in a number of ways: the adult or child themselves may say what is happening to them, another person could raise a concern, behaviour could be observed that is worrying, you may notice poor practices at work or something that has happened outside of hArt could come to light. The concern may seem minor, but it is important to seek advice and share concerns even if there is nothing clear to report. That will help to manage issues as early as possible. Sometimes several low-key or isolated incidents can collectively build a picture.

#### It is not our responsibility to decide whether an adult or child has been abused, but we have a responsibility to respond to and report concerns.

Regardless of how safeguarding concerns emerge, it is important to act on them and to report them to the Designated Safeguarding Officer (DSO). This report must be made immediately or as soon as possible after the concern comes to light and within the day. If the DSO is not available, then contact the DSL or the DeputySL at hArt must be contactable.

Please refer to the flowchart for managing concerns about adults and children and also the Incident Reporting Form – both are in the appendices.

**Steps the DSO may take**

The DSO will listen to and discuss the concern with the staff or volunteer and make decisions about the next steps to take. The DSO may seek advice from others either at hArt or externally (e.g. Local Authority Adult or Children Social Care). Decisions will be made in a timely way and within 24 hours of the concern being alerted to them.

The DSO will discuss the safeguarding concern with the service user to obtain their views and tell them of our duty to pass on our concerns if this is required. If it is a child we can speak with their family (as long as this will not cause the child further harm). If it is an adult and they give consent for us to speak with their family, we can do so, also if the adult does not have capacity to consent). In any case, we would not share concerns with the adult/child or their family if we consider this will place them at further risk and, in this case, the DSO will seek advice.

If a DSO does not agree with the concerns of a staff member and the staff member remains concerned, the staff member should refer the matter to the Designated Safeguarding Lead (DSL) to review the decision. If the DSL also does not agree with staff member’s concerns and the staff member remains concerned, they must make a referral to the Local Authority Adult or Children Social Care department independently and follow this up as needed. The staff member will need to advise the DSO and DSL that they have made the referral. It is expected that this would be an exceptional circumstance, and the normal course of action would be for the DSO to make one of the following decisions:

1. There is no further action to take. This may be because there are no safeguarding concerns.
2. hArt will continue to provide support to the individual adult or child. This could involve signposting the individual to other sources of help including helplines, counselling or other avenues of external support. It may involve ongoing monitoring of safeguarding for the person.
3. Refer to other agencies for support and early help. This could involve voluntary or statutory agencies, and such referrals will require the informed consent of the service user. It may involve ongoing monitoring of safeguarding for the person by hArt. Contact details of some relevant agencies are given below.
4. Refer to Local Authority Adult or Children Social Care department if there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or there are serious concerns about the wellbeing of the person. This referral must be made immediately by the DSO and followed up in writing. This may well require ongoing work by the DSO, including providing further reports or attending meetings. In any event the multi-agency procedures for referrals, follow up and escalation, as set out in the Safeguarding Partnership, must be followed. Contact details of some relevant agencies are given below.

* Information sharing with other agencies should be in line with the principles set out in this policy.
* There may be occasions when referrals are not accepted or delayed by the Local Authority. The DSO should be advised by the Local Authority if this is the case with reasoning given. If the DSO remains concerned, they should be proactive in pursuing further discussions with the Local Authority and consider escalating their concerns through the Safeguarding Partnership procedures.

1. Refer to the Police or other Emergency Services if there is an emergency situation requiring immediate action. Contact details are given below.

In any case, records must be kept of all conversations, observations and reasons for decisions.

The DSO also has a role at hArt to debrief with staff and to offer support and supervision during and after any safeguarding incidents.

**Allegations against Staff and Volunteers**

Safeguarding concerns about the behaviour of staff or volunteers may arise due to a range of reasons, for example: a service user or a third party makes an allegation; there are concerns they have harmed a service user; they engage in poor working practices; they have been involved in something outside of work (e.g. harmed their own children, exhibited violence to others, accessed illegal online material) that leads to concerns about their fitness to work at hArt; they have breached their position of trust by engaging in sexual relationship with service users, even if the person involved gave consent.

These concerns may be unfounded, or the allegations may be false or malicious. However, they may also be founded. It is important that all allegations are taken seriously and with an open mind. All such allegations and concerns must be reported so they can be properly addressed in line with this procedure and outcomes recorded. The report must be made immediately or as soon as possible after the concern comes to light and within the day.

The report must be made to the Designated Safeguarding Lead (DSL) who is responsible for acting on and making decisions about allegations against staff/volunteers. This can be done directly by the person reporting the concern or via the DSO. The subject of the allegation should not be notified at this point. If the concern is about the DSL, then the Chair of the Trustees must be notified and the Chair becomes responsible for managing the allegation against the DSL as per this policy. If the staff/volunteer considers that safeguarding concerns are not being addressed by hArt they should refer the matter to external agencies independently.

Please refer to the flowchart for managing allegations against staff and also the Incident Reporting Form – both are in the appendices.

Safeguarding concerns can include where an individual may have:

* behaved in a way that has harmed a vulnerable adult or a child
* possibly committed a criminal act to an adult or a child
* behaved toward a vulnerable adult or a child in such a way that it indicates that they could pose a risk of harm to service users

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

**Steps the DSL may take**

The DSL will follow the process for managing allegations against staff, dealing with matters quickly, fairly and consistently so that individuals are safeguarded and also the staff member or volunteer is supported. This can include any or all of the following steps which may need to be undertaken at the same time:

**Reporting to Police**

* where there has been a crime or a crime is suspected
* allegations about staff/volunteers who are no longer working for hArt will be reported to the Police.

**Liaison with the Local Authority Designated Officer (LADO)**

* Where there are concerns about children’s safeguarding, the LADO must be contacted. The LADO will advise and if the threshold for their involvement is met, will convene a LADO meeting to ensure all the relevant reports and lines of inquiry are undertaken.
* The LADO is involved from the initial phase of the allegation through to the conclusion of the case. The LADO is available to discuss concerns and to assist in decisions about making referrals or taking management action to protect a child. The LADO is responsible for:
  + providing advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers.
  + managing and overseeing individual cases from all partner agencies.
  + ensuring the child’s voice is heard and that they are safeguarded.
  + ensuring there is a consistent, fair and thorough process for all adults working with children against whom an allegation is made.
  + monitoring the progress of cases to ensure they are dealt with as quickly as possible.
  + recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or social care.
* There is no LADO equivalent for adult safeguarding. However where there may be cross-overs between adult and child safeguarding, the LADO can advise.

**Reporting to Adults’ or Children’s Social Care**

* Adults and children who are victims of harm must be protected from harm and provided with support. This will involve making referrals as per the above ‘Procedure for Managing Concerns about Service Users’.

**Internal Investigation**

* Using hArt HR policies and consulting with HR colleagues and external colleagues to undertake internal investigation and make decisions accordingly.
* Ensuring confidentiality for the subject of the allegation is maintained during the investigation period.
* People who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. They should have a named contact at hArt and be signposted to external support, e.g. union or counselling services.
* Making decisions about suspension or other alternatives such as allocating other duties during the investigation period. Suspension should not be the default option and alternatives to suspension will always be considered. Whilst inquiries are ongoing, the worker in question should preferably not be in contact with service users.
* Outcomes of the investigation may fall into these areas:
  + there is sufficient evidence to state that the allegation is substantiated and there has been harm to the service user.
  + there is sufficient evidence to disprove the allegation and say it is malicious. Malicious allegations made by another member of staff/volunteer may result in disciplinary procedures against the referrer. Where police are involved, this may lead to charges of ‘wasting police time’ or ‘perverting the course of justice’.
  + there is sufficient evidence to disprove the allegation but it was not made to deceive. False allegations are rarely made by service users and it is more likely there has been a misunderstanding or misinterpretation of events. Where it transpires that there has been a false allegation, it is important to consider what may have driven this, including other welfare concerns.
  + there is insufficient evidence to either prove or disprove the allegation which is therefore unsubstantiated.
  + there is no evidence or proper basis which supports the allegation being made, e.g. due to a misinterpretation, so the allegation is unfounded.
* There should be no consequence for staff and volunteers who make allegations in good faith where those allegations are not substantiated or are unfunded.
* Decisions following these outcomes being reached may lead to a variety of actions being taken including no further action, changes to the job description or working patterns or in serious cases suspension or dismissal. Where formal disciplinary action is to be taken, this should done as soon as possible and in 3 working days.

**Refer to the Disclosure and Barring Service (DBS)**

* hArt has a duty to refer any person engaged to work in regulated activity where the allegation has been substantiated or where there has been harm caused. Failure to report to DBS is an offence.
* Referrals to DBS will be made where we withdraw permission for a person to work in regulated activity with children and/or vulnerable adults, including moving them to do work that is not regulated activity. We will also refer to DBS where we would have taken this action, but the person was re-deployed, dismissed, resigned, retired, or left. The DBS referral can take place at any time during the allegations process and at the earliest stage possible.
* DBS will advise and support if there is any doubt about making a referral.

**Other Considerations**

**Managing communications:** Service users and their families may need to be advised about the allegation and the decisions about how this occurs and what is shared will be agreed by the DSL. If there is media interest, this will be carefully considered by the leadership and Trustees.

**Confidentiality**

The child, their parents/carers and the adult (and possibly their parents/guardians depending on consent considerations) should be told about the allegation as soon as possible (if they do not know about it already). They should be kept informed about the progress of the case and told of the outcomes where there is not a criminal prosecution. That includes the outcome of any disciplinary process.

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

‘Compromise agreements’ – whereby a person agrees to resign with the agreement that the employer will not pursue disciplinary action, and where both parties agree a form of words to be used in any future reference – must not be used in these cases.

**Record Keeping:** Thorough records must be kept:

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

**Debriefing, Support & Learning**

* The DSL will ensure that after any allegations against staff/volunteers, those staff/volunteers who have been involved in the issues surrounding the allegation are supported, supervised and effectively de-briefed.
* There may need to be a learning review arising from the experience of managing the allegation and practice changes made accordingly, if there are features of the organisation that have contributed to the occurrence of the harmful behaviour. In some circumstances an individual case review may be required to learn lessons and improve practices.
* This policy, or other policies at hArt may need to be reviewed in relation to the learning from the allegation management.

1. **Learning, Development & Training**

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

DSOs, the DSL and Trustees must be able to undertake their specific responsibilities supported by training. Everyone should be familiar with this policy and be willing and able to apply it when required. hArt offers learning opportunities about safeguarding as listed below and they may take place through face to face training, staff briefings, online, reading or other learning opportunities. Records will be kept of attendance.

**Induction**

All new staff, volunteers and trustees, at the time of their starting work at hArt will receive this safeguarding policy and procedures and the code of conduct. They are expected to read it and to agree that they have understood it and will apply it if required.

**Safeguarding learning and development / training**

All staff and volunteers and trustees will receive within 6 months of starting their role, safeguarding learning and development which will help them to identify abuse and neglect and report it using this policy and statutory guidance. This will be for safeguarding both vulnerable adults and children. This opportunity will then be provided annually as a refresher/update.

**Safeguarding training for Designated Safeguarding Staff**

The Designated Safeguarding Officers and the Designated Safeguarding Lead will receive training within6t months of their role commencing and then refresher/update briefings every two years. This training will focus on managing adult and child safeguarding within hArt including making decisions about safeguarding, making referrals, understanding and contributing to the inter-agency process that follows, consent, confidentiality and information sharing, staff support and promoting a safeguarding culture.

**Safeguarding Governance briefings**

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

1. **Management and Supervision**

Safeguarding will be a core aspect of line management and supervisory discussions throughout hArt. This is to ensure that staff and volunteers are clear about their responsibilities for safeguarding as well as promoting a safeguarding culture in hArt. It is also to ensure that staff and volunteers are supported in this often challenging and complex area of work.

**Appendix 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Safeguarding Roles & Responsibilities: Key Contacts at hArt** | | | |
| **Designated Safeguarding Officer (DSO)** | | | |
| **Name:** | Julie Johns | **Tel:** | 07592739183 |
| **Job Title:** | Charity Development Manager | **Email:** | julie@hart.works |
| **Site:** | Lymington |  |  |
| **Designated Safeguarding Lead (DSL)** | | | |
| **Name:** | Annie Jeffery | **Tel:** | 07927207185 |
| **Job Title:** | CEO | **Email:** | annie@hart.works |
| **Site:** | Lymington |  |  |
| **Deputy Designated Safeguarding Lead (Deputy DSL)** | | | |
| **Name:** | Marilyn Freedman | **Tel:** |  |
| **Job Title:** | Trustee | **Email:** | marilyn@hArt.works |
| **Site:** | Lymington |  |  |
| **Chair of Trustees** | | | |
| **Name:** | Annie Jeffery | **Tel:** | 07927207185 |
| **Job Title:** | Chair of Trustees | **Email:** | annie@hart.works |
| **Site:** | Lymington |  |  |
| **Lead Trustee for Safeguarding** | | | |
| **Name:** | Marilyn Freedman | **Tel:** |  |
| **Job Title:** | Trustee | **Email:** | marilyn@hart.works |
| **Site:** | Lymington |  |  |

**Appendix 2:**

|  |  |  |
| --- | --- | --- |
| **Key External Contacts and Resources** | | |
| **Police, Ambulance, Fire Services** | | |
| **Police** | non-emergency | Tel 101 |
| **Emergency Services** |  | Tel 999 |
| **Police Public Protection Unit** | Non-emergency | 101 |
| **Police Anti-terrorism Hotline** |  | Tel 0800 789 321 |
| **Police Prevent Team** |  | Tel 101 |
| **Local Authority** | | |
| **Local Authority Adults Social Care** | **Hampshire** | **0300 555 1386** |
| **Local Authority Children Social Care** | **Hampshire** | **0300 555 1384 / Out of Hours: 0300 555 1373 / Complete on-line referral form** |
| **Local Authority Adults Social Care** | **Dorset** | **01305 221016 / Out of Hours: 01305 858250** |
| **Local Authority Children Social Care (MASH)** | **Dorset** | **01202 228866** |
| **Local Authority Adults Social Care** | **BCP Council** | **Care Direct on 01202 454979** |
| **Local Authority Children Social Care (MASH)** | **BCP Council** | **01202 458101 or 01202 458102** |
| **Local Authority Adults Social Care** | **Wiltshire** | **0300 456 0111 / Out of hours**  **0300 456 0100** |
| **Local Authority Children Social Care Safeguarding Hub (MASH)** | **Wiltshire** | **0300 456 0108 / Out of hours**  **0300 456 0100** |
| **A-Z of councils and their social media links** |  | <https://www.local.gov.uk/our-support/guidance-and-resources/communications-support/digital-councils/social-media/go-further/a-z-councils-online> |
| **Local Authority Designated Officer** | Re allegations against staff working with children | BCP Council: 01202 456744Dorset: 01305 221122 Hampshire: 0300 555 1384  Wiltshire: 0300 456 0108 |
| **Safeguarding Board contacts details across London** |  | <https://www.londonscb.gov.uk/london-scb-contacts/> |
| **Pan London Safeguarding Board** |  | <https://www.londonscb.gov.uk/> |
| **Local Agencies** | | |
| **Domestic Abuse** | YouFirst – Dorset  BCP Refuge & Community Support  STOP Domestic Abuse - Hampshire  You First Dragonfly project - New Forest | 0800 032 5204  01202 547755  01202 748488  023 9316 2990  0800 916 9878 |
| **Sexual Assault Referral Centres** | STARS – Dorset  The Shores – Dorset  Yellow Door - Hampshire | 01202 308855  0800 970 9954  [023 8063 6313](tel:02380636313) |
| **Radicalisation** | | |
| **HM Govt** | Report radicalisation concerns online | <https://act.campaign.gov.uk/> |
| **Home Office** | Radicalisation e-learning module | <https://www.elearning.prevent.homeoffice.gov.uk> |
| **Adult Safeguarding** | | |
| **Ann Craft Trust** | Resources and support for safeguarding adults | Tel 0115 951 5400 Website: <http://www.anncrafttrust.org/safeguarding-adults-sport-activity/> |
| **NAPAC (National Association for People Abused in Childhood)** | Helpline and online support | Tel 0808 801 0331  Email support@napac.org.uk |
| **Mencap Direct** |  | Tel: 0808 808 1111  E-mail help@mencap.org.uk [www.mencap.org.uk](http://www.mencap.org.uk) |
| **MIND** |  | Tel 0300 123 3393  Text 86463  E-mail info@mind.org.uk www.mind.org.uk |
| **National Autistic Society** |  | Tel 0808 800 4104  Website [www.autism.org.uk](http://www.autism.org.uk) |
| **Children’s Safeguarding** | | |
| **NSPCC Helpline** | For anyone concerned about a child | Tel 0808 800 5000  Email help@nspcc.org.uk |
| **Childline** | For children to use | Tel 0800 1111 |
| **NSPCC Whistleblowing Helpline** |  | Tel 0800 028 0285  Email help@nspcc.org.uk. |
| **NSPCC FGM Helpline** | fgmhelp@nspcc.org.uk. | **0800 028 3550** |
| **Triangle** |  | https://triangle.org.uk/ |
| **Parentline / Family Lives** | askus@familylives.org.uk | 0808 800 2222 |
| **Other National Services** | | |
| **Victim Support** |  | Tel 0808 168 9111 www.victimsupport.org.uk |
| **FGM FORWARD** |  | +44 (0)208 960 4000, extension 1 |
| **Forced Marriage Helpline**  **Karman Nirvana Charity** | <https://karmanirvana.org.uk/> | 0845 607 0133  0800 5999 247 |
| **Disclosure & Barring Scheme** |  | <https://www.gov.uk/government/organisations/disclosure-and-barring-service> |

The Home Office has an E learning module that all are welcome to complete and can be found here: <https://www.elearning.prevent.homeoffice.gov.uk>

**Appendix 3**

**Flowchart for Managing Concerns about Adults & Children/Young People**

**This is a summary flowchart, please also refer to full procedures.**

**In an emergency call 999**

**You have safeguarding concerns about an adult at risk or a child/young person**

**Discuss with Designated Safeguarding Officer (immediately and within 24 hours)**

**If DSO is not available, discuss with DSL.**

**Complete ‘Safeguarding Concern/Incident Form’.**

**No longer have concerns**

**Still have concerns**

**Continue offering support to adult/child as needed.**

**DSO may be required to work alongside Adult or Children’s Services.**

**DSO may be required to consider further follow up or escalating concerns.**

**Adult or Children’s Services acknowledge referral and decide on course of action within one working day**

**Refer to adult or children’s services and/or police.**

**Follow up in writing within 24 hours**

**No further action.**

**May monitor and/or support and provide services**

**DSO:**

**- considers all relevant information**

**- considers consent to share information**

**- may seek advice or consult either internally or with external agencies**

**Appendix 4**

**Flowchart for Managing Allegations Against Staff**

**This is a summary flowchart, please also refer to full procedures.**

**Concerns about the behaviour of staff (inc volunteers, Trustee’s and others) in relation to safeguarding matters about an adult at risk or a child/young person**

**Discuss with DSL (or Chair or Lead Safeguarding Trustee if concern about DSL) immediately and in 24 hours.**

**Complete Safeguarding Concern/Incident Form.**

**DSL or Trustee considers all information and decides on lines of inquiry**

**In an emergency, call 999**

**Concern meets threshold for referral to statutory services:**

* **Refer to Police if crime suspected**
* **Refer to local authority for safeguarding inquiries for adult at risk or child**
* **Refer to LADO (if relating to child concerns) or Adult Services to manage allegation against staff**
* **Refer to DBS if criteria met**

**Record all actions, decisions and outcomes**

**Undertake internal inquiry as an employer; consider disciplinary process.**

**Undertake learning review.**

**Consider if informing Charity Commission or other professional body or regulator is required.**

**Appendix 5**

**hArt Safeguarding Reporting Form**

**Copies of these forms are held in hArt’s office and can be requested from office staff.**

**SAFEGUARDING INCIDENT REPORT FORM – SG1**

This form is to be used to record basic information in the light of an allegation, suspicion or disclosure of a potential safeguarding concern. Completing this record should not stand in the way of contacting Police or Social Services in the event of an emergency or urgent safeguarding incident.

|  |
| --- |
| Name of the person completing this form (YOU) |
| Date and time of completing this form: |
| Your position or relationship to who your safeguarding concern is about |
| Your telephone number: |
| Your Address: |
| Name/names of person/s the safeguarding concern or incident is about: |
| Address (if known) of person the safeguarding concern is about: |
| Telephone number (if known) of the person the safeguarding concern is about: |
| Name and Address of Parent, carer or guardian of alleged victim:  Telephone Number: |
| Age and Date of Birth of alleged victim (if known): |
| Date and time of any incident: |
| What have you seen or heard? |

|  |  |
| --- | --- |
| Has the alleged victim said anything to you? (do not lead or investigate – Just record actual details) – Continue on another sheet if required  Any other relevant information: | |
| Action taken so far: | |
| External agencies contacted – See Essential Contacts | |
| Police - 999 yes/no | Name and contact number:  Details of advice received: |
| Social services yes/ no | If yes – which:  Name and contact number:  Details of advice received: |
| Local Authority yes/no | If yes – which:  Name and contact number:  Details of advice received: |
| Other (e.g. NSPCC, NGB, OFSTED?) | Which:  Name and contact number:  Details of advice received: |

**Signature:……………………………………………………………………………………………………………………………………….**

**A copy of this form should be sent to hArt’s DSO. Do not discuss this incident with anyone other than those who need to know.**

**CONFIRMATION OF HAVING READ, UNDERSTOOD AND AGREEMENT TO APPLY SAFEGUARDING POLICY & PROCEDURES**

To be completed by all directors, staff, team members, volunteers, consultants and students and must be completed prior to commencing work for hArt.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:

DATE OF APPOINTMENT:

I have read the Safeguarding Adults and Children Policy and Procedure.

**YES/NO (circle as applicable)**

I understand the Safeguarding Adults and Children Policy and Procedure.

**YES/NO (circle as applicable)**

I agree to adhere to the requirements of the Safeguarding Adults and Children Policy and Procedure during my work at hArt.

**YES/NO (circle as applicable)**

NAME OF WORKER: …………………………………………………………………………………………………………………………...

SIGNATURE OF WORKER: …………………………………………………………………………………………………………………..

DATE: …………………………………………………………………………………………………………………………………………………

Signed by (Chair): 

Print Name: Annie Jeffery

Date: 29/9/2020

Review Date: 29/9/2021