**7. Child Protection Policy and Procedures**

**7.1 Introduction**

City of Sanctuary UK acknowledges that despite not providing front line services we have a responsibility for the safety of children who we may come into contact with in the course of our work. An employee, trustee or volunteer may come in contact with children during an event, project or activity organised by City of Sanctuary UK itself, or by a member of our network or partner organisation. Therefore it is essential that all employees, trustees and volunteers are aware of, and are able to follow this Child Protection Policy and Procedures. City of Sanctuary UK recognises that good safeguarding and child protection policies and procedures are of benefit to everyone involved with the City of Sanctuary movement and as such we will endeavour to encourage all to follow good practice guidance.

It is City of Sanctuary UK’s policy that:

All employees, trustees and volunteers working on behalf of City of Sanctuary UK accept personal and individual responsibility for the welfare of children who come into contact with City of Sanctuary UK in connection with its tasks and functions, and that they will report any concerns about any child, using the procedures laid down below.

City of Sanctuary UK is committed to practices which protect children from harm or the risk of harm.  All who have access to or contact with children are required to:

* Recognise and accept their responsibilities;
* Develop awareness of the issues which can cause children harm;
* Report concerns following the procedure below.

City of Sanctuary UK will endeavour to safeguard children by:

* Adopting child protection procedures for all who work within the charity;
* Reporting personal concerns to the child protection authorities;
* Following procedures for recruitment and selection of all employees, trustees and volunteers;
* Providing effective management for all in child protection and safeguarding through ensuring they receive the relevant support and training.
* Reviewing its Child Protection Policy & Procedures at regular intervals.
* Ensuring that all employees, trustees and volunteers are aware of this policy and procedures and adhere to its principles in their approach to all children.
* At any of the City of Sanctuary UK events, projects and/or activities children should remain the responsibility of their parent or carer at all times, and will only attend when accompanied by a parent, guardian or adult carer. Children must be supervised by the adult (it is parent’s responsibility when trusting children to friends or relatives) when attending any events, projects and/or activities.
* Formal permission from parents/guardians/carers should be obtained before taking photographs, videos, etc.
* City of Sanctuary policy will be referred to or included in recruitment, training, and policy materials where appropriate, and the policy will be openly and widely available to trustees and volunteers and actively promoted within the organisation.
* A culture of mutual respect between children and those who represent City of Sanctuary UK in all its activities will be encouraged, with adults modelling good practice in this context.
* City of Sanctuary UK employees, trustees and volunteers who will work on behalf of City of Sanctuary should never have unsupervised access to children and therefore are not required to have a DBS check.

**7.2 What issues can cause harm to children?**

There are different reasons why a person may have concerns about a child being at risk of harm. It is important that all employees, trustees and volunteers familiarise themselves with the types of abuse children might be face as outlined below.

*Neglect*

The persistent failure to meet a child’s basic physical and psychological needs, which is likely to result in damage to the child’s health and/or development.  Neglect in recreational or social activities might occur if employees/volunteers fail to ensure that children, in their care, are safely protected or are exposed to undue risk of injury, cold, excessive heat, etc.

*Sexual Abuse*

Actual or likely sexual exploitation of a child is the involvement of children in sexual activities they do not truly comprehend, to which they are unable to give informed consent, that violate social taboos of family roles and as such are illegal.  Recreational and social situations may involve physical contact (e.g. supporting and guiding children) and could potentially create situations where sexual abuse may go unnoticed. Abusive situations occur if adults misuse their power over children in order to meet their own sexual needs.

*Physical Abuse*

Actual or likely physical injury to a child or failure to prevent physical injury or suffering to a child e.g. hitting, burning, shaking, etc.  In recreational activities this might occur where the nature and intensity of activities exceeds the capacity or ability of the child or where drugs are used to enhance performance.

*Emotional abuse*

The persistent emotional ill treatment or rejection of a child resulting in severe adverse effects on the emotional, physical and/or behavioural development of a child.  It can involve coldness or hostility to a child, conveying to children that they are worthless or inadequate, causing a child to feel frightened or in danger, etc.  Emotional abuse in recreational or social activities might also include situations where parents, employees, volunteers, subject children to constant criticism, sarcasm, bullying or unrealistic pressure to perform to high expectations.

**7.3 What are the indicators of abuse to look out for?**

It is also important for employees, trustees and volunteers to be aware of the ‘indicators of abuse’. The signs summarised below do not necessarily mean that a child is being abused.  Similarly, there may not be any signs; you may just feel something is wrong.  It is not the responsibility of an employee, trustee or volunteer to decide if it is abuse but it is their responsibility to act on concerns by reporting them.

Signs of physical abuse;

1. Unexplained injuries or burns
2. Improbable excuses given to explain injuries
3. Refusal to discuss injuries
4. Untreated injuries
5. Admission of punishment which appears excessive
6. Bald patches
7. Withdrawal from physical contact
8. Arms and legs covered in hot weather
9. Fear of returning home
10. Fear of medical help
11. Self-destructive tendencies
12. Low self esteem
13. Neurotic behaviour
14. No social relationships
15. Running away
16. Compulsive stealing or scavenging.

Signs of emotional abuse;

a. Lack of trust in adults and/or fear of a particular individual(s)

b. Over familiarity with adults or provocative behaviour

c. Withdrawal and introversion/problems with peer relationships

d. Running away from home/sudden behaviour changes e.g. falling standards, truancy, etc.

e. Low self esteem.

f. Stealing

g. Substance misuse

h. Displaying sexual knowledge beyond age group

i. Involvement in prostitution

j. Over-sexed behaviour

k. Sleeplessness, nightmares, fear of the dark

l. Bruises, scratches, bite marks

m. Depression, suicide attempts

n. Anorexia nervosa/eating disorder or a change in eating habits

o. Pregnancy, particularly when reluctant to name the father

p. Recurring urinary tract problems/vaginal infections

**7.4 Procedure for Reporting Concerns**

The City of Sanctuary UK Chief Officer is the designated lead person to whom any concerns about any children should be reported immediately. A nominated deputy trustee, namely Jeff Morgan,   will deputise as the designated lead person in the absence of the Chief Officer. The designated lead or nominated deputy trustee will:-

* Know which outside child protection agency to contact in the event of a child protection concern coming to the notice of City of Sanctuary UK;
* Liaise with the appropriate designated lead person if concerns are with regards to someone within a City of Sanctuary group or another refugee organisation (making sure that there is clarity over responsibility for action);
* Provide information and advice on child protection within City of Sanctuary UK;
* Ensure that appropriate information is available at the time of referral to the Child Protection Agency and that the referral is confirmed in writing under confidential cover;
* Liaise with local children’s social care services and other agencies, as appropriate;
* Keep the Board of trustees informed about any action taken and any further action required; for example, disciplinary action against an employee;
* Ensure that a proper record is kept of any referral and action taken, and that it is kept safely and in confidence;
* Advise the Board of trustees about safeguarding and child protection training needs;
* Review the operation of the Child Protection Policy regularly to ensure the procedures are working and that it complies with current best practice.

**7.5 How concerns may arise?**

Employees, trustees and volunteers could have their suspicion or concern raised in a number of ways, the most likely of which are:

* The conduct of an City of Sanctuary UK volunteer (including a member of our network);
* The conduct of a City of Sanctuary UK employee;
* A child ‘disclosing’ abuse;
* Bruising or evidence of physical hurt; which may or may not be accompanied by unusual behaviour by a child;
* Evidence of a child’s support arrangements, in particular their inadequacy.

**7.6 What action should be taken?**

All employees, trustees and volunteers should be aware of their responsibilities if child abuse is suspected. If an employee, trustee or volunteer has such concerns about a specific child this should be verbally reported immediately in person to the designated lead person and confirmed in writing within 24 hours using the form at Appendix X.  Delay could prejudice the welfare of the child.

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| **If you think a child is in immediate danger, call the police:999** |

 If the concerns relate to the conduct of an employee, trustee or volunteer these should be reported to the designated lead person immediately.  Steps will be taken to fully support anyone who in good faith reports his or her concerns about a colleague and every effort will be made to maintain confidentiality for all parties whilst the allegation is being considered.

The designated lead person or nominated lead trustee will consider the report and either refer this immediately to the authorities or, after taking appropriate advice (which may include discussing the circumstances on a confidential basis with the appropriate agencies, Child Protection Team of the Local Authority Social Services (or Emergency Duty Team if out of office working hours), or the local police (who have specialist child protection officers), decide not to refer the concerns to the authorities but keep a full record of the concerns.

In the case of sexual abuse a referral will always be made.

The designated lead person or nominated lead trustee will take action following any expression of concern, and will ensure that they are clear about their responsibility in respect of child protection and how to make appropriate referrals to statutory child protection agencies.

Information relating to any allegation or disclosure must be clearly recorded within 24 hours on the City of Sanctuary Child Protection Incident Form (see Appendix X) and sent to the designated lead person.

The Children Act 1989 states that the *“welfare of the child is paramount”.*  This means that considerations of confidentiality which might apply to other situations should not be allowed to override the right of children to be protected from harm.  However, every effort should be made to ensure that confidentiality is maintained for all concerned when an allegation has been made and is being investigated.

It is part of City of Sanctuary UK’s acceptance of its responsibility of duty of care towards children that anybody who encounters child protection concerns in the context of their work on behalf of City of Sanctuary will be supported when they report their concerns in good faith.

It is not the responsibility of employees, trustees or volunteers to deal with suspected abuse but it is their responsibility to report concerns to the Designated Lead Person or the nominated lead trustee.

**7.7 What to do if a child reveals that they are being abused?**

1. Reassure the child, tell them that they are right to tell you (do not promise to keep it a secret as it is your responsibility to inform others).
2. Stay calm-ensure the child is safe and feels safe
3. Accept what you have been told. This should not be seen as believing or disbelieving what you have been told.
4. Reassure the child and stress that they are not to blame.
5. Tell the child that you will offer support but you will have to pass the information on.
6. Do not question the child and/or rush into details that may be inappropriate
7. Do NOT MAKE PROMISES THAT YOU CANNOT KEEP.
8. Do not approach or contact the alleged abuser(s).
9. Complete the Child Protection Incident recording form as soon as possible after the event detailing what you and the child discussed.
10. Inform the designated person or deputy. If this is not possible contact the Chair or an appropriate member of the management committee. If the matter is urgent and none of the above can be contacted, then contact social services or the police.

*Sources of further information*

The Department of Health web-site [www.doh.gov.uk](http://www.doh.gov.uk) contains a practical guide to the law relating to child protection especially The Protection of Children Act 1999.  It also has a link to a publication entitled ‘What to do if you’re worried a child is being abused’.  This publication has been developed to assist practitioners to safeguard and promote the welfare of children.  It sets out the process for safeguarding children.  It is aimed at those who come into contact with children and families in their everyday work.

The booklet ‘Safe from Harm’: Code of Practice for Safeguarding the Welfare of Children in Voluntary Organisations in England and Wales’ is available from the Home Office web-site [www.homeoffice.gove.uk](http://www.homeoffice.gove.uk).

Any child protections concerns in respect of a particular child should be passed on to the local Social Services Area office (or the Emergency Duty Team if out of office working hours) or the police (who have specialist child protection officers.)

**Appendix 1 – Child Protection Incident Recording Form**

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| Implementation  Explanation should be as detailed as possible, use short sentences and simple words.  Describe incident clearly, use quotes if possible in Child Protection Recording Form.  This form is meant to be confidential, kept according to confidential procedures in a separate file and drawer.  Only Designated lead person and Deputy Designated Trustee will have access to the confidential data. |
| Section 1  This section is to be completed by any employee, trustee or volunteer who belongs to the organisation, or is inside the organisation’s premises who receives a disclosure and/or allegation of abuse and/or is concerned regarding suspicion of abuse. |
| Name of child or young person: |
| Date of birth: |
| Home address and telephone number: |
| Name and address of parent/s or person/s with parental responsibility: |
| Is this the concern of the person who makes the report?  Yes             No |
| Are you passing on somebody else’s concerns?      Yes                  No  If so, please provide details accordingly (name, address, phone number) |
| What caused your concerns?    Please specify date, time and circumstances |
| Has the child/young person been spoken to?  If so, what was said? |
| Is anyone named in the allegation?  Please provide details. |
| This record must be passed initially to the designated lead trustee.  Please provide details who/where the record has been passed to. |
| Any additional consultation regarding this incident?  Please provide details. |
| Please record further action and information |
| Section 2    This section needs to be completed by the designated lead person or designated deputy lead. |
| Please provide the following information:  Has there been a referral to the relevant agency?       Yes No  Name and contact details for agency:    If the answer is “No”, please explain why and provide clear information. |
| Any follow up actions/information, including dates and names |

**8. Safeguarding Vulnerable Adults**

**8.1 Introduction**

City of Sanctuary UK is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults, engaged in our work.

The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of City of Sanctuary UK in relation to the protection of vulnerable adults from abuse. There is separate safeguarding policy in relation to children and young people.

All adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.

The aim of this policy is to:-

* To explain the responsibilities City of Sanctuary UK, its staff, volunteers and trustees have in respect of vulnerable adult protection.
* To provide staff with an overview of vulnerable adult protection.
* To provide a clear procedure that will be implemented where vulnerable adult protection issues arise.

**8.2 Which adults are vulnerable?**

For the purpose of this document ‘adult’ means a person aged 18 years or over.

Some adults are less able to protect themselves than others, and some have difficulty making their wishes and feelings known. This may make them vulnerable to abuse.  The first priority should always be to ensure the safety and protection of vulnerable adults. To this end it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to the designated lead or another member of the board of trustees.

For purposes of ensuring consistent and widely understood terminology, these policy and procedures will use the phrase ‘Vulnerable Adults’ to identify those eligible for interventions within the procedures. A vulnerable adult is someone who is 18 years of age or over, who may need community care and support because of a disability, age or illness and who may be unable to take care of themselves, or cannot stop themselves being harmed or exploited. City of Sanctuary UK has used this generic definition for the purposes of this policy which fits with the legal framework of all four nations of the UK. City of Sanctuary UK recognises that the circumstances within which people who have sought sanctuary find themselves lends them to being at a particular at risk from harm or exploitation (as outlined below).

**8.3 Responsibilities**

The City of Sanctuary UK Chief Officer is the designated lead person to whom any concerns about any children should be reported immediately. A nominated deputy trustee, namely Jeff Morgan, will deputise as the designated lead person in the absence of the Chief Officer. The designated lead or nominated deputy trustee will:-

* Ensure staff and volunteers are aware of the Safeguarding Vulnerable Adult Policy
* Notify the appropriate agencies if abuse is identified or suspected
* To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
* To DBS check employees and volunteers that work unsupervised with Vulnerable Adults

All employees, volunteers and trustees working on behalf of City of Sanctuary have a duty to promote the welfare and safety of vulnerable adults.

Employees, volunteers and trustees may receive disclosures of abuse and observe vulnerable adults who are at risk. This policy will enable everyone to make informed and confident responses to specific adult protection issues.

Employees, trustees and volunteers should ensure that:-

* They are familiar with the Safeguarding Vulnerable Adults Policy
* Take appropriate action in line with the policy contained within this document

**8.4 What is abuse?**

Abuse is a violation of an individual’s human and civil rights by any other person or persons.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

People can be abused in lots of different ways:

* Physical abuse- including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

* Sexual abuse- including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting

* Psychological abuse- including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

* Financial or material abuse- including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

* Neglect and acts of omission- including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

* Discriminatory abuse- including racist, sexist, that based on a person’s disability, age or sexuality and other forms of harassment, slurs or similar treatment.

* Institutional abuse - such as rigid and insensitive routines, lack of privacy or comfort

The abuse can be by anyone - a relative, friend, paid worker or volunteer.

Multiple forms of abuse may occur in an on-going relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

**8.5. Identification of abuse**

(a) Physical abuse signs

• A history of unexplained falls or minor injuries

• Bruising in well protected areas, or clustered from repeated striking

• Finger marks

• Burns of unusual location or type

• Injuries found at different states of healing

• Injury shape similar to an object

• Injuries to head/face/scalp

• History of GP or agency hopping, or reluctance to seek help

• Accounts which vary with time or are inconsistent with physical evidence

• Weight loss due to malnutrition, or rapid weight gain

• Ulcers, bed sores and being left in wet clothing

• Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

(b) Sexual abuse signs

• Disclosure or partial disclosure (use of phrases such as ‘It’s a secret’)

• Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting

• Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.

• Circumstances – e.g. two service users found in a toilet area, one in a distressed state

(c) Psychological/emotional signs:

• Isolation

• Unkempt, unwashed, smell

• Over meticulous

• Inappropriately dressed

• Withdrawn, agitated, anxious not wanting to be touched

• Change in appetite

• Insomnia, or need for excessive sleep

• Tearfulness

• Unexplained paranoia, or excessive fears

• Low self esteem

• Confusion

(d) Neglect signs

• Physical condition poor

• Clothing in poor condition

• Inadequate diet

• Untreated injuries or medical problems

• Failure to be given prescribed medication

• Poor personal hygiene

(e) Financial or material signs

• Unexplained or sudden inability to pay bills

• Unexplained or sudden withdrawal of money from accounts

• Disparity between assets and satisfactory living conditions

• Extraordinary interest by family members and other people in the

vulnerable person’s assets

(f) Discriminatory signs

• Lack of respect shown to an individual

• Signs of substandard service offered to an individual

• Exclusion from rights afforded to others, such as health, education,

criminal justice

(g) Other signs of abuse

• Inappropriate use of restraints

• Sensory deprivation e.g. spectacles or hearing aid

• Denial of visitors or phone calls

• Failure to ensure privacy or personal dignity

• Lack of flexibility of choice e.g. bedtimes, choice of food

• Restricted access to toilet or bathing facilities

• Lack of personal clothing or possessions

• Controlling relationships between care staff and service users

Procedure in the event of a disclosure

It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously. If you think someone else is being abused, you must tell someone. Please don't assume that someone else will do it. Don't worry if you are wrong - it is still important that someone with experience and responsibility looks into it.  It is our responsibility to do this.

This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused.

Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.

This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

**8.6 Responding to an allegation**

If someone you know is in immediate danger and you need to do something straight away to stop them being hurt, you should ring 999 and tell the operator what is happening. If you think a crime might have taken place, ring the Police and be careful not to remove or destroy any evidence. Remember to have regard to your own safety. Leave the situation if it is not safe for you.

Listen to the vulnerable adult, offer necessary support and reassurance. Issues of confidentiality must be clarified early on. For example staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor. Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user’s wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the vulnerable adult’s wishes may be overridden in favour of considerations of safety. Decisions to override the vulnerable adult’s wish not to take the matter further should if possible be the product of discussion with appropriate line management.

You should reassure them that the *disclosure or referral* being made either by them or on their behalf will be taken seriously. You should listen carefully and sympathetically. You should also bear in mind that some service users will sometimes require the involvement of a specialist communications skill e.g. an Interpreter.

It is important to note what the vulnerable adult tells you. This is particularly important when the person volunteers information about the identity of the alleged perpetrator or some other material fact that relates directly to the alleged abuse. You must make notes, either at the time, or as soon as possible afterwards. These should be signed, timed and dated but the person making the notes and filed securely. By supporting the vulnerable adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.

You should try to avoid asking the victim direct questions about any alleged abuse and do not engage in any formal interview with them – this should not however preclude you from asking questions that are designed to clarify what is being said so long as this does not become intrusive. You must not confront the alleged abuser nor investigate the matter yourself.

You should immediately report your concerns to Volunteer Lead at the drop in or the designated lead trustee/deputy designated person on the same day. If the concern is about the designated lead then any concerns should be discussed with the deputy designated person (and vice versa).

You must complete an incidence form (See Appendix A) and submit this to the volunteer lead (if at the drop in) who will pass to the designated lead trustee/deputy lead trustee. The form must include the name and position of the person to whom the matter is reported.

Take immediate action when necessary. *Immediate action is necessary* when a victim displays physical injuries that are in immediate need of medical attention. If such injuries appear to be non-accidental, then consideration should also be given to contacting the police at the earliest opportunity (subject to the consent of the victim. Immediate medical attention must also be considered where there is evidence of extreme neglect or emotional or sexual abuse.

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| Important factors to remember:  **(a) Preserve physical evidence** – If it appears that the *disclosure or referral* is criminal based, then you should preserve any physical evidence that may be present (e.g. clothing worn by the victim at time of any alleged sexual or physical assault).  **(b) Do not investigate –** Whilst you may consider taking such action that allows you to substantiate the *disclosure or referral* (e.g. making a cursory search for a ‘stolen’ purse that may be misplaced or lost/checking with staff to establish when the purse was last seen) you should not investigate the matter.  **(c) When to refer or not to refer –** the decision to refer or not to refer should be made by the designated lead or deputy designated lead. Staff, volunteers, and trustees are reminded that they **must never** make unilateral decisions or judgments on whether to dismiss or disregard any *disclosure or referral* made to them even if the circumstances surrounding the *disclosure or referral* suggests that it may be frivolous or spurious in nature. |

In the event of an incident or disclosure:

**DO**

Make sure the individual is safe

* Assess whether emergency services are required and if needed call them
* Listen
* Offer support and reassurance
* Ascertain and establish the basic facts
* Make careful notes and obtain agreement on them
* Ensure notation of dates, time and persons present are correct and agreed
* Take all necessary precautions to preserve forensic evidence
* Follow correct procedure
* Explain areas of confidentiality; immediately speak to the lead volunteer or designated lead/deputy designated person for support and guidance
* Explain the procedure to the individual making the allegation
* Remember the need for ongoing support.

**DO NOT**

* Confront the alleged abuser
* Be judgmental or voice your own opinion
* Be dismissive of the concern
* Investigate or interview beyond that which is necessary to establish the basic facts
* Disturb or destroy possible forensic evidence
* Consult with persons not directly involved with the situation
* Ask leading questions
* Assume Information
* Make promises
* Ignore the allegation
* Elaborate in your notes
* Panic

**The Vulnerable Adult has the right:**

* To be made aware of this policy
* To have alleged incidents recognised and taken seriously
* To receive fair and respectful treatment throughout
* To be involved in any process as appropriate
* To receive information about the outcome

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated lead trustee.

**8.7 Support for those who report abuse**

All those making a complaint or allegation or expressing concern, whether they be employees, volunteers, members of the network or general public should be reassured that:

* They will be taken seriously
* Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk
* If employees they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998.

**8.8. Procedure for designated lead trustee or deputy designated person**

Once a referral is made to the designated lead trustee or deputy designated person it will then be their responsibility to progress the referral to the appropriate agency (e.g. to Police, Social Services Designated Lead Manager). A referral must be made to adult social services. Social Services have the lead responsibility for coordinating policy and practice relating to the abuse and/or inappropriate care of vulnerable adults.

**The designated lead trustee/deputy designated person must “consider capacity & consent”**

The consent of the vulnerable adult must be obtained except where:

* The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
* Others may be at risk
* A crime has been committed

**The designated lead trustee/deputy designated person must “collate available information, record relevant decisions but do not investigate”**

Once information has been received that amounts to a *disclosure or referral* you may collate relevant information that is readily available to you and your decisions and actions should be recorded, timed and dated by the person making the record.

On being notified of any *disclosure or referral* from a member of staff or other third party, the designated lead trustee/deputy designated person should as part of the preliminary information gathering:

* Consider the *disclosure or referral* made with a view to clarifying any of the details given (i.e. evaluate the reliability by establishing source of information and its likely credibility)

* Consider the wishes of the vulnerable adult, & their right to self-determination. If the victim is capable of making informed choices, you must respect any decision not to proceed with the complaint unless otherwise it is in the interest of the alleged victim or other members of the public.

* Consider the alleged victim’s capacity and ability to provide informed consent.

* Consider the *disclosure or referral* in the context of the definitions of abuse and known indicators of abuse (outlined above).

* Check with the alleged victim and/or third party making the *disclosure or referral* to establish what action is being sought (i.e. confirmation or reassurance of what has been said).

* Obtain any other relevant information from persons involved with the vulnerable adult (alleged victim). This must be done discretely and should not ‘alert’ any potential suspect perpetrator.

* If the Police are to be contacted, ensure that the victim is aware of this and that the reasons for involving the police have been explained to them.

* To ensure that all relevant facts and decisions made in respect of the *referral* and actions taken in response are being accurately recorded (a template is provided below however the specific agency may request you to complete their own referral form). Confidential and sensitive information **must not** be sent by email over the Internet unless encrypted. If transferring this information (e.g. copy of Referral form) via fax, this **must** be sent to a known recipient who **must** be notified in advance so that arrangements may be made to receive the information.

* Under no circumstances should the designated lead trustee/deputy designated person investigate the *disclosure or referral.* In appropriate cases, however, they may make some discrete enquiries to establish credibility. The term “Investigation” in the context of these paragraphs refers to the technical process of investigation and does not prevent seeking clarifications of the facts e.g. referring to file records or other relevant documents.

Considerations include: -

* The mental capacity of the vulnerable adult
* Known indicators of abuse
* Definitions of abuse
* Level of risk to this individual
* The seriousness of the abuse
* The effect of the abuse on the individual
* Level of risk to others
* The effect of the abuse on others
* Whether a criminal offence has been committed
* Whether other statutory obligations have been breached (e.g.   NCSC)
* The need for others to know
* The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

**8.9 Additional information for the designated lead trustee/deputy designated person**

(1) What to consider when sharing personnel and confidential information?

The general procedure for sharing information lawfully is: -

* The informed consent of the vulnerable person should be obtained when ever possible.
* Sharing information is should be on a “need to know” basis only
* Vulnerable adults should be informed from the outset what the limits and the boundaries confidentiality are.
* Where possible, the vulnerable adult should be informed of what personal information about them is being shared with other agencies or individuals.
* Staff, volunteers and trustees should always remember the promise of complete confidentiality should not be given to the person reporting the referral or raising the “concern” – this includes the vulnerable adult.

It will always be difficult to make decisions about whether to share (or not share) information about risk, particularly where the issue is about disclosing to individual or voluntary bodies. It will always be crucial to gather the best information possible about the risk posed, assess the risk and consult thoroughly before reaching a decision.

(2) What to do if a member of staff is suspected or perpetrating abuse on a vulnerable adult?

If a member of staff is suspected or perpetrating abuse on a vulnerable adult then the designated lead trustee/deputy designated person must consider whether there is a need to take immediate management action against the alleged perpetrator. This may involve “suspending” the staff member from duty or removing them to other duties, pending a formal investigation. When taking such action, it is important to realise that taking this action is necessary to protect the interests of both parties involved.

Summary of actions for designated lead trustee/deputy designated person

* Notify social services on the VA1 referral form and include the incident report form recieved the person who received the initial *disclosure or referral*.
* If disclosure is non-criminal, consider contacting other relevant agencies that may be able to provide information and support
* If disclosure is criminal, contact the police.
* Do not make unilateral decisions or judgments on whether to invoke Vulnerable Adult procedures. If uncertain the reporting of any concerns must always be made to social services.
* Record decisions and action taken to date

Who to refer to or report concerns?

* Social Services Authorities depending on the area where abuse occurs (See attached appendices for contact details).
* Community Mental Health Team where the vulnerable adult has an ongoing mental health need.
* The police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime.

**Most importantly: if you think someone is being abused act now**

**8.10 Confidentiality**

Vulnerable adult protection raises issues of confidentiality which should be clearly understood by all.

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent should be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.

Where a disclosure has been made, staff should let the adult know the position regarding their role and what action they will have to take as a result.

Staff should assure the adult that they will keep them informed of any action to be taken and why. The adults’ involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

This policy needs to be read in conjunction with other policies for including:

* Disciplinary and Grievance
* Data Protection
* Child Protection

**8.11 Good Practice**

**a. Recruitment of staff and Volunteers**

* Follow recruitment procedures and policies, including:
* Completion of an application form
* Check references thoroughly including appropriate Disclosure

**b. Training**

* Familiarisation with all policies and procedures during induction
* Further training, dependent on the nature of role, e.g.
* Risk assessment & management
* Types of abuse and recognising signs of abuse
* Keeping appropriate records
* Listening skills

**c. Management and Supervision**

* It is the line manager’s responsibility to clarify with the employee or

volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact. Regular supervision for staff and volunteers will monitor the work and offer the opportunity to raise any issues.

**d. Record Keeping**

* There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person, and will be kept for as long as is deemed necessary; in line with Data Protection principles.
* All incidents should be discussed in supervision with line manager.
* Records kept by paid workers about vulnerable adults should only include:
* Contacts made
* Referrals made, including date, time, reason and referral agency

**e. Planning**

• Wherever possible paid staff and volunteers should avoid lone working with a vulnerable adult. But if unavoidable, one to one contact should take place in an environment where other staff or volunteers are present or within sight.

Why are people seeking sanctuary particularly at risk from harm or exploitation?

People seeking sanctuary may be particularly at risk from harm or exploitation when arriving in the UK by virtue of the fact they have fled persecution from their country or origin and are seeking safety in a new country. Their vulnerability is compounded by previous experience of trauma. Furthermore they may be unable to seek assistance due to a lack of knowledge about available services and support and the language barrier.

The needs of women seeking sanctuary can be very complex and diverse, they can potentially be at risk from abuse such as forced marriage, female genital mutilation (FGM), domestic abuse (often compounded by unsettled immigration status) honour based violence and trafficking for sexual exploitation. The impact of the abuse can be compounded by the other forms of abuse, by institutional and societal racism, and a lack of understanding of women’s specialist need. Women seeking sanctuary who suffer abuse may face difficulties accessing support, due to for example:

∙ Language barriers

∙ Not knowing where to get help

∙ Being accompanied by relatives to health care consultations

∙ Having different ways of expressing their suffering.

The asylum system itself also leaves people particularly vulnerable as they are forced to live in poverty (only £5 per day is received in asylum support) with no right to work. In particular those who find themselves appeal rights exhausted face a life of destitution leaving people desperate and at risk from exploitation.

How can we ensure the highest standard of safeguarding is applied across our network?

Whilst we are not responsible for the actions of the network we want to ensure that the highest standard of safeguarding is applied across our network. As such we will ensure that we provide information and signposting advice through our coordinators and website. We have also put in place minimum expectations for our groups which are as follows:-

1. All groups to have a safeguarding policy in place which suits the type of activities/services you deliver (and takes into consideration anyone involved or who may come into contact with the group).

2. Ensure the policy explains why some volunteers (particularly asylum seekers and refugees) might be particularly vulnerable.

3. Appoint a safeguarding lead and deputy who have received training in safeguarding/protection of vulnerable adults (leads should have a minimum of a basic DBS check and two references).

4. Explain the policy to all volunteers and ensure they know that any concerns will be dealt with in accordance with the policy.

5.  Explain the policy to all asylum seekers and refugees involved in CoS activities and services and ensure they know that any concerns will be dealt with in accordance with the policy.

6. All volunteers and service users should  know who the safeguarding leads are and have their contact details.  (A business card with a safeguarding lead contact is a useful idea).

7. The management committee/steering group/board etc should all be aware of the policy and their responsibilities.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Adult Safeguarding Incident Record Form** | | **Implementation**  Explanation should be as detailed as possible, use short sentences and simple words.  Describe incident clearly, use quotes if possible in the form.  This form is meant to be confidential, kept according to confidential procedures in a separate file and drawer.  Only Designated lead trustee or Deputy Designated Person will have access to the confidential data. | | **Section 1**  This section is to be completed by any volunteer who belongs to the organisation, or is inside the organisation’s premises who receives a disclosure and/or allegation of abuse and/or is concerned regarding suspicion of abuse. | | Name of person: | | Date of birth: | | Home address and telephone number: | | Is this the concern of the person who makes the report?           Yes             No | | Are you passing on somebody else’s concerns?                        Yes              No  If so, please provide details accordingly (name, address, phone number) | | What caused your concerns?    Please specify date, time and circumstances | | Has the person been spoken to?  If so, what was said? | | Is anyone named in the allegation?  Please provide details. | | This record must be passed initially to the designated lead trustee.  Please provide details who/where the record has been passed to. | | Any additional consultation regarding this incident?  Please provide details. | | Please record further action and information | | Section 2    This section needs to be completed by the designated lead trustee. | | Please provide the following information:  Has there been a referral to the relevant agency?  Yes No  Name and contact details for agency:    If the answer is “No”, please explain why and provide clear information. | | Any follow up actions/information, including dates and names |   **Adult Protection Referral Form – Confidential**  ***Please complete as fully as possible, especially ensuring that risks are identified.*** | |
| **1  About the Vulnerable Adult (Subject of referral)** | |
| Date alert/ concern raised | Date(s) of Incident(s) if known: |
| Name:  Client/Patient ID Number: |
| Date of birth: | Gender:   ☐Male ☐Female |
| Vulnerable Adult/Client’s Current Address: | Other Vulnerable Adults / Children living at the property: |
| Tel Number: | **Main Client Group (tick ONE only):**  ☐  Elderly Mentally Infirm  ☐  Older Person  ☐  Visual Impairment  ☐  Hearing impairment  ☐  Learning Disability  ☐  Mental Health  ☐  Physical Disability  ☐  Substance Misuse  ☐  Other |
| Marital Status: |
| Ethnicity: |
| First Language: |
| Need Interpreter:  ☐Yes  ☐No |
| GP’s Name:  Telephone Number:  Surgery Address: |
| **Case Status (Social Services use only) :**  ☐  Open/active  ☐  Open, review only  ☐  Closed  ☐  Not previously known  ☐  Other County |
| Next of kin: | Relationship: |
| Address:  Telephone number: | |
| Is the vulnerable adult aware of the referral?              ☐Yes     ☐No | |
| Has the vulnerable adult consented to the referral?    ☐Yes     ☐No | |
| Is there any evidence to suggest that the vulnerable adult lacks mental capacity to consent to this referral?                                               ☐Yes     ☐No | |

|  |  |  |
| --- | --- | --- |
| **2  About the alleged abuse** | | |
| Type of alleged abuse (tick all relevant boxes)  ☐ Physical      ☐ Sexual ☐ Emotional/Psychological      ☐Financial/Material  ☐ Neglect | | |
| Personal circumstances – Is the alleged victim subject to any legislative powers, e.g. Mental Health Act, Power of Attorney, DoLS? | | |
| Where did the alleged abuse occur? | | |
| ☐ Own Home  ☐ Perpetrator’s home  ☐ Relative’s Home              ☐ Supported Tenancy  ☐ Sheltered       Accommodation. | ☐Care Home – Residential  ☐Care Home – Nursing  ☐Care Home – Respite  ☐Hospital – NHS  ☐Hospital – Independent  ☐NHS Group Home                           ☐Hospice | ☐ Day care  ☐ Educational est.  ☐ Public place  ☐ Other - Please State: |
| Specific location of abuse (e.g. Ward/ Dept, Hospital, Care Home) | | |
| Is the abuse:  ☐Historical   ☐Current | | |
| Description of alleged abuse/injuries:  *(continue on separate sheet of paper if necessary)* | | |
| What steps have been taken to safeguard the vulnerable adult and by whom: | | |

**About the person(s) allegedly responsible for the abuse**

**Person 1:**

|  |  |
| --- | --- |
| Unknown at present: ☐ | |
| Name: | Address: |
| Tel No: | Date of Birth: |
| Age: | Relationship to Alleged Victim: |
| Employing Agencies.  List all known: | |
| Is alleged perpetrator a vulnerable adult?     Yes  ☐ No ☐ Don’t know ☐ | |
| Is alleged perpetrator a child?                       Yes  ☐ No ☐ Don’t know ☐ | |
| Is alleged perpetrator aware of the referral? Yes  ☐ No ☐ Don’t know ☐ | |
| Is the Alleged perpetrator known to social services? Yes ☐ No ☐ Don’t know ☐ | |
| If yes, Client/Patient Database Number: | Team responsible: |
|  | |

**Person 2:**

|  |  |
| --- | --- |
| Unknown at present: ☐ | |
| Name: | Address: |
| Tel No: | Date of Birth: |
| Age: | Relationship to Alleged Victim: |
| Employing Agencies.  List all known: | |
| Is Alleged perpetrator a vulnerable adult?     Yes  ☐ No ☐ Don’t know ☐ | |
| Is Alleged perpetrator a Child?                      Yes  ☐ No ☐ Don’t know ☐ | |
| Is Alleged perpetrator aware of the referral? Yes  ☐ No ☐ Don’t know ☐ | |
| Is the Alleged perpetrator known to social services? Yes ☐ No ☐ Don’t know ☐ | |
| If yes, Client/Patient Database Number: | Team responsible: |

***If more than two alleged perpetrators have been identified please photocopy this page or add details in Section 8 – Additional information.***

**4  About the people who witnessed the incident(s)**

**Witness 1**:

|  |  |
| --- | --- |
| Name: | Address: |
| Tel No: | Relationship to victim (if any): |
| Is witness a child?                        Yes ☐ No  ☐ Don’t know ☐ | |
| Is witness a vulnerable adult?      Yes ☐ No ☐ Don’t know ☐ | |
| Is witness aware of referral?        Yes ☐ No ☐ Don’t know ☐ | |

**Witness 2**:

|  |  |
| --- | --- |
| Name: | Address: |
| Tel No: | Relationship to victim (if any): |
| Is witness a child?                        Yes ☐ No  ☐ Don’t know ☐ | |
| Is witness a vulnerable adult?      Yes ☐ No ☐ Don’t know ☐ | |
| Is witness aware of referral?        Yes ☐ No ☐ Don’t know ☐ | |

**5  About the person who first reported the concern** *(This is the first person to raise the alert – it may be the Vulnerable Adult, a witness or someone with concerns)*

|  |  |
| --- | --- |
| Is the person reporting the incident the vulnerable adult?          Yes ☐ No ☐  Is the person reporting the incident a witness to the incident?   Yes ☐ No ☐ | |
| Name: | Address: |
| Tel No: | Occupation/Relationship: |
| Date/Time report: |  |
| Does the reporter wish to remain anonymous?     Yes ☐ No ☐  If yes, please state why: | |

**6  About the person who is referring the incident(s) to Social Services or Health Board**

|  |  |
| --- | --- |
| Is the person referring the incident a witness to the incident?   Yes ☐ No ☐ | |
| Name: | Address: |
| Tel No: | Occupation/Relationship: |
| Date/Time reported: | |
| Does the referrer wish to remain anonymous? Yes ☐ No ☐  If yes, please state why: | |

**7  Details of person completing this form**

|  |  |
| --- | --- |
| Name: | Designation: |
| Agency: | Time/Date completed: |
| Signature: | Telephone number: |

|  |
| --- |
| **8  Additional Information** |

|  |  |
| --- | --- |
| **Where applicable, details of countersigning line manager:** | |
| Name: | Designation: |
| Signature: | Time/Date countersigned: |

**APPENDIX E – Home learning support project Child Protection Policy & Procedures**

**Purpose and Aim of the Policy Statement**

This policy statement relates to City of Sanctuary (CoS) UK’s new online home learning support project, Link to Learn, with which CoS becomes involved in direct service provision to children. This statement therefore reaffirms CoS UK’s commitment to upholding the highest standards of child safeguarding and outlines the measures CoS will take and the behaviours CoS staff and volunteers should follow to ensure the safety and protection of children.

**Scope of the Policy Statement**

This policy applies to the protection of all children under the age of 18 with whom CoS staff and volunteers come into contact. It is the responsibility of all staff and volunteers who engage with children via the online learning project to uphold the outlined procedures, behaviours and actions. These policies expand on and are in addition to the CoS’s general child protection policies and procedures stated in the Staff Handbook.

**Context**

CoS’s safeguarding policies follow the guidelines set out in the NSPCC’s online safeguarding resources and have been written in compliance with Section 11 of the Children Act 2004 outlined in HM Government’s ‘Working Together to Safeguard Children’ (July 2018). They have also been developed following consultation with the DBS Senior Engagement Officer, Lyn Gavin in October 2020. They are consistent with the dimensions of safeguarding and promoting the welfare of children as defined in the ‘Working Together’ document, namely:

-       protecting children from maltreatment;

-       preventing impairment of children’s mental and physical health;

-       ensuring that children grow up in circumstances consistent with the provision of safe and effective care;

-       taking action to enable all children to have the best outcomes.

 (HM Government, July 2018).

**City of Sanctuary’s Policy Statement and Commitments**

City of Sanctuary UK believes that everybody has the responsibility to promote the welfare and safety of children and that all children, regardless of age, disability, race, religion or belief, sex or sexual orientation and gender reassignment have the right to safety, protection and respect. CoS also recognises that some children and young people are additionally vulnerable, including those with whom CoS works, and that additional considerations should be taken to ensure that safeguarding measures comprehensively guarantee their protection. CoS’s activities in the home learning support project aim to support children’s academic development and well-being and facilitate them to achieve the best possible outcomes.

**Safeguarding Measures**

CoS commits to take the following measures in its online activities to ensure the safety and protection of children:

**Parent/Carer Informed Consent**

-       Parent/carers of participating children will be fully informed about the activities of the online classes and their consent must be obtained for their children to take part.

-       If not already participating (i.e., in the parent and child classes) parent/carers will be required to remain in the room or background throughout the duration of the online sessions.

-       Parent/carers will also be informed of the contact details of the designated safeguarding officer in the case of concerns around the tutor’s behaviour or language.

-       Parent/carers will be directed to guidance on ensuring child safety online when they register.

**Volunteer Recruitment**

-       Tutors will be particularly recruited from amongst teachers and trainee teachers to guarantee they have an existing enhanced DBS. Nonetheless, other volunteers will be accepted as this is not necessary when a parent/ carer is present.

-       For all volunteers, we request at least two references, preferably relating to a context in which they worked with children and/or refugees.

-       All volunteer tutors will be provided with a copy of the CoS safeguarding policies and be informed of whom to contact in the case of child protection or safeguarding concerns. If such a concern arises, the tutor is required to report said concern to the designated safeguarding officer and/or the police in case of immediate or serious concerns.

-       All tutors should attend an information and training session prior to starting tutoring, in which the safeguarding policies will be reiterated and further explained. Tutors will also be made aware of certain tools that may be of use on Zoom and have opportunity to practice using them.

**Activity Management**

-       The online sessions will take place via the City of Sanctuary Zoom account and will be coordinated and monitored by the project coordinator. The sessions will not be recorded under any circumstances.

-       All participants will enter via a Waiting Room and will only be admitted if their name is recognized.

-       At the beginning of each session, tutors must check the parent is present when they enter the breakout room.

-       The coordinator will make regular supervisory support check-ins to the Zoom breakout rooms in which tuition sessions are taking place to ensure that our safeguarding policies are being upheld and provide assistance to tutors.

-       All communication between tutors and students will take place through the project coordinator, Megan Greenwood, including information regarding the date and time of online sessions. In this context, tutors and students should not exchange personal contact information or communicate outside the online sessions by any channels.

**Participant Code of Conduct**

-       Tutors and students are expected to maintain appropriate behaviour and language in their online sessions.

-       Tutors and students are expected to follow the outlined reporting procedures in the safeguarding concerns.

**Key City of Sanctuary Contacts**

**Project Coordinator**: Megan Greenwood

Contact Email: megan@uk.cityofsanctuary.org

Telephone: 07852925863

**CoS Designated Safeguarding Officer**: Sian Summers-Rees

Contact Email: Sian@cityofsanctuary.org

Telephone: 07376075303

**CoS Deputy Safeguarding Officer**: Jeff Morgan

Contact Email: jeffmorgan17@hotmail.com

Telephone: 07764603633

**Other Key Contacts**

**NSPCC Helpline**

Call: 0808 800 5000

Email: help@nspcc.org.uk

**Childline**

Call: 0800 1111

This policy comes into force on 18th January 2021 and if the project is extended, will be reviewed annually but otherwise as necessary.