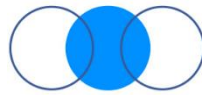


<b>Code</b>	<b>SCP.001</b>
<b>Title</b>	<b>Safeguarding Policy and Child Protection Policy</b>
<b>Status</b>	<b>Active</b>
<b>Prepared by</b>	<b>Stuart Hanson</b>
<b>Approved by</b>	<b>Andrew Buckingham</b>
<b>Date Approved</b>	<b>15.03.18</b>
<b>Revision Number</b>	<b>Version 1.0</b>
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<b>Date of next review</b>	<b>15.03.18</b>
<b>Contact Officer</b>	<b>Stuart Hanson</b>
<b>Distribution Status</b>	<b>Controlled</b>



## CHILD PROTECTION AND SAFEGUARDING VULNERABLE ADULTS: POLICY AND GUIDANCE

### Definitions

A **child** in this policy is defined as *anyone under the age of 18*.

A **Vulnerable Adult** is defined in accordance with The Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 2002 as *a person aged 18 or over who has a condition of the following type:*

- i. a substantial learning or physical disability;*
- ii. a physical or mental illness or mental disorder, chronic or otherwise, including an addiction to alcohol or drugs; or*
- iii. a significant reduction in physical or mental capacity.*

**Safeguarding:** There is no legal definition of safeguarding. However, in this policy, any references to safeguarding are in keeping with the Government report in 2006, *Making Safeguarding Everyone's Business*, in which there was a shift in emphasis from protecting children and vulnerable adults from harm, to preventing abuse and neglect in the first instance. Therefore, safeguarding is defined here as *both safeguarding and promoting welfare together, through:*

- i. protecting children, young people and vulnerable adults from maltreatment*
- ii. preventing impairment of children, young people and vulnerable adults' health and/or development; and*
- iii. ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care to enable them to have optimum life chances such that they enter adulthood successfully.*

The following **acronyms** are used throughout the document:

PSO – Principal Safeguarding Officer

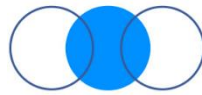
SO – Safeguarding Officer

DBS - Disclosure & Baring Service

### Background

Direct Mediation Services believe that every young person and vulnerable adult has the right to be safe and that their welfare is paramount. This includes young people and vulnerable adults of any gender, ethnic background, sexuality or religion, or with any disability. It is committed to safeguarding and promoting the welfare of young people and vulnerable adults and seeks to ensure that all of its services, staff and mediators work to achieve the best outcomes for young people and vulnerable adults.

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As safeguarding underpins all of the work of Direct Mediation Services, it is essential that the work is carried out under a robust safeguarding policy framework. Direct Mediation Services recognises that safeguarding is the responsibility of everyone, and therefore seeks to make safeguarding a priority throughout the organisation. Resources are allocated to support this commitment and towards making Direct Mediation Services a safer organisation for all those associated with it.

Direct Mediation Services is committed to putting into practice Article 12 of the Convention on the Rights of the Child, which states that children have the right to participate in decision-making processes that may be relevant in their lives and to influence decisions taken in their regard within the family. As part of this commitment, this policy seeks to ensure that any barriers to young people's participation are addressed.

To achieve success, Direct Mediation Services will:

- have clear lines of accountability for safeguarding throughout the organisation
- set up effective performance management arrangements
- set clear goals and monitor and review progress
- undertake regular annual reviews of its safeguarding processes and practices (including the Health and Safety Policy, Confidentiality Policy, Equal opportunities Policy and First Aid Policy)
- maintain the resources necessary to support this commitment; and
- provide training to staff at all levels of the organisation in applying safeguarding principles to every aspect of their work.

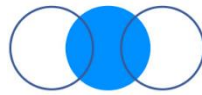
## **Legislation and Government Guidance**

Over the past decade there has been a wealth of legislation and government policy relating to protection of Children,

Young People and Vulnerable Adults. This includes:

- Children Act 1989
- The Police Act 1997
- The Protection of Children Act 1999
- Criminal Justice and Court Services Act 2000
- Care Standards Act 2000
- Safeguarding Children 2002 – Chief Inspectors Report
- The Victoria Climbié Inquiry 2003 – Lord Laming Report
- Keeping Children Safe 2003 – Government response
- Every Child Matters Change for Children –Green paper 2003

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- The Sexual Offences Act 2003
- The Children Act 2004
- Bichard Inquiry 2004
- Every Child Matters and the Children Act 2004 Safeguarding
- Children: Second Chief Inspectors Report 2005
- Safeguarding Vulnerable Groups Act 2006 Working
  
- Together to Safeguard Children 2006
- Making Safeguarding Everyone's Business 2006 – Government Report
- Safeguarding children: Third Chief Inspectors Report 2008

It is within this policy context that Direct Mediation Services operates its Safeguarding Policy and associated policies and procedures.

Direct Mediation Services is committed to:

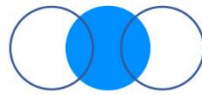
- exercising proper care in the selection, appointment and support of those working with children, young people and vulnerable adults whether paid or voluntary
- working in partnership with young people and vulnerable adults, valuing their contributions, while ensuring they are safe and protected while partaking in Direct Mediation Services' activities and programmes
- working in partnership with parents and carers and offering support, encouragement and advice
- working in partnership with other agencies who are concerned with the well-being of children, young people and vulnerable adult
- working with young people and vulnerable adults and including them in creating a safe environment where they can take part in development activities and consequently increase in confidence; and
- implementing and maintaining a process for dealing with concerns about possible abuse.

### Policy and Guidance Document Content

The Policy sets out agreed processes in relation to the following areas:

- i. The Roles and Appointment of Staff and Mediators
- ii. Codes of Conduct for Staff and Mediators
- iii. Staff Supervision
- iv. Appointment of a Safeguarding Officer
- v. Responding to possible abuse
- vi. Abuse of Trust Guidelines

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- vii. Whistleblowing Procedure
- viii. Parental consent for child consultations
- ix. Appendices:
  - Appendix A: Recognising signs of abuse.
  - Appendix B: The role of the Principal Safeguarding Officer.
  - Appendix C: Responding to abuse and Incident Form.
  - Appendix D: Contact details.

## 1. The Roles and Appointment of Staff and Mediators

### 1.1. The authority to appoint staff and mediators to organisation

The ultimate responsibility for the appointment of staff and mediators is held by the Managing Partner. For the purpose of administrating the policy, the process of appointment may be delegated to a member of Senior Management Team and it is their duty to report on any appointments to the Managing Partner. The ultimate responsibility for the appointment of mediators is held by Managing Partner. Direct Mediation Services confirms its commitment to recruit all staff and mediators in accordance with the Disclosure & Baring Service (DBS) Code of Practice and legislative requirements.

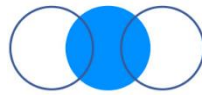
### 1.2. Appointment procedures

- i. All paid positions should have a job description and a person specification.
- ii. All prospective staff and mediators (hereafter referred to as the 'applicant') are required:
  - to send in a curriculum vitae including previous experience and a personal statement, as well as completing an equal opportunities form that includes personal details and declaration of any criminal offences or allegations
  - to provide details of 2 referees; and
  - to agree that they will co-operate with an enhanced DBS and may be requested to complete an application form at this stage so that the procedure can be completed as soon as possible if appointed. Reluctance to do this will not prejudice the selection panel's decision.
- iii. The procedure for the appointment of staff will involve:
  - an interview involving at least two from: the Managing Partner, the Office Manager, a member of the Senior Management Team.

The Managing Partner in consultation with the Senior Management Team makes the final decision for appointment.

- iv. If a suitable applicant is identified for the post the following conditions apply:
  - they are offered the position subject to a 3-month probation period and an enhanced disclosure using the DBS process

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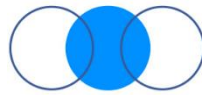
- they can submit a DBS certificate already held as long as the certificate has all the correct personal details and was issued not more than 12 months prior to the post starting date
  - the probation period may not be ended until the return of the DBS certificate
  - staff members and mediators who are waiting for a DBS certificate to be returned may start working for Direct Mediation Services, but must be supervised while working with young people until the DBS is returned. This means that they must always be within eyeshot or earshot of someone who has been DBS checked; and
  - on the return of the DBS certificate, should an offence against a child or children be revealed then the applicant would be informed they are unsuitable for the post after the Managing Partner has sought advice from the Family Mediation Council in ensuring best practice in responding to the situation.
- v. On appointment, the applicant or mediator is provided with a contract that includes a job description and outlines their responsibilities with reference to this Safeguarding Policy terms and a signed agreement.

## **2. Codes of Conduct for Staff and Mediators**

The following code of conduct applies to all Direct Mediation Services staff and mediators working with children, young people and vulnerable adults.

- Avoid unnecessary physical contact.
- Avoid taking a young person alone in a vehicle on journeys, however short.
- Unless circumstances make it impossible to comply, avoid taking a child or vulnerable adult to the toilet unless either (a) another adult is present or (b) another adult is aware (this may include a parent).
- If you find you are in a situation where you are alone with a child, young person or vulnerable adult, wherever practicable make sure that others can clearly observe you.
- Avoid close personal relationships with a child, young person or vulnerable adult in relation to whom they are in a position of trust.
- Never make suggestive or inappropriate remarks to or about a child, young person or vulnerable adult, even in fun, as this could be misinterpreted.
- If a child, young person or vulnerable adult accuses a member of staff or mediator of abuse or inappropriate behaviour this should be reported immediately to the relevant person.
- The duty to report applies equally to complaints or accusations of historic, and not just recent, abuse/inappropriate behaviour.
- Recipients of any complaint or accusation from a child, young person or vulnerable adult, must listen without making or implying any judgement as to the truth of the complaint or accusation.

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- If a child, young person or vulnerable adult makes a complaint, or if there are other reasons for suspecting abuse, this should be reported immediately to the designated staff member responsible for the safeguarding of children, young people and vulnerable adults named in section 4 of this policy.
- All staff and mediators should participate in the training available to support them in your work with children, young people and vulnerable adults.
- Staff and mediators should remember that those who abuse children, young people and vulnerable adults can be of any age (even other children and vulnerable adults), gender, ethnic background or class, and it is important not to allow personal preconceptions about people to prevent appropriate action taking place.
- Good practice includes valuing and respecting children, young people and vulnerable adults as individuals, and the adult modelling of appropriate conduct, which would exclude bullying, aggressive behaviour and discrimination in any form.
- Those dealing with any allegations of abuse or misconduct should adhere to the principles set out in the policy. Any information received should be acted upon sensitively, effectively and efficiently. Wherever possible, those making allegations should be given information about the outcome.
- Although allegations should be reported only on a “need to know” basis, no one should be concerned that they will be breaching confidentiality or the Data Protection Act, as complying with the policy overrides such obligations. If the person making the allegation feels they need counselling or other appropriate support from Direct Mediation Services, they are encouraged to seek it; and
- Appropriate licencing laws must be complied with.

### 3. Staff supervision

- i. On appointment all staff and mediators will be provided with a timetable of provision for supervision, monitoring and support and are expected to comply with these expectations.
- ii. All staff and mediators are expected to become familiar with the Safeguarding Policy. It is the responsibility of the Managing Partner to identify or provide suitable training opportunities for staff and mediators and ensure that they know how to identify and address child protection and vulnerable adult issues.

### 4. The appointment of the Safeguarding Officer

Direct Mediation Services recognises the importance of appointing a named member of staff to handle any concerns regarding the safety of children, young people and vulnerable adults (hereafter referred to as Principal Safeguarding Officer).

The position of Principal Safeguarding Officer (PSO) is held by: **Mr Stuart Hanson**

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In order to provide an effective and accessible service, there are identified Safeguarding Officers (SO) as part of the safeguarding team. The Safeguarding Officers are: **Dr Dorian Ramirez Sosa, Mrs. Jan Coulton.**

Significant safeguarding issues that arise should be made known to Mr. Stuart Hanson.

The responsibilities of the PSO are detailed in 'The Role of the Principal Safeguarding Officer' in Appendix B and the contact details are given in Appendix E.

## **5. Responding to possible abuse**

The guidelines in this section are for all staff and mediators responding to incidences of or concerns regarding abuse.

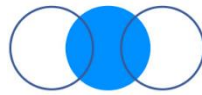
Official definitions of abuse and advice on recognising signs of abuse can be found in Appendix A.

### **5.1. What to do if abuse is suspected to have occurred**

- i. Report concerns as soon as possible to the PSO who has been nominated to act on behalf of Direct Mediation Services, referring allegations or suspicions of neglect or abuse to the statutory authorities.
- ii. If the suspicions in any way implicate the PSO the report should be made directly to a PSO. If all the SOs and PSO are implicated in the suspicions, contact the referral desk of the local Social Services. It is best to contact the Social Services that cover the young person's or vulnerable adult's home address or school, as they will hold any previous records.
- iii. Suspicions should not be discussed with anyone other than those named on this document unless specifically requested by the child, young person or vulnerable adult involved. It is good practice to ensure young people and vulnerable adults feel supported through any safeguarding process; confidentiality should work to protect young people and vulnerable adults, not to deny them support. It is the role of the PSO to ensure that any wider staff do not take on direct responsibility of dealing with an allegation and only take on a supporting role.
- iv. All reports, including electronic reports, should be kept in a locked or secure place. Reports should be kept for a minimum of 7 years although requirements may vary under contracts from different partners.
- v. It is the right of any individual as a citizen to make a direct referral to the child protection or vulnerable adult agencies; it is hoped that all members of staff and mediators will follow this procedure. If, however, they feel that the response of the Principal Safeguarding Officer or Safeguarding Officers has not been appropriate it open to staff to contact the relevant agencies directly.

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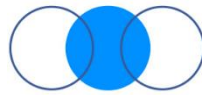


## 5.2. What to do when a child, young person or vulnerable adult talks about abuse

The following guidelines are not designed to be a step by step process, but rather an indication of helpful ways to respond to a young person or vulnerable adult who talks about abuse:

- i. Show acceptance of what you are being told, even when the story seems to be unlikely
- ii. Keep calm, and ensure your body language remains reassuring
- iii. Tell the young person or vulnerable adult that the best way you can help them is to tell someone else, but you will only tell other people who can help them like yourself
- iv. Assure the young person or vulnerable adult they are not to blame
- v. Be aware that the young person or vulnerable adult may have been threatened or bribed not to tell, this is especially relevant where grooming has taken place
- vi. Never push for information, if you feel a young person or vulnerable adult was about to tell you something and then changes their minds, it is important to accept that they have decided not to tell you at this time, however it is important that the child is left knowing that you are always ready to listen.
- vii. Helpful things to say:
  - “Thank you for telling me.”
  - “It’s not your fault.”
  - “I will help you and only tell other people who can help you like me.”
  - Let the child know everything you are doing step by step. This allows the child to feel that they still have some control over what is happening to them, e.g. “I am going to leave the room now and call someone who can come and help us, when I come back I am going to tell you what was said.”
- viii. Things NOT to say:
  - “I am shocked!”
  - “Why did you not tell anyone before?”
  - “I can’t believe it!” or “Are you sure this is true?”
  - WHY? HOW? WHEN? WHO? WHERE?
  - Never make a promise that you cannot keep.

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### 5.3. What to do following a child or vulnerable adult talking about abuse

- i. Make notes as soon as being told, preferably within an hour on the incident form referenced in 5.1. When making a recording, it is important to write down exactly what the child/vulnerable adult has said, what you said in reply, when it was said, and what had happened immediately before hand (a description of the activity). Record dates and times of the events and when you made the report. Keep all hand written notes even if these have been typed at a later time.
- ii. Follow the guidance given in 5.1 with regards to informing the PSO.
- iii. Ensure appropriate follow up has been arranged for the child/vulnerable adult, taking into consideration whether it is safe for the child to return home. This is part of the responsibility of the PSO, unless the PSO is implicated, (see Appendix B, for the process the Principal Safeguarding Officer will follow).

### 6. 'Abuse of trust' guidelines.

- i. Young people and vulnerable adults who are over the age of consent are still in need of protection. The Home Office have produced guidelines that, although hold no statutory force, contain the principles of good practice in protecting vulnerable young adults or adults where a relationship of trust has been built up with an adult. Direct Mediation Services is committed to protecting all those that they work with. It will therefore be unacceptable for any member of staff or mediator to engage in behaviour that might allow a sexual or an 'inappropriate' relationship to develop while the relationship of trust continues.
- ii. New mediators on probation and without a DBS should be assigned a supervisor; the supervisor needs to ensure that the new mediator is not left in any position where they could be accused of any misconduct with a young person. The PSO also needs to provide, or source, child protection training that is at a suitable and understandable level for individual mediators.

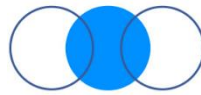
### 7. Whistleblowing Procedures

This sections outlines guidance and recommendations regarding whistleblowing and raising concerns regarding Direct Mediation Services' staff.

#### 7.1. Staff responsibilities

- i. Staff must acknowledge their individual responsibility to bring matters of concern to the attention of senior management and/or relevant agencies. Although this can be difficult, this is particularly important where the welfare of young people or vulnerable adults may be at risk.
- ii. Even where staff do not feel able to express their concerns out of a feeling that this would be disloyal to colleagues or fear harassment or victimisation, this must never result in a child, young person or vulnerable adult continuing to be unnecessarily at risk and concerns should always be reported.

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## 7.2. Reasons for whistleblowing

Each individual involved in Direct Mediation Services has responsibility for raising concerns about unacceptable practice or behaviour for the following reasons:

- i. to prevent the problem worsening or widening
- ii. to protect or reduce risks to others; and
- iii. to prevent themselves from becoming implicated.

## 7.3. Challenges in whistleblowing

Staff and mediators may experience the following concerns when contemplating whistleblowing, which will need to be overcome:

- i. starting a chain of events which spirals
- ii. disrupting the work
- iii. fear of getting it wrong
- iv. fear of repercussions or damaging careers; or
- v. fear of not being believed.

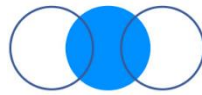
## 7.4. How to raise a concern

- i. You should voice your concerns, suspicions or uneasiness as soon as you feel you can. The earlier a concern is expressed the easier and sooner action can be taken.
- ii. Try to pinpoint exactly what practice is concerning you and why.
- iii. Approach your immediate manager or Direct Mediation Services' PSO.
- iv. If your concern is about your immediate manager or a Safeguarding Officer at Direct Mediation Services contact Social Services.
- v. Make sure you get a satisfactory response - don't let matters rest.
- vi. Ideally you should put your concerns in writing, outlining the background and history, giving names, dates and places where you can.
- vii. A member of staff is not expected to prove the truth of an allegation, but you will need to demonstrate sufficient grounds for the concern.

## 7.5. What happens next

- You should be given information on the nature and progress of any enquiries.
- Your employer has a responsibility to protect you from harassment or victimisation.
- No action will be taken against you if the concern proves to be unfounded and was raised in good faith.
- Malicious allegations may be considered as a disciplinary offence.

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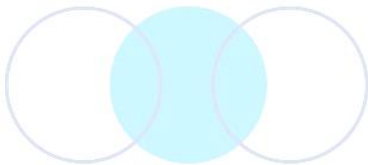


## 7.6. Self-reporting

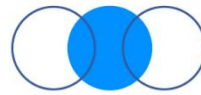
There may be occasions where a member of staff has a personal difficulty, perhaps a physical or mental health problem, which they know to be impinging on their professional competence. Staff have a responsibility to discuss such a situation with their line manager so professional and personal support can be offered to the member of staff concerned. Whilst such reporting will remain confidential in most instances, this cannot be guaranteed where personal difficulties raise concerns about the welfare or safety of children, young people or vulnerable adults.

## 7.7. Further advice and support

It is recognised that whistle blowing can be difficult and stressful. Advice and support is available from your line manager and/or your professional or trade union



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## Appendix A (page 1 of 2)

### Definitions and signs of abuse

#### Definitions of abuse

##### Neglect

The persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold and starvation or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

##### Emotional

Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill-treatment. This category is used where it is the main or sole use of abuse.

##### Physical

Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering) to a child, including deliberate poisoning, suffocation and Munchausen's syndrome by proxy.

##### Sexual

Actual or likely exploitation of a child or adolescent. The child may be dependent and/or developmentally immature (Sexual exploitation represents the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or violate social taboos or family roles).

##### Organised

Abuse involving one or more abuser and a number of related or non-related abused children and young people. The abusers concerned may be acting in cohort to abuse children, sometimes acting in isolation or may be using an institutional framework or position of authority to recruit children for abuse.

### Recognising signs of abuse

The following signs may or may not indicate abuse, in the event that one or more of the signs is present the possibility of abuse should be considered:

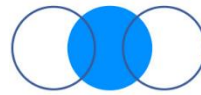
##### Neglect

- under-nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care.

##### Physical

- any injuries not consistent with the explanation given for them.

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- injuries which have to receive medical attention.
- reluctance to change for, or participate in, games or swimming.
- repeated urinary infections or unexplained abdominal, 'tummy' pains; or
- bruises, bites, burn, fractures etc which do not have an accidental explanation.

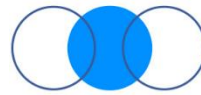
### Emotional

- changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy. Also depression, aggression and extreme anxiety
- nervousness, frozen watchfulness, persistent tiredness
- obsessions or phobias.
- sudden under-achievement or lack of concentration
- inappropriate relationships with peers or adults
- attention seeking behaviour; or
- running away, stealing, and lying.

### Sexual

- any allegations made by a child concerning sexual abuse
- a child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who engages in age-inappropriate sexual play
- sexual activity through words, play or drawing
- child who is sexually proactive or seductive with adult
- inappropriate relationships with peers and or adults
- severe sleep disturbances with fears, phobias, vivid dreams or nightmares
- eating disorders – anorexia or bulimia; or
- evidence of grooming by individuals or groups of adult.

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## Appendix B

### The Role of The Principal Safeguarding Officer

The Principal Safeguarding Officer (PSO) acts as person responsible for Child Protection and Vulnerable Adult issues reported by staff, mediators and members of the public. The PSO will follow set procedures in responding to a Child Protection or Vulnerable Adult Report. In the absence of the PSO, the SOs will follow the same procedures. As Direct Mediation Services operate out of multiple locations, safeguarding leads have been appointed within each team so a quick response can be made to any allegation made. The PSO is responsible for assisting staff in the follow up of allegations and ensuring best practice is maintained across Direct Mediation Services as a whole.

### Allegations of Physical Injury or Neglect

If the young person or vulnerable adult has a physical injury or symptom of neglect the PSO will:

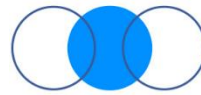
- i. Contact Social Services for advice in cases of deliberate injury or where there are concerns about the young person or vulnerable adult's safety. The parents should not be informed by the PSO in circumstances where a parent/carer or close family member is suspected.
- ii. Where emergency medical attention is necessary it will be sought immediately. The PSO will inform the doctor of any suspicions of abuse.
- iii. In other circumstances the PSO will speak with the parent/carer and suggest medical help/attention is sought for the young person or vulnerable adult. The doctor or health visitor will then initiate further action, if deemed necessary
- iv. If appropriate the parent/carer will be encouraged to seek help from the Social Services Department.
- v. Where the parent/carer is unwilling to seek help, if appropriate, the PSO will offer to go with them. If they still fail to act the PSO should, in case of real concern, contact Social Services for advice.
- vi. When the PSO is unsure whether to make a referral to the Social Services.
- vii. The PSO will follow up any referral made to the Social Services Department so best practice can be maintained with any on-going work with that young person or vulnerable adult. Any workers working alongside that child will only be given the information that they need to ensure the physical and emotional wellbeing of young person or vulnerable adult is being met.

### Allegations of Sexual Abuse

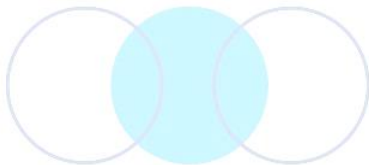
In the event of allegations or suspicions of current sexual abuse the PSO will:

- i. Contact Social Services duty social worker or Police Child Protection team directly. The PSO will not speak to the parent or carer or anyone else about the suspicion. The PSO may inform their line manager of events to ensure best practice is met.
- ii. Under no circumstances will the PSO try and carry out an investigation into the allegations or suspicions of sexual abuse.

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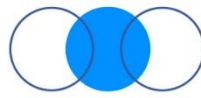


- iii. While allegations or suspicions of sexual abuse will normally be reported to the PSO, the absence of the PSO and SO should in no way delay the referral to Social Services. Staff may ask for assistance and guidance from the designated Safeguarding lead in their team or the most senior member of staff if they feel that they are unable to follow the child protection procedure in the absence of the PSO and SOs.
- iv. City Gateway supports the role of the PSO and SOs and accepts that any information that they may have in their possession will be shared in a strictly limited way on a need to know basis.
- v. The PSO will follow up any referral made to the Social Services Department, so best practice can be maintained with any on-going work with that child. Any workers working alongside that child will only be given the information that they need to ensure the physical and emotional wellbeing of the child is being met.



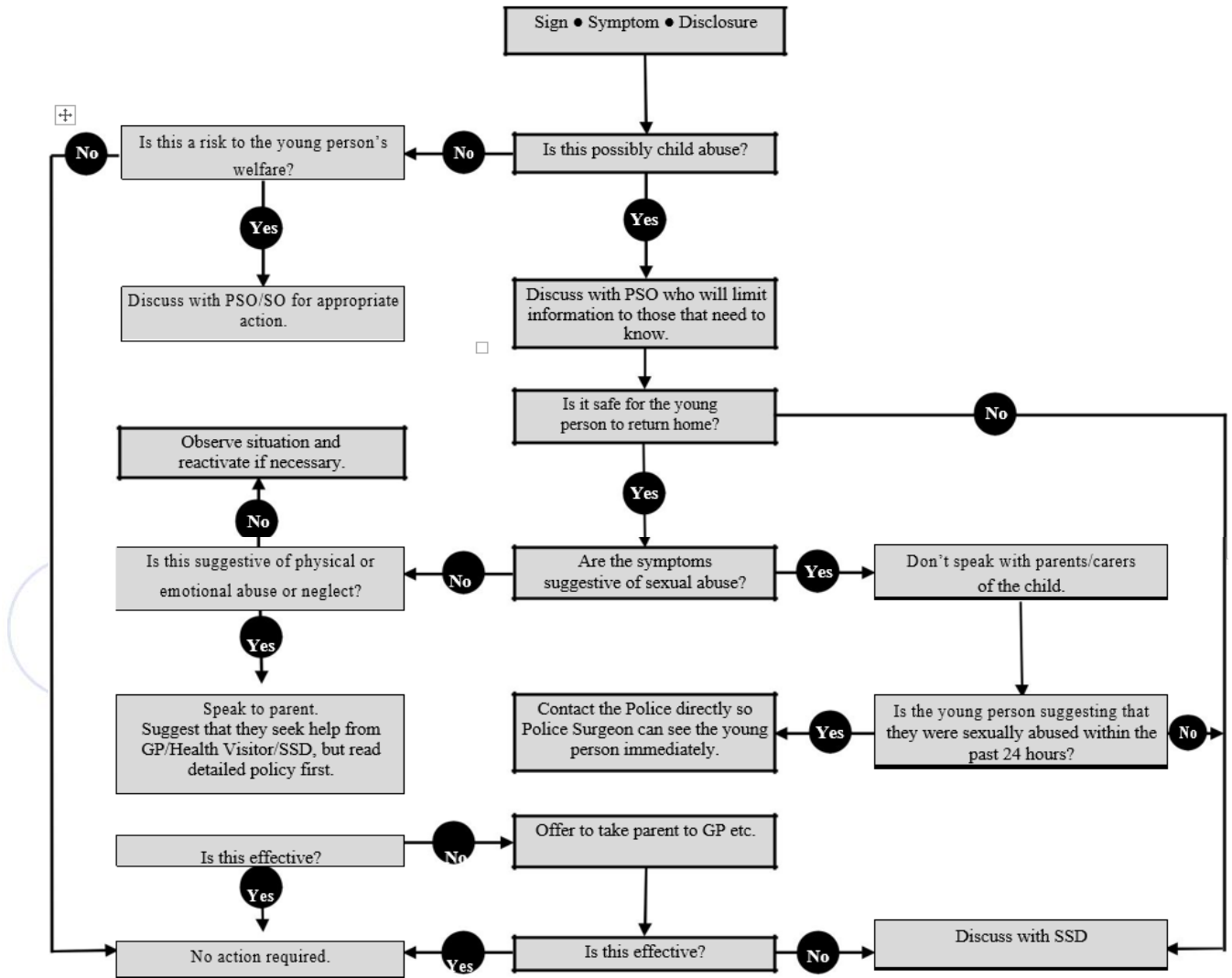
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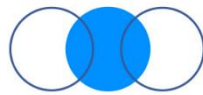




## Appendix C

### Responding to Abuse Flow Chart (this flowchart also applies to abuse situation concerning a Vulnerable Adult)





## Appendix D

### Child protection/vulnerable adult incident form

#### Confidential document

Date and Time of Incident:

Date and Time of Reporting:

Location and Context of Incident:

Name of Child/ Young Person/ Vulnerable Adult:

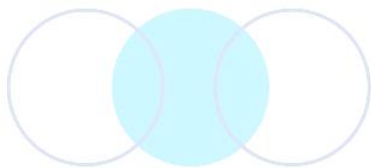
DOB:

Address:

Name of person of reporting events:

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Details: sequences of events, actual words used and observations.



Action taken:

Name of person contacted:

(SPO/SSD Police)

Date and Time:

Further Notes:

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## Appendix E

### Key Contacts and References

**Principal Safeguarding Officer:** Stuart Hanson: 07748 966211

#### Safeguarding Officers:

Dorian Ramirez Sosa: 07731 982367

Jan Coulton: 07879404812

#### Police

In emergency call 999

#### NSPCC

Child Protection Helpline: 0808 800 5000



#### Parentline

A national Helpline for parents under pressure: 0808 800 2222

#### Childline

Freepost 1111, London N1 0BR

Tel: 0800 1111

#### Ann Craft Trust

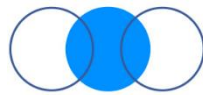
Tel: 0115 951 5400

A national association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.

#### MIND infoline

Tel: 0845 766 0163

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**DIRECT MEDIATION  
SERVICES**

Information regarding mental health related issues. Help in finding out options and local services. Mon – Fri 9.15 – 5.15.

**RESPOND**

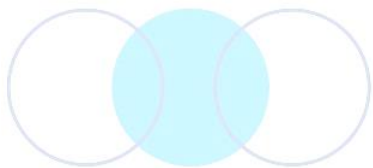
Tel: 020 7383 0700

Provides therapeutic intervention for people with learning disabilities who have been abused.

**SANELINE**

Tel: 0845 767 8000

National helpline for anyone coping with mental illness



**DIRECT MEDIATION  
SERVICES**

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