



POLICY FOR SAFEGUARDING - JUNE 2017

1. Policy Statement

The majority of our work is office-based or working with and through partner organisations. On occasion, Alexandra Rose Charity may work directly, under supervision, with children's centres and other community organisations and services working with children and adults at risk. Should we be required to work with children or adults at risk directly and unsupervised, Alexandra Rose Charity staff and/or volunteers would be required to assume a position of trust.

To ensure the protection of children and adults at risk, and justify public trust and confidence, Alexandra Rose Charity is required to ensure that only suitable staff and/or volunteers are allowed to undertake work that brings them into regular contact with children and adults at risk. Alexandra Rose Charity uses the Disclosure and Barring Service (DBS) to assess the suitability of such staff and volunteers. Alexandra Rose Charity will also ensure that all project delivery partners have their own safeguarding policies which, as a minimum, will meet the requirements of this policy.

Safeguarding is everyone's business which means that we should never ignore any concerns that we witness during the course of our work and always report any incident or risk of harm or abuse as described in this policy. Please see Appendix 1 for signs of possible harm or abuse.

Alexandra Rose Charity believes that it is always unacceptable for a child or adult to experience abuse of any kind. Alexandra Rose Charity recognises its responsibility to safeguard the welfare of all children and adults at risk, by operating within practice that protects them.

A child is defined as a person aged under 18. An adult at risk is defined as a person aged 18 or over who 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 / protect him or herself, or unable to protect him or herself against significant harm or exploitation. An adult at risk may therefore be a person who, for example:

- is elderly and frail due to ill health, physical disability or cognitive impairment;
- has a learning disability;
- has a physical disability and/or a sensory impairment;
- has mental health needs including dementia or a personality disorder;
- has a long-term illness/condition;
- misuses substances or alcohol;
- is unable to demonstrate the capacity to make a decision and is in need of care and support;
- is vulnerable and at risk of exploitation, radicalisation or being drawn into terrorism

Please note that this is not an exhaustive list.

For the purpose of this policy the terms 'adult at risk' and 'vulnerable adult' are interchangeable.

The purpose of this policy:

- To provide protection for the children and vulnerable adults who use Alexandra Rose Charity services including the children of adult service users;
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or vulnerable adult may be experiencing or be at risk of harm or abuse.

We recognise that:

- The welfare of the child/vulnerable adult is paramount;
- All children & vulnerable adults, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have the right to equal protection from all types of harm or abuse;
- All staff, volunteers, trustees & committee members of Alexandra Rose Charity have responsibility for the protection and safeguarding of children and vulnerable adults in the delivery of our services;
- Working in partnership with children and vulnerable adults, their parents, carers and other agencies is essential in promoting the welfare of children and vulnerable adults.

We will seek to safeguard children and vulnerable adults by:

- Recruiting staff and volunteers safely, ensuring that all necessary checks are made;
- Valuing and listening to children and vulnerable adults;
- Treating children and vulnerable adults fairly, with respect and dignity;
- Being excellent role models e.g. not smoking or drinking alcohol in the company of service users;
- Requesting parental/carer consent if officers are required to transport service users in their cars;
- Adopting guidelines for the protection and safeguarding of children and vulnerable adults through clear procedures and a code of conduct for staff and volunteers, e.g. always working in an open environment and where possible avoiding private or unobserved situations;
- Keeping written records of any injuries or incidents that cause harm (including verbal attacks) along with steps taken;
- Sharing safeguarding information and good practice with staff and volunteers;
- Sharing information about concerns with agencies who need to know and involving children, parents, carers and vulnerable adults appropriately;
- Providing appropriate support to staff and volunteers through supervision and training;
- Assessing risk in relation to all our activities, focussing on prevention minimising risk and putting in place safeguards that protect the public using our services, e.g. clear evacuation procedures and securely locked storage for equipment.

Related Legislation:

- Mental Health Act 1983
- Crime and Disorder Act 1993 & 1998
- Human Rights Act 1998
- Adoption and Children Act 2002
- Sexual Offences Act 2003
- Female Genital Mutilation Act 2003
- Children Act 1989 & 2004
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Serious Crime Act 2015

Related Guidance, Good Practice and Policy:

- Information Sharing Guidance, Department of Health 2008
- Prevention in Safeguarding, Social Care Institute for Excellence 2011
- Protecting Adults at Risk: Good Practice Guide, Social Care Institute for Excellence 2012
- Statement of Government Policy on Adult Safeguarding 2013
- Safeguarding – Roles and Responsibilities in Health and Care Services 2013
- Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children, Department for Education 2015
- What to do if you are worried a child is being abused: advice for practitioners 2015
- Procedures of Safeguarding Children Boards and Safeguarding Adults Boards in areas that Alexandra Rose Charity operates

2. Procedures for Referral

2.1 Staff and volunteers should always first call 999 in an emergency, i.e. if someone is seriously ill or injured, and/or their life may be at risk.

2.2 Any member of a staff or volunteer who receives a disclosure of abuse or suspects that abuse may have occurred to a child or vulnerable adult must report it immediately to the Designated Person for Safeguarding and Child Protection – i.e. the Chief Executive of Alexandra Rose Charity or if they are unavailable, the Administrator of Alexandra Rose Charity.

2.3 The Designated Person will immediately inform the Local Authority Initial Response Team.

2.4 The Designated Person should record

- The child or vulnerable adult's name, age and date of birth
- The child or vulnerable adult's home address and telephone number
- What was said or seen
- By whom
- Date, time and location
- All records should be signed and dated and include the contact details for the referrer

2.6 Confidentiality must be maintained and information relating to individual children, vulnerable adults and their families should only be shared with staff on a strictly need-to-know basis.

3. Alleged Abuse by Staff or Volunteers

3.1 When an allegation is made against a member of staff or volunteer then the allegation must be passed to the Designated Person for Safeguarding and Child Protection.

3.2 The Designated Person should contact the relevant Local Authority Safeguarding Lead Officer for consultation.

3.3 The Local Authority Safeguarding Lead Officer will record a note of the consultation and will advise on the appropriate action that needs to be taken.

4. Consent and Involvement of Parents/Carers

4.1 Service users, parents & carers will be able to access this policy via Alexandra Rose Charity's website.

4.2 Consent issues – child. Consent from the child or parent/carer to refer to the Local Authority is not required. However it is good practice to inform the parent/carer of a decision to refer, unless to do so could place the child at increased risk of harm.

4.3 Consent issues – vulnerable adult without capacity to consent. If concerns arise and the individual is unable to give consent to information being shared, a referral should be made to the Local Authority. Family/carers should be informed if they are involved in the individual's life and not implicated in any way in the alleged abuse.

4.4 Consent issues – vulnerable adult with capacity to consent. Information about an individual should not be given to family or carers without consent of the individual. Consent must be obtained from the individual concerned before a referral is made to the Local Authority. However, a referral can be made without consent if one of the following exceptions apply:

- i. If other people appear to be at risk of harm (adults or children)
- ii. If there is a legal restriction or an overriding public interest
- iii. If the person is exposed to life threatening risk & they are unreasonably withholding their consent
- iv. If the person has impaired capacity or decision making in relation to the safeguarding issues and the withholding of consent

A 'legal restriction' in this context means that there may be exceptional circumstances where a service user makes a decision or intends to act in a way that is unlawful or where their care needs to be addressed under the Mental Health Act 1983. An 'overriding public interest' refers to a situation where it is essential to share information in order to prevent a crime or to protect others from harm, e.g. 'Hate Crime' – which we have a statutory responsibility to report. This is supported by the Crime and Disorder Act 1998.

4.5 What to do if consent is withheld. In all cases, where an adult at risk is withholding consent and there are concerns about his/her welfare, the Designated Person's opinion should be sought on the best way to proceed. This may include taking legal advice where consent has been withheld and where one of the exceptions (4.4 i-iv) seem to apply.

5. Training

5.1 The Designated Person and at least one other from the Alexandra Rose Charity must receive training every two years in Safeguarding of Children and Adults at Risk.

5.2 All staff and volunteers should have access to appropriate Safeguarding training on a regular basis - at least every three years.

6. Review

6.1 This policy will be reviewed on an annual basis, and updated where appropriate, e.g. following new or updated legislation and/or guidance.

7. Definitions

7.1 “Designated Person” refers to the member of staff responsible for issues relating to safeguarding. In the case of Alexandra Rose Charity this is the Chief Executive or, if they are unavailable, the Administrator.

At the date of policy review (March 2017) the contact details for the Designated Person are:

Jonathan Pauling	Anna Hampton
Chief Executive	Administrator
Alexandra Rose Charity	Alexandra Rose Charity
jonathan@alexandrarose.org.uk	ahampton@alexandrarose.org.uk
07977 068655	01252 726171

7.2 “Physical Abuse” refers to when a child or vulnerable adult is hurt or injured by a child or an adult. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or vulnerable adult. It also includes giving a child or vulnerable adult harmful drugs or alcohol. Female genital mutilation is a form of physical abuse which is illegal in the UK. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child or vulnerable adult they are looking after. A person might do this because they enjoy or need the attention they get through having an apparently sick child or vulnerable adult in their care.

7.3 “Emotional Abuse” is when adults deny children or vulnerable adults love or affection, or constantly threaten or humiliate them. Sarcasm, degrading punishments and ignoring a child or vulnerable adult are also forms of emotional abuse and undermine their confidence and sense of self-worth. Emotional abuse is the persistent emotional maltreatment of a child or vulnerable adult, such as to cause severe and persistent adverse effects on the child’s or vulnerable adult’s emotional development. It may involve serious bullying, causing children or vulnerable adults to frequently feel frightened or in danger, or the exploitation or corruption of children or vulnerable adults. It could also involve a child or vulnerable adult witnessing domestic violence. Some level of emotional abuse is involved in all types of maltreatment of a child or vulnerable adult, though it may occur alone. Racism and other types of discrimination can also be forms of emotional abuse.

7.4 “Sexual Abuse” is when a child or vulnerable adult is used sexually by an adult or another child. Sexual abuse can include kissing, touching the child’s or vulnerable adult’s genitals or breasts (or making the child or vulnerable adult touch the abuser), vaginal or anal intercourse and oral sex. Encouraging a child or vulnerable adult to look at pornographic magazines or videos is also sexual abuse. Sexual abuse includes sexual exploitation, such as forcing or enticing a child or vulnerable adult to take part in sexual activities, including prostitution, whether or not the child or vulnerable adult is aware of what is happening. Children and vulnerable adults can be sexually abused by males and/or females, by adults and by other children & young people.

7.5 “Neglect” Is the persistent failure to meet a child's or vulnerable adult’s basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Neglect may involve a parent or carer failing to provide adequate food, shelter and clothing for a child or vulnerable adult. Neglect may also involve failing to protect a child or vulnerable adult from physical harm or danger, failing to ensure adequate supervision (including the use of inadequate care givers), failing to ensure access to appropriate medical care or treatment and failing to respond a child's or vulnerable adult’s basic emotional needs.

Appendix 1 - signs of possible harm or abuse.

Signs of physical abuse:

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or games
- Unexplained bruising, marks or injuries on any part of the body
- Bruises which reflect hand marks or fingertips (from slapping or pinching)
- Cigarette burns
- Bite marks
- Broken bones
- Scalds
- Injuries which have not received medical attention
- Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- Repeated urinary infections or unexplained stomach pains

Changes in behaviour which can also indicate physical abuse:

- Fear of parents or carers being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed - for example, wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour
- Running away from home

Signs of emotional abuse:

- A failure to thrive or grow particularly if a child or vulnerable adult puts on weight in other circumstances, e.g. in hospital or away from the care of their parents/carers
- Sudden speech disorders
- Persistent tiredness
- Development delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include:

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Being unable to play
- Attention seeking behaviour
- Fear of making mistakes
- Self-harm
- Fear of parents or carers being approached regarding their behaviour

Signs of sexual abuse:

- Pain or itching in the genital/anal area
- Bruising or bleeding near genital/anal areas
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as over-eating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money or expensive gifts
- Not being allowed to have friends (particularly in adolescence)
- Acting in an inappropriate sexually explicit way with adults

Signs of neglect:

- Constant hunger, sometimes stealing food from others
- Constantly dirty or smelly
- Loss of weight or being constantly underweight
- Inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect include:

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised