**SAFEGUARDING ADULTS POLICY**

**INTRODUCTION**

This policy addresses the issues around Safeguarding Adults with care and support needs (those deemed vulnerable).

**POLICY STATEMENT**

City & Hackney Carers Centre:

* Believes that safeguarding adults is everyone’s responsibility and should be reflected in every aspect of our work.
* Is committed to promoting the welfare and safety of all who come into contact with it.
* Will respect the confidentiality of vulnerable adults where possible, within the confines of the law. All clients of the centre and their dependents should be supported to give and receive personal information responsibly and in the knowledge of the possible consequences of doing so with reference to our Data Protection & Confidentiality Policy.
* Recognises the need for working in partnership (including appropriate information sharing) with other agencies for the protection of vulnerable adults
* Is committed to making safeguarding personal and proportionate to each situation.
* Will ensure that all staff and volunteers are selected, trained and supported appropriately.
* Will assess all risks carefully and take all reasonably practicable steps to avoid, minimise or manage them as appropriate.
* Will take whatever reasonable steps it can to alert carers to the dangers of abuse particularly at times of crisis including pandemics. See <https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding-adults>
* Will review this policy and the relevant procedures regularly.

**SECTION 1**

**DEFINITIONS & ROLES DEFINITIONS**

“Worker” means any paid or unpaid staff member or volunteer (including trustees).

“A Vulnerable Adult” is someone who is aged 18 years or over who is or may need community care services by reason of mental or other disability, age or illness; who is or may be unable to take care of him or herself; is limited in their capacity to make decisions about their health, care or resources; or unable to protect himself or herself against significant harm or exploitation.

**ROLES**

**TRUSTEES**

A named trustee, (currently Malcolm Aickin) should take responsibility for leading on safeguarding issues and the Board/ Committee should satisfy itself that:

* the roles outlined in this section are being undertaken appropriately.
* an appropriate safeguarding induction, support and training programme is implemented.
* recruitment procedures safeguard vulnerable adults’ welfare.

**DESIGNATED SAFEGUARDING LEAD**

The DSL is the Chief Operations Officer (COO) of City & Hackney Carers Centre or a Senior Manager in their absence.

The Designated Safeguarding Lead has the following responsibilities:

* to ensure that this policy is implemented and is adhered to at all times to be familiar with, and have an understanding of all relevant legislation
* to liaise with the relevant authorities within the City of London and Hackney’s Social Services Department
* to ensure that safeguarding is part of the Carers Centre’s working culture
* to arrange appropriate training and support for all relevant workers updating as required, in response to times of crisis and pandemics.
* to provide support during and after incidents involving safeguarding and referrals to social services, police and Disclosure and Barring service (DBS)
* to provide the Board of Trustees with appropriate information on the number and outcomes of incidents or concerns involving safeguarding vulnerable adults.

**ALL WORKERS**

All workers of City & Hackney Carers Centre are expected to:

* adhere to all points as laid down in this document and related procedures
* report any incidents or concerns regarding vulnerable adults’ well-being or safety to the Designated Safeguarding Lead.
* use supervision sessions and other opportunities to actively discuss safeguarding issues and develop best practice
* attend induction and other training courses and ongoing training in safeguarding.
* Advise carers of any current situations which may make them more vulnerable e.g. in a pandemic.

**DEFINITIONS OF ABUSE, NEGLECT AND GROOMING**

Abuse is a violation of an individual’s human and civil rights by any other person or persons. Abuse and or neglect of a vulnerable adult is often done by people close to and known to them which complicates the issues. Abuse can be unintentional e.g. restricting an individual’s decision-making capacity or neglecting them.

The main categories of abuse are set out below but this is not an exhaustive list:

**PHYSICAL ABUSE**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm. Physical harm may also be caused when a parent, carer or adult child feigns the symptoms of, or deliberately causes ill health to someone whom they are looking after.

**EMOTIONAL ABUSE**

Emotional abuse is persistent emotional ill-treatment, such as to cause severe and persistent adverse effects on the vulnerable adult’s emotional state and which may have a negative impact on the person’s self-esteem. It may involve telling people that they

are worthless or unloved, inadequate, or valued only insofar as they meet the needs of

another person. Some level of emotional abuse is involved in all types of ill-treatment, though it may occur alone.

**SEXUAL ABUSE**

Sexual abuse involves forcing or enticing a vulnerable adult to take part in sexual activities whether or not the person is aware of what is happening. For vulnerable adults this may include people who did not or could not consent to the act in question. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or

non-penetrative acts. They may include non-contact activities, such as involving people

in looking at pornography or sexual activities, or encouraging people to behave in sexually inappropriate ways.

**NEGLECT**

Neglect is the persistent failure to meet a person’s basic physical and/or psychological needs, likely to result in the serious impairment of the person’s health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing,

failing to protect a person from physical harm or danger, or the failure to ensure access

to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a person’s basic emotional needs. Neglect is a criminal offence which may be prosecuted and punished by the courts under the Mental Capacity Act

2005.

**DISCRIMINATORY ABUSE**

This is motivated by discrimination and prejudice which could be in relation to a person’s ethnic background, gender, religion, disability, race or sexual orientation.

**FINANCIAL ABUSE**

Manipulation or extortion of a vulnerable adult’s material resources, e.g. money or housing.

**SECTION 2**

**WHAT TO DO WHEN YOU HAVE CONCERNS ABOUT A VULNERABLE ADULT INDICATORS THAT COULD CONSTITUTE CAUSE FOR CONCERN**

This list below is not exhaustive and these factors will not always provide grounds to

suspect abuse or neglect on their own.

Signs of neglect such as a vulnerable adult being constantly hungry, dirty, tired, inappropriately dressed for weather conditions.

Injuries suspected of being non-accidental. Injuries can be suspicious because: they are on a part of the body not usually associated with accidental injury they are unusually symmetrical

they are noticed on several occasions

they suggest attack e.g. hand prints, cigarette burns, large bite marks, any small round bruise suggestive of grabbing; black eyes.

Any marks, bruises or injuries noted on a vulnerable adult should be documented.

A person who displays sexualised, aggressive, depressive or withdrawn behaviour or who flinches when touched or approached.

A person who self-harms.

Conflicting accounts of injury/ medical treatment/ absence.

**PROCEDURE GENERAL**

Whenever there is cause for concern follow these steps:

If in doubt, **raise** concerns with your line manager or the Chief Operations Officer

(COO)/Trustee of the Carers Centre.

Avoid acting alone except in emergencies. Out of hours contact can be made with a Senior Manager or the COO.

Follow the Carers Centre’s Lone Working Policy and Data Protection & Confidentiality Policy.

It is **not** the Carers Centre’s role to decide whether abuse/ neglect has or has not taken place: this is the role of the safeguarding team/social services. Any reasonable grounds for suspecting abuse/ neglect must be reported to the relevant safeguarding team within social services, NSPCC (if children are involved) and/or the police for them to investigate

**DISCLOSURE BY A VULNERABLE ADULT**

If your concern is based on a disclosure by a vulnerable adult:

Do not promise confidentiality, but reassure the person that the information will only be passed on when this is necessary to help them.

Listen to the person. Do not prevent a person who wants to talk about what has happened from doing so but do not ask leading, interrogating or probing questions. You do not need to know all of the details – this is the role of the safeguarding team, social services or the police.

Reassure the person that they were right in telling you, acknowledge any distress or difficulty in disclosing and explain what will happen next and who will be informed.

**IMMEDIATE DANGER**

If the person is in immediate danger follow these steps: Do not place yourself in danger.

**Contact** the police by dialing 999.

In an emergency, get medical help.

Refer the person to your local safeguarding team (or emergency duty team within social services if out of office hours). Discuss any future action with them e.g. suspension of a member of staff, contacting the police, arrangements for immediate care of the person if needed. **Always inform** a Senior Manager, the COO or appropriate trustee (as soon as possible).

Once the vulnerable adult is no longer in immediate danger, follow the steps below.

**NO IMMEDIATE DANGER / IMMEDIATE DANGER HAS PASSED**

If the vulnerable adult is not in immediate danger or once immediate danger has passed,

**always** inform the COO or your line manager.

**REFERRAL TO THE SAFEGUARDING TEAM**

**UNCERTAIN ABOUT A REFERRAL TO SAFEGUARDING**

If you are unsure whether to refer to the Safeguarding team:

**Discuss** your concerns with the Senior Manager or COO/Trustee.

If all relevant staff are satisfied that there are no grounds on which to make a referral,

**record** all concerns and actions on Charitylog under the safeguarding project and continue to monitor the situation.

If still unsure, seek advice from your local safeguarding team or the police. You

may decide not to give the personal details of the vulnerable adult / family involved at this stage, but to outline the situation.

**REFERRAL TO THE SAFEGUARDING TEAM**

If you decide to refer:

Once a decision to refer has been made, the referral should take place **immediately**, using the local social services team’s emergency duty team if out of office hours

Give as full an account of the relevant facts as possible.

With the referral agency, plan any future actions needed with them e.g. suspension of a member of staff, contacting the police, arrangements for immediate care of the person if needed.

**AFTER AN INCIDENT/ REFERRAL**

As soon as possible, record the time, setting and details and any other witnesses to the conversation using the incident/accident form. Use the adult’s own words as much as possible. Do not include your own opinions or interpretation, only facts. Pass this information on to the relevant social services team within 24 hours of the verbal referral.

**Record** what happens and is said on the carers record on Charitylog under the Safeguarding project and in more details on the Incident/accident Form (see appendix 1) which can be uploaded to Charitylog. Begin to plan subsequent support for the affected adult and their family (but only include family members that you are sure are not involved in the incident). The COO/Trustee or your line manager will provide you with ongoing support with any concerns you have.

**IF ALLEGATIONS HAVE BEEN MADE ABOUT A WORKER, VOLUNTEER OR TRUSTEE**

If an allegation has been made about a worker, volunteer or trustee always inform the COO and/or your line manager, or the appropriate trustee who must then consider referring the matter to the local Safeguarding team, the disclosure and barring service (DBS) and the police.

If a staff member, volunteer or trustee resigns or steps down during a safeguarding investigation, the investigation will still be undertaken and completed and appropriate action taken following the outcome.

**SECTION 3**

**WORKERS’ CONDUCT AND SUPPORT RECRUITMENT AND SELECTION**

See the Recruitment Policy for more details.

**TRAINING AND SUPPORT**

In order to safeguard vulnerable adults, City & Hackney Carers Centre’s training and support process will reflect the following points:

* A requirement to work within these procedures.
* Supervision sessions and appraisals should include exploring the worker’s understanding of safeguarding policies and procedures.
* Workers should be trained in safeguarding on a bi-annual basis (sought from the local authority where possible), and as good practice, participate in six monthly awareness sessions.

See the Supervision & Appraisal Policy for more details.

**CODES OF CONDUCT**

City & Hackney Carers Centre will involve workers, carers and trustees in drawing up and regularly revising a Code of Conduct for workers covering all areas of good and bad practice as defined by the Carers Centre’s stakeholders.

All workers must understand and abide by the Carers Centre Data Protection & Confidentiality Policy. Where workers’ behaviour does not fall within these guidelines, the worker will be considered guilty of misconduct or gross misconduct and their line manager will instigate a disciplinary procedure as set out in the Disciplinary Policy.

**IF ALLEGATIONS HAVE BEEN MADE ABOUT A WORKER, VOLUNTEER OR TRUSTEE**

If an allegation has been made about a worker, always inform the COO and/or your line manager, or the appropriate trustee who must then consider whether this is a safeguarding matter, referring the matter to the local Safeguarding team, the disclosure and barring service (DBS) and the police.

If a staff member, volunteer or trustee resigns or steps down during a safeguarding investigation, the investigation will still be undertaken and completed and appropriate action taken following the outcome.

All workers have access to the Carers Centre Disciplinary Policy as well as Grievance

Policy in place for all workers.

Where workers or line managers are concerned that a vulnerable adult is at risk of physical or psychological injury due to the practice of another member of staff, their concerns must be passed on. The initial point of contact should be their line manager or the COO/Trustee. If, following discussion and investigation these concerns are substantiated, then the Disciplinary Procedure must be followed alongside the procedures outlined in Section 2.

When an allegation is made against a worker, they will receive support during the process of verifying or disproving the allegation from an appropriate member of staff or other professional as agreed with their line manager. This support must not jeopardise any investigation or put the vulnerable adult at risk.

**WHISTLE BLOWING**

Workers should report concerns in confidence to the Carers Centre’s COO or the appropriate trustee. Workers’ concerns will be treated in confidence and will be investigated and acted upon in a manner that respects the worker’s confidentiality. The process will avoid harassing the worker or treating them unfairly. Line managers are responsible for ensuring that the person raising concerns does not suffer reprisals from colleagues.

Where such reports are made in good faith, the worker will not be penalised, regardless of the accuracy of the report. However, where workers make allegations maliciously, they will be subject to disciplinary proceedings as set out in the Disciplinary Policy.

See the Whistle Blowing Policy for more details.

**SECTION 4**

**COMPLAINTS**

All vulnerable adults and their carers should be made aware of their entitlement to use the Carers Centre’s Complaints Policy in a manner appropriate to their needs.

**SECTION 5**

**LEGISLATION**

the organisation seeks to comply with:

* The Care Act 2014
* Sexual Offences Act 2003
* Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill
* Ill Treatment or willful neglect as defined in the Criminal Justice and Courts Act 2015
* Public Interest Disclosure Act 1998
* Under S44 of the Mental Capacity Act, ill-treatment and wilful neglect is a criminal offence for anyone, including those with powers of attorney and court appointed deputies, who has care of a person who lacks capacity

**RELATED POLICIES**

This policy should be read in conjunction with:

The Whisteblowing policy

Recruitment and Selection policy

Disciplinary policy

Grievance policy

Equality and Diversity policy

Data Protection policy

Code of Conduct

**Appendix 1.**

**INCIDENT REPORT FORM**

Use this form to report accidents, injuries, medical situations, safeguarding concerns or challenging behaviour incidents. If possible, the report should be completed within 24 hours of the events. Submit completed forms to a Senior Manager to review.

|  |  |  |  |
| --- | --- | --- | --- |
| INFORMATION ABOUT PERSON/S INVOLVED IN THE INCIDENT | | | |
| Full Name | | | |
| Home Address | | | |
| Carer | Employee | Visitor | Cared for |
| Phone Number | Home | Mobile | Email |

|  |
| --- |
| INFORMATION ABOUT THE INCIDENT |
| |  |  |  | | --- | --- | --- | | Date of Incident | Time | Police Notified Yes No | |
| Location of Incident |
| Description of Incident (what happened, how it happened, factors leading to the events, etc.) Be specific as possible (attach additional sheets if necessary) |
| Were there any witnesses to the Incident Yes No  If yes, attach separate sheet with names, addresses, and phone numbers. |
| Was the individual injured if so, describe the injury (laceration, Sprain, etc.), the part of body injured, and any other information known about the resulting injury (ies). |
| Was medical treatment provided Yes No Refused  If yes, where was treatment provided: On site Urgent Care Emergency Room Other |

|  |
| --- |
| REPORT INFORMATION |
| Individual Submitting report (print name) |
| Signature |
| Date Report Completed |

|  |
| --- |
| FOR OFFICE USE ONLY |

Report Received by ------------------------------------------------ Date----------------------------------

|  |
| --- |
| FOR OFFICE USE ONLY |

Document any follow-up action taken after receipt of the incident report.

|  |  |  |
| --- | --- | --- |
| Date | Action Taken | By Whom |
|  |  |  |
|  |  |  |
|  |  |  |

**SAFEGUARDING CHILDREN POLICY**

**INTRODUCTION**

This policy addresses the issues around Safeguarding Children. City & Hackney Carers

Centre has adopted the format of the Carers Trust.

**POLICY STATEMENT**

City & Hackney Carers Centre:

* Believes that safeguarding young people is everyone’s responsibility and should be reflected in every aspect of our work
* Is committed to promoting the welfare and safety of all children and young people who come into contact with it.
* Will respect the confidentiality of children and young people where possible within the confines of the law, considering situations where information may have to be shared with parents/legal guardians. Situations which have to be shared will be explained and a warning about the need to share information given where possible before the information is given with reference to our Data Protection & Confidentiality Policy
* Recognises the need for working in partnership (including appropriate information sharing) with other agencies for the protection of children and young people
* Will ensure that all staff and volunteers are selected, trained and supported appropriately
* Will assess all risks carefully and take all reasonably practicable steps to avoid, minimise or manage them as appropriate
* Will take whatever reasonable steps it can to alert young people to the dangers of abuse particularly at times of crisis including pandemics.
* Will review this policy and the relevant procedures regularly

**SECTION 1**

**DEFINITIONS & ROLES DEFINITIONS**

“Worker” means any paid or unpaid staff member or volunteer (including trustees).

“Young person” means a child or young person under 18 unless specified otherwise. Whilst good practice is usually the same for all people under 18, some legislation applies only to those aged under 16, some only to those aged 16 – 18.

**ROLES**

**TRUSTEES**

A named Trustee, (currently Malcolm Aickin, Treasurer) should take responsibility for leading on Safeguarding issues and the board/ committee should satisfy itself that:

* the roles outlined in this section are being undertaken appropriately.
* an appropriate Safeguarding induction, support and training programme is implemented.
* recruitment procedures safeguard young people’s welfare.

**DESIGNATED SAFEGUARDING LEAD**

The DSL is the Chief Operations Officer (COO) of City & Hackney Carers Centre or a designated senior member of staff in their absence.

The Designated Safeguarding Lead has the following responsibilities:

* to ensure that this policy is implemented and is adhered to at all times to be familiar with, and have an understanding of all relevant legislation
* to liaise with the relevant authorities within the City of London and Hackney’s Social Services Department
* to ensure that safeguarding is part of the Carers Centre’s working culture
* to arrange appropriate training and support for all relevant workers updating as required, in response to times of crisis and pandemics.
* to provide support during and after incidents involving safeguarding and referrals to Social Services or the police
* to provide the board of Trustees with appropriate information on the number and outcomes of incidents or concerns involving safeguarding young people.

**ALL WORKERS**

All workers of City & Hackney Carers Centre are expected to:

* adhere to all points as laid down in this document and related procedures
* report any incidents or concerns regarding young people’s well-being or safety to the Designated Safeguarding Lead
* use supervision sessions and other opportunities to actively discuss safeguarding issues and develop best practice
* attend induction and other training courses and ongoing training in Safeguarding.
* Advise young people of any current situations which may make them more vulnerable e.g. in a pandemic.

**DEFINITIONS OF ABUSE, NEGLECT AND GROOMING**

Abuse is a violation of an individuals’ human and civil rights by any other person or persons. Abuse and or neglect of a young person is often done by people close to and known to them which complicates the issues. Abuse can be unintentional e.g. if restricting an individual’s decision-making capacity.

The main categories of abuse are set out below but this is not an exhaustive list:

**PHYSICAL ABUSE**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm. Physical harm may also be caused when a parent, or carer feigns the symptoms of, or deliberately causes ill health to someone whom they are looking after.

**EMOTIONAL ABUSE**

Emotional abuse is the persistent emotional ill-treatment, such as to cause severe and persistent adverse effects on the young person’s emotional state and development and which may have a negative impact on the person’s self-esteem and psychological state. It may involve telling young people that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. Some level of emotional abuse is involved in all types of ill-treatment, though it may occur alone.

**SEXUAL ABUSE**

Sexual abuse involves forcing or enticing a young person to take part in sexual activities whether or not the person is aware of what is happening. For children under 16 there can never be consent and for young people aged 16 – 18 and vulnerable adults this may include people who did not or could not consent to the act in question. Note: it is illegal for anyone in a position of trust to have sex with anyone under the age of 18 years. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or

non-penetrative acts. They may include non-contact activities, such as involving people in looking at pornography or sexual activities, or encouraging people to behave in sexually inappropriate ways.

**Sexual Offences Act 2003 Definitions of Sexual Offences**

Engaging in any sexual activity, inciting or encouraging a child to behave sexually, engaging in sexual activity in the presence of a child and causing a child to watch sexual activity or pornography are all offences under this Act, as is trying to arrange any of

these activities.

Meeting a child following sexual grooming is defined as an offence in the Sexual Offences Act 2003, Section15. Grooming occurs when a person aged 18 or over, who has already met or communicated with a child under the age of 16 on at least two earlier occasions, meets the child again (or tries to meet them), with the intention to do anything to the child, or in respect of the child, during or after the meeting, which would be an offence under the Sexual Offences Act.

**NEGLECT**

Neglect is the persistent failure to meet a person’s basic physical and/or psychological needs, likely to result in the serious impairment of the person’s health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing,

failing to protect a person from physical harm or danger, or the failure to ensure access

to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a person’s basic emotional needs.

**DISCRIMINATORY ABUSE**

This is motivated by discrimination and prejudice which could be in relation to a young person’s ethnic background, gender, religion, disability or race.

**FINANCIAL ABUSE**

Manipulation or extortion of a young person’s material resources, e.g. money or possessions.

**SECTION 2**

**WHAT TO DO WHEN YOU HAVE CONCERNS ABOUT A YOUNG PERSON INDICATORS THAT COULD CONSTITUTE CAUSE FOR CONCERN:**

This list below is not exhaustive and these factors will not always provide grounds to suspect abuse or neglect on their own:

Signs of neglect such as a young person being constantly hungry, dirty, tired, inappropriately dressed for weather conditions.

Injuries suspected of being non-accidental. Injuries can be suspicious because: they are on a part of the body not usually associated with accidental injury they are unusually symmetrical

they are noticed on several occasions

they suggest attack e.g. hand prints, cigarette burns, large bite marks, any small round bruise suggestive of grabbing, black eyes.

any marks, bruises or injuries noted on a young person should be documented.

A person who displays sexualised, aggressive, depressive or withdrawn behaviour or who flinches when touched or approached.

A person who self-harms.

Non-organic failure to thrive. This can mean that a young person significantly fails to reach normal growth or developmental milestones (i.e. physical growth, weight, motor, social and intellectual development).

Conflicting accounts of injury/ medical treatment/ absence.

**PROCEDURE GENERAL**

Whenever there is cause for concern follow these steps:

If in doubt, **raise** concerns with your line manager or the COO/Trustee of the Carers Centre. Avoid acting alone except in emergencies. Out of hours contact can be made with a Senior Manager or the COO.

Follow the Carers Centre’s Lone Working Policy and Data Protection & Confidentiality Policy.

It is **not** the Carers Centre’s role to decide whether abuse/ neglect has or has not taken place: this is the role of Social Services. Any reasonable grounds for suspecting abuse/ neglect must be reported to Social Services, NSPCC or the Police for them to investigate

**DISCLOSURE BY YOUNG PERSON**

If your concern is based on a disclosure by a young person:

do not promise confidentiality, but reassure the person that the information will only be passed when this is necessary to help them

listen to the person. Do not prevent a person who wants to talk about what has happened from doing so but do not ask leading, interrogating or probing questions. You do not need to know all of the details – this is the role of Social Services or the Police

reassure the person that they were right in telling you, acknowledge any distress or difficulty in disclosing and explain what will happen next and who will be informed.

**IMMEDIATE DANGER**

If the person is in immediate danger follow these steps:

do not place yourself in danger **contact** the police by dialling 999 in an emergency, get medical help

**refer** the person to your local social services team (or Emergency Duty team if out of

office hours). Discuss any future action with them e.g. suspension of a member of staff, contacting the police, contacting parents / guardians, arrangements for immediate care of the person if needed

contact parents/ guardians as appropriate unless this could place the person at further risk of harm

as soon as possible, **inform** a Senior Manager the COO or appropriate Trustee

once the young person is no longer in immediate danger, follow the steps below.

**NO IMMEDIATE DANGER / IMMEDIATE DANGER HAS PASSED**

If the young person is not in immediate danger or once immediate danger has passed, always inform the COO or your line manager.

**REFERRAL TO SOCIAL SERVICES**

**UNCERTAIN ABOUT REFERRAL TO SOCIAL SERVICES**

If you are unsure of whether to refer to Social Services:

**discuss** your concerns with the Safeguarding Lead or your line manager (in the absence of the Safeguarding Lead).

if all relevant staff are satisfied that there are no grounds on which to make a referral,

**record** all concerns and actions and continue to monitor the situation

if still unsure, seek advice from your local Social Services Children’s team or the Police. You may decide not to give the personal details of the young people/ family involved at this stage, but to outline the situation.

**REFERRAL TO SOCIAL SERVICES**

If you decide to refer:

once a decision to refer has been made, the referral should take place **immediately**, to the local Social Services Children’s team’s (and to the Emergency Duty Team if out of office hours). Give as full an account of the relevant facts as possible

with the referral agency, plan any future actions needed with them e.g. suspension of a member of staff, contacting the police, contacting parents/ guardians,

arrangements for immediate care of the person if needed.

**AFTER AN INCIDENT/ REFERRAL**

As soon as possible, record the time, setting and details and any other witnesses to the conversation using the incident/accident form. Use the young person’s own words as much as possible. Do not include your own opinions or interpretation, only facts. Pass this information on to the relevant social services team within 24 hours of the verbal referral.

**Record** what happens and is said on the young person’s record on Charitylog under the Safeguarding project and in more details on the Incident/accident Form (see appendix 1) which can be uploaded to Charitylog. Begin to plan subsequent support for the affected young person and their family (but only include family members that you are sure are not involved in the incident).

The COO/Trustee or your line manager will provide you with ongoing support with any concerns you have.

**SECTION 3**

**WORKERS’ CONDUCT AND SUPPORT RECRUITMENT AND SELECTION**

See the Recruitment Policy for more details.

**TRAINING AND SUPPORT**

In order to safeguard young people, City & Hackney Carers Centre’s training and support process will reflect the following points:

* a requirement to work within these procedures
* supervision sessions and appraisals should include exploring the worker’s understanding of Safeguarding policies and procedures
* workers should be trained in Safeguarding on a bi-annual basis (sought from the Local Authority where possible), and as good practice, participate in six monthly awareness sessions.

See the Supervision & Appraisal Policy for more details.

**CODES OF CONDUCT**

City & Hackney Carers Centre will involve workers, young people, parents and Trustees in drawing up and regularly revising a Code of Conduct for workers covering all areas of good and bad practice as defined by the Carers Centre’s stakeholders.

All workers must understand and abide by the Carers Centre Data Protection & Confidentiality Policy.

Where workers’ behaviour does not fall within these guidelines, the worker will be considered guilty of misconduct or gross misconduct and their Line Manager will instigate a disciplinary procedure as set out in the Disciplinary Policy.

**IF ALLEGATIONS HAVE BEEN MADE ABOUT A WORKER, VOLUNTEER OR TRUSTEE**

If an allegation has been made about a worker, always inform the COO and/or your line manager, or the appropriate trustee who must then consider whether this is a safeguarding matter, referring the matter to the local Safeguarding team, the disclosure and barring service (DBS) and the police.

If a staff member, volunteer or trustee resigns or steps down during a safeguarding investigation, the investigation will still be undertaken and completed and appropriate action taken following the outcome.

All workers have access to the Carers Centre Disciplinary Policy as well as Grievance

Policy in place for all workers.

Where workers or line managers are concerned that a young person is at risk of physical or psychological injury due to the practice of a worker, their concerns must be passed on. The initial point of contact should be their line manager or the COO/Trustee. If, following discussion and investigation these concerns are substantiated, then the Disciplinary Procedure must be followed alongside the procedures outlined in Section 2.

When an allegation is made against a worker, they will receive support during the process of verifying or disproving the allegation from an appropriate member of staff or other professional as agreed with their line manager. This support must not jeopardise any investigation or put the young person at risk.

**WHISTLE BLOWING**

Workers should report concerns in confidence to the COO or the appropriate Trustee. Workers’ concerns will be treated in confidence and will be investigated and acted upon in a manner that respects the worker’s confidentiality. The process will avoid harassing the worker or treating them unfairly. Line managers are responsible for ensuring that the person raising concerns does not suffer reprisals from colleagues.

Where such reports are made in good faith, the worker will not be penalised, regardless of the accuracy of the report. However, where workers make allegations maliciously, they will be subject to disciplinary proceedings as set out in the Disciplinary Policy.

See the Whistle Blowing Policy for more details.

**SECTION 4**

**COMPLAINTS**

All young people, their parents/ guardians and their carers should be made aware of their entitlement to use the Carers Centre’s Complaints Policy in a manner appropriate to their need

**SECTION 5**

**LEGISLATION**

the organisation seeks to comply with:

* The Children and Families Act 2014
* Working together to Safeguard Children 2018
* The Equality Act 2010
* The Children Act 1989
* The Children and Social Work Act 2017
* Human Rights Act 1998
* Protection of Children Act 1999
* Sexual Offences Act 2003
* Female Genital Mutilation Act 2003
* Children Act 2004
* Health and Social Care Act 2008
* Protection of Freedoms Act 2012
* Young Carers Needs Assessment Regulations 2015
* Counter-Terrorism and Security Act 2015 (in relation to the [Prevent Agenda](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf))
* Children Act 2004 as amended by Children and Social Work Act 2017
* General Data Protection Regulation (GDPR) 2018
* Data Protection Act 2018

**RELATED POLICIES**

This policy should be read in conjunction with:

The Whisteblowing policy

Recruitment and Selection policy

Disciplinary policy

Grievance policy

Equality and Diversity policy

Data Protection policy

Code of Conduct

**Appendix 1.**

**INCIDENT REPORT FORM**

Use this form to report accidents, injuries, medical situations, safeguarding concerns or challenging behaviour incidents. If possible, the report should be completed within 24 hours of the events. Submit completed forms to a Senior Manager to review.

|  |  |  |  |
| --- | --- | --- | --- |
| INFORMATION ABOUT PERSON/S INVOLVED IN THE INCIDENT | | | |
| Full Name | | | |
| Home Address | | | |
| Carer | Employee | Visitor | Cared for |
| Phone Number | Home | Mobile | Email |

|  |
| --- |
| INFORMATION ABOUT THE INCIDENT |
| |  |  |  | | --- | --- | --- | | Date of Incident | Time | Police Notified Yes No | |
| Location of Incident |
| Description of Incident (what happened, how it happened, factors leading to the events, etc.) Be specific as possible (attach additional sheets if necessary) |
| Were there any witnesses to the Incident Yes No  If yes, attach separate sheet with names, addresses, and phone numbers. |
| Was the individual injured if so, describe the injury (laceration, Sprain, etc.), the part of body injured, and any other information known about the resulting injuries. |
| Was medical treatment provided Yes No Refused  If yes, where was treatment provided: On site Urgent Care Emergency Room Other |

|  |
| --- |
| REPORT INFORMATION |
| Individual Submitting report (print name) |
| Signature |
| Date Report Completed |

|  |
| --- |
| FOR OFFICE USE ONLY |

Report Received by ------------------------------------------------ Date----------------------------------

|  |
| --- |
| FOR OFFICE USE ONLY |

Document any follow-up action taken after receipt of the incident report.

|  |  |  |
| --- | --- | --- |
| Date | Action Taken | By Whom |
|  |  |  |
|  |  |  |
|  |  |  |