
Safeguarding policy

This policy and the way in which it operates will be reviewed every 2 years.

The policy was reviewed in May 2019

Signature

Position

Date

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1. General Statement of Policy

- 1.1.The Resource Centre believes that children and adults have the right to protection from abuse, and should be able to live free from the fear of abuse.
- 1.2.The Resource Centre is committed to ensuring that disclosures of abuse and safeguarding concerns are taken seriously and acted upon appropriately.
- 1.3.The Resource Centre is committed to ensuring that our staff understand their roles and responsibilities, and are provided with appropriate information and training, in respect to safeguarding children and adults at risk.

2. Purpose

- 2.1.The purpose of this policy is to outline the duty and responsibility of the Resource Centre in respect to Safeguarding. The key objectives of this policy are to:
 - 2.1.1.Explain the responsibilities of the Management Committee, Safeguarding Officer and workers in respect of the safeguarding of children and adults at risk.
 - 2.1.2.Enable workers who receive disclosures of, witness, or suspect abuse to make informed and confident responses.
 - 2.1.3.Ensure that prompt action is taken to minimise the risk of harm occurring from any further abuse.
 - 2.1.4.Ensure that information relating to safeguarding is kept securely and only shared on a need-to-know basis.

3. Scope

- 3.1.Safeguarding is about protecting the safety, independence and wellbeing of people at risk of abuse, and is everybody's responsibility.
- 3.2.This policy relates to all children, young people and adults who become known to the organisation through the course of our work and who may be at risk of abuse.
- 3.3.Assessing whether children or adults are experiencing abuse is the responsibility of professionals within the local authority. The Resource Centre's role is therefore not to assess whether abuse has taken place, but to safeguard by informing the local authority if information becomes known to us that could indicate that abuse **may** have taken place, or that a child or adult may be at risk of abuse.
- 3.4.For the purpose of this policy, a child is defined as a person under the age of 18 and an adult is defined as a person aged 18 years or over. A young person is a child aged 13 years and over.
- 3.5.For the purpose of this policy an adult at risk of abuse is defined as "someone who has care and support needs and is therefore unable to protect themselves from either the risk of, or the experience of, abuse or neglect" (Brighton & Hove City Council website, "Safeguarding adults at risk").

4. Responsibilities

4.1. Safeguarding Officer

- 4.1.1. The Resource Centre Management Committee delegates overall responsibility for safeguarding in the Resource Centre to Mireille Shimoda as Safeguarding Officer.
- 4.1.2. The Safeguarding Officer should ensure that the Management Committee receives necessary reports on safeguarding issues, and may call a special meeting of the Management Committee where a safeguarding matter requires the Committee's urgent attention.
- 4.1.3. The Safeguarding Officer is responsible for implementing arrangements for safeguarding the welfare of children and adults at risk throughout the organisation.
- 4.1.4. The Safeguarding Officer is responsible for dealing with all instances relating to safeguarding children or adults at risk that arise within the Resource Centre. She will respond to all safeguarding concerns and make appropriate referrals to the local authority.
- 4.1.5. In the absence of the Safeguarding Officer, Judy Goss is responsible.

4.2. Workers

- 4.2.1. All workers have a duty to promote the welfare of children and adults at risk. It is everybody's responsibility to recognise the signs of, and to report, abuse wherever it is seen, suspected or disclosed. Workers must also respond appropriately to any disclosure and take any immediate action necessary to protect children and adults at risk.

5. Information

- 5.1. All workers will be provided with information to enable them to recognise possible signs of abuse and respond appropriately. This information will form appendices to this Safeguarding Policy. It is the responsibility of the Safeguarding Officer to ensure this information is kept up-to-date. It is the responsibility of all workers to familiarise themselves with this information, particularly the information in *Appendix 5. Types and indicators of abuse*.
- 5.2. The Safeguarding Officer should complete training on safeguarding children and adults once every 2 years.

6. Safeguarding within the context of Resource Centre work

- 6.1. The majority of direct work with service-users is done in the context of our open-access drop-in service. This is a public space, in the reception area of the building, and there are always at least two workers present.
- 6.2. The Resource Centre does not run services specifically for children and young people, although children and young people may attend the open-access drop-in service, either with a parent/carer or, in the case of young people, as an unaccompanied representative of a community group.
- 6.3. Resource Centre workers provide one-to-one advice sessions with adults in the Resource Centre, on topics relating to running community groups. Because these sessions are not on topics relating to the adult's own personal affairs, they do not, by definition, render the service users at particular risk, (although these adults may be at risk in other contexts).

- 6.4. From time to time, Resource Centre workers provide one-to-one advice sessions to adults in their own homes, on topics relating to running community groups. This is unusual, and does not happen in the course of our day-to-day work. This service is offered when meeting in the Resource Centre is not possible because the service-user is unable to come in due to impairment, caring responsibilities or other individual circumstances.
- 6.5. The Resource Centre does not, in general, provide one-to-one advice sessions to young people. Should a Resource Centre worker provide an advice session to a young person, there must be at least one other person present in the room at all times (another young person, an accompanying adult, or another Resource Centre worker). Such a session would be exceptional, as our services are generally aimed at and used by adults, and young people organising a group together will usually be referred to a suitable youth service or organisation.
- 6.6. The roles of Resource Centre workers do not fall within the legally defined eligibility criteria for requesting Enhanced Disclosure and Barring Service (DBS) checks (as outlined in the [DBS eligibility guidance](#)). The Resource Centre does not, therefore, request Enhanced DBS disclosures for workers.
- 6.7. Resource Centre workers build up long-term working relationships with members of community groups who use our services regularly. It is therefore possible that disclosures of abuse could be made to Resource Centre workers, or that possible indicators of abuse may be observed by Resource Centre workers.

7. Confidentiality and information sharing

- 7.1. Resource Centre staff have a responsibility to share information about children and adults at risk if that information may indicate that the child or adult at risk is experiencing abuse.
- 7.2. If a disclosure is made to a worker, or a worker has a concern about the welfare of a child or adult at risk, the worker should follow the Resource Centre procedure in the event of a disclosure or safeguarding concern (Appendix 1). This includes ensuring that the person making a disclosure is aware that the worker may need to share the information, and cannot promise to keep it secret.
- 7.3. Information should only be shared on a strictly need-to-know basis. This means:
- 7.3.1. The worker who receives the information should inform the Safeguarding Officer on the same working day. If the worker who receives the information is the Safeguarding Officer, she should inform Judy Goss, or, in her absence, one other worker.
 - 7.3.2. The Safeguarding Officer and the worker will discuss the concern and decide whether to inform the relevant Safeguarding Team at Brighton & Hove City Council. The decision about whether to make a referral should be based on:
 - 7.3.2.1. The welfare of the child or adult at risk is paramount. Protecting the welfare of the person who may be experiencing abuse should be the only consideration when deciding whether a referral is needed.
 - 7.3.2.2. If the Safeguarding Officer and/or the other worker is in any doubt as to whether a referral is needed, a referral should be made.
 - 7.3.2.3. It is not the role of Resource Centre workers to assess whether abuse has taken place. A referral should be made if information is known that indicates that abuse *may* have taken place.
- 7.3.3. In the event of a disclosure, efforts should be made to get informed consent from the person making the disclosure before a referral is made to the local Safeguarding Team. However, a

referral may be made without consent if the person does not give consent and there are concerns about the welfare of a child or adult at risk.

7.4. Information should not be shared with other Resource Centre workers or Management Committee members as a matter of course. Any information that is shared should be on a strictly need-to-know basis and kept to a minimum. Unlike most areas of Resource Centre work, it is not necessary or appropriate for all workers to be informed on the details of safeguarding concerns.

7.5. In the event of a disclosure, the person who made the disclosure should be kept informed about what information has been shared and with whom.

8. Record keeping

8.1. In the event of a disclosure or safeguarding concern, a detailed written record must be made by the person who receives the information, as soon as possible, and always on the same day, following the Resource Centre procedure for recording concerns and disclosures (Appendix 2).

8.2. These records must be stored securely, in a locked drawer or password protected file, indefinitely.

8.3. Resource Centre workers may not access these records except on a need-to-know basis.

9. Reviewing this policy

9.1. This policy and its appendices will be reviewed by the Management Committee every 2 years.

Appendix 1. Procedure in the event of a disclosure or safeguarding concern

It is important that children, young people and adults at risk are protected from abuse. All complaints, allegations or suspicions must be taken seriously, including those received anonymously. This procedure must be followed by workers whenever an disclosure of abuse is made or when there is a suspicion of abuse.

1. In the event of a disclosure

- Reassure the person concerned.
- Listen to what they are saying.
- Record what you have been told/witnessed as soon as possible.
- Remain calm and do not show shock or disbelief.
- Tell them that the information will be treated seriously.
- Do not start to investigate or ask detailed or probing questions. Only ask questions to clarify the basic facts of what they are already telling you.
- Do not promise to keep it a secret.

2. Make sure the individual is safe

If the person is in immediate danger, the police or ambulance must be called straight away on 999. Ensure prompt action is taken to minimise the risk of harm from any further abuse, maltreatment or neglect. This is particularly important if:

- the person remains in or is about to return to the place where the alleged abuse occurred;
- the alleged abuser is likely to have access to the person or others who might be at risk.

3. Record the information

Make a full record of the disclosure, allegation or incident as soon as possible, within one working day. Refer to Appendix 2. Recording concerns and disclosures.

4. Report to Safeguarding Officer

Report the disclosure or concern to the Safeguarding Officer immediately or as soon as possible within one working day. In the first instance this may need to be done verbally. If the Safeguarding Officer is unavailable, report to Judy Goss. Do not report the information to more than one worker, and do not circulate it to the workers' group.

5. Support the individual

Keep in contact with the person who made the disclosure, or you have the concern about, and ensure they know they can contact you again. Ask for their permission before sharing information, but make sure they know you may have to share it without permission. Keep them informed about who the information has been shared with.

Appendix 2. Recording concerns and disclosures

It is important to ascertain and establish the basic facts, based on evidence of what is seen, heard or smelled and to make careful notes, clearly distinguishing fact from opinion. A full record of the disclosure, allegation or incident must be recorded as soon as possible and always on the same day.

Print, sign, date and time the record. A copy should be stored by the Safeguarding Officer in a secure place in line with the Resource Centre Safeguarding Policy.

If writing by hand, use black ink so that documents can be photocopied if necessary. If you make a mistake, put a line through it -do not use correction fluid.

Be aware that the report may be required later as part of legal action or disciplinary procedure and that you may need to appear at a hearing or court (although this is unlikely).

What to include

- Exactly what the person has told you, or exactly what you have witnessed. Do not include opinions or assumptions.
- A description of any injuries observed and the exact location of the injuries. Give as much detail as possible.
- Any immediate actions that you have taken to reduce risk.
- The name of the person making the disclosure and, where different, the name of the child, young person or adult at risk who has allegedly been abused.
- Where and when disclosure was made, including date, time and the names of others present.
- If you witnessed abuse, write down the date, time and place that it happened.

Also include any of this information that is known to you:

- When and where the alleged abuse took place, including date(s) and time(s).
- Whether anybody else was present when the alleged abuse took place or was involved in the abuse.
- Details about the alleged perpetrator (including name, address, place of work).

Appendix 3. Reporting a safeguarding concern to the local authority

Information relating to safeguarding children and adults at risk should be reported to the relevant Safeguarding Team. Decisions about whether to make a referral should be made in line with the Resource Centre Safeguarding Policy, and always from the position that the welfare of the child or adult at risk is paramount.

It is generally the responsibility of the Safeguarding Officer to make a referral and to communicate with the local authority. However, if the Safeguarding Officer is not available, or another worker believes a referral should be made and the Safeguarding Officer has not made one, any worker who is concerned should make a referral.

Information in the written record should be used to make the referral. However, do not delay making the referral if a written record is not yet complete – it can be sent later.

For adults at risk contact Brighton & Hove City Council Access Point on 01273 295555 or accesspoint@brighton-hove.gov.uk

For children contact Brighton & Hove City Council Multi-Agency Safeguarding Hub (MASH) on 01273 290400 or MASH@brighton-hove.gcsx.gov.uk.

If you have an immediate concern about somebody's safety, contact the police on 999.

When the concerns relate to a person who lives or receives services in another local authority area, both local authority Safeguarding Teams must be informed.

Where a Safeguarding Alert is made by telephone, the Safeguarding Officer must make a written record of the date and time of the referral and the name and position of the person to whom the matter was reported.

Where a Safeguarding Alert is sent by email, the Safeguarding Officer must check that the report has been received by the Safeguarding Team.

The Safeguarding Officer is responsible for keeping workers and volunteers appropriately informed and up to date on what is expected of them as any investigation proceeds; and for ensuring that they are aware of their rights to representation when being interviewed; and for ensuring they receive ongoing personal support.

Appendix 4. Dealing with allegations made against a worker or trustee

Anyone wishing to make an allegation about a member of Resource Centre worker or a management committee member, either in relation to any suspicion, allegation or incident of abuse or non-adherence to these procedures should report it to the designated Safeguarding Officer in the first instance. Concerns about the designated Safeguarding Officer should be reported to Judy Goss.

Allegations against members of staff or management committee members should be dealt with according to:

- The Resource Centre Safeguarding Policy
- The Resource Centre Disciplinary Policy
- The Resource Centre Equalities Policy

The protection and welfare of children and adults at risk should be considered paramount when making decisions regarding managing allegations against members of staff and trustees.

Appendix 5. Types and indicators of abuse

Abuse, maltreatment and neglect can be passive or active; it can consist of a single act or repeated acts. It may be physical, verbal or psychological, or it may occur when a vulnerable person is persuaded to enter into a relationship to which he or she has not consented, or cannot consent.

Abuse can vary from treating someone with disrespect in a way that significantly affects the person's quality of life, to causing actual physical suffering or failing to prevent harm. It is behaviour towards a person that can be either deliberate or an act of neglect or an omission to act, perhaps as a result of ignorance, or lack of training, knowledge or understanding.

Individuals may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. Anyone can be a perpetrator of abuse; it could be a paid carer, volunteer or a health or social care worker; a relative, friend, neighbour or an occasional visitor; another resident or service user, or someone who is providing a service.

Abuse of children

Children may be abused by an adult or adults, or another child or children. The government guidelines "Working Together to Safeguard Children" identify the following types of abuse. The NSPCC identifies possible indicators of abuse (detailed below).

Physical Abuse

This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Indications of possible physical abuse include: bruising on the head, ear, neck, abdomen, back, buttocks, upper arm, back of leg, hands or feet; burns and scalds; bite marks; scarring; broken bones (including those in different stages of healing); effects of poisoning such as vomiting and drowsiness; respiratory problems.

Emotional Abuse

This is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless, unloved or inadequate. It may involve bullying, causing children to feel frightened or in danger, humiliating them, or ignoring them. It may also involve a child witnessing domestic abuse.

Babies and younger children who are experiencing emotional abuse may:

- be overly-affectionate towards strangers or people they haven't known for very long
- lack confidence or become wary or anxious
- not appear to have a close relationship with their parent, e.g. when being taken to or collected from nursery etc.
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way or know about things that you wouldn't expect them to know for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends.

Sexual Abuse

This type of abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. Examples of physical contact include: sexual touching of any part of the body whether the child's wearing clothes or not; rape or penetration by putting an object or body part inside a child's mouth, vagina or anus; forcing or encouraging a child to take part in sexual activity; making a child take their clothes off, touch someone else's genitals or masturbate. Examples of non-contact abuse include: encouraging a child to watch or hear sexual acts; not taking proper measures to prevent a child being exposed to sexual activities by others; meeting a child following sexual grooming with the intent of abusing them; online abuse including making, viewing or distributing child abuse images; allowing someone else to make, view or distribute child abuse images; showing pornography to a child; sexually exploiting a child for money, power or status (child exploitation).

Children who are being sexually abused may: avoid being alone with people, such as family members or friends; seem frightened of a person or reluctant to socialise with them; become sexually active at a young age; be promiscuous; use sexual language or know information that you wouldn't expect them to; have physical symptoms such as anal or vaginal soreness, unusual discharge, STIs or pregnancy.

Neglect

Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need. Neglect is dangerous and can cause serious long-term damage. It can be just as damaging as other types of abuse.

Children who are being neglected may: have poor appearance and hygiene (e.g. be smelly and dirty); be hungry; have untreated medical conditions; be tired; be underweight; not have appropriate clothing (e.g. no warm coat in winter); be caring for other family members.

Abuse of adults:

Adult abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it. The Social Care Institute for Excellence (SCIE) identifies the following types of abuse and possible indicators.

Physical Abuse

Including hitting, slapping, pushing, kicking, pushing, rough handling, force feeding, misuse of medication, restraint, or inappropriate sanctions (e.g. deprivation of food, clothing, warmth and healthcare).

Possible indicators of physical abuse include: no explanation for injuries or inconsistency with the account of what happened; injuries inconsistent with the person's lifestyle; bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps; frequent injuries; unexplained falls; subdued or changed behaviour in the presence of a particular person; signs of malnutrition; failure to seek medical treatment.

Domestic abuse

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Possible indicators of domestic abuse include: low self-esteem; feeling that the abuse is their fault when it is not; physical evidence of violence such as bruising, cuts, broken bones; verbal abuse and humiliation in front of others; fear of outside intervention; damage to home or property; isolation – not seeing friends and family; limited access to money.

Sexual Abuse

Including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Possible indicators of sexual abuse include: bruising, particularly to the thighs, buttocks and upper arms and marks on the neck; bleeding, pain or itching in the genital area; unusual difficulty in walking or sitting; infections, unexplained genital discharge, or sexually transmitted diseases; pregnancy in a woman who is unable to consent to sexual intercourse; the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude; incontinence not related to any medical diagnosis; self-harming; poor concentration, withdrawal, sleep disturbance; excessive fear/apprehension of, or withdrawal from, relationships; fear of receiving help with personal care; reluctance to be alone with a particular person.

Psychological and Emotional Abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, enforced social isolation or withdrawal from services or supportive networks.

Possible indicators of psychological and emotional abuse include: an air of silence when a particular person is present; withdrawal or change in the psychological state of the person; insomnia; low self-esteem; uncooperative and aggressive behaviour; change of appetite, weight loss/gain; signs of distress: tearfulness, anger.

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.

Possible indicators of financial or material abuse include: missing personal possessions; unexplained lack of money or inability to maintain lifestyle; unexplained withdrawal of funds from accounts; the person allocated to manage financial affairs is evasive or uncooperative; the family or others show unusual interest in the assets of the person; recent changes in deeds or title to property; rent arrears and eviction notices; disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house; unnecessary property repairs.

Neglect and Acts of Omission

Including failure to meet medical or physical care needs, failure to provide access to appropriate health, social-care or educational services, withholding of necessities of life, such as medication, clothing, adequate nutrition and heating, failure to give privacy and dignity.

Possible indicators of neglect or acts of omission include: poor environment – dirty or unhygienic; poor physical condition and/or personal hygiene; pressure sores or ulcers; malnutrition or unexplained weight loss; untreated injuries and medical problems; inconsistent or reluctant contact with medical and social care organisations; accumulation of untaken medication; uncharacteristic failure to engage in social interaction; inappropriate or inadequate clothing.

Modern slavery

Types of modern slavery include: human trafficking; forced labour; domestic servitude; sexual exploitation; debt bondage – being forced to work to pay off debts that realistically they never will be able to.

Possible indicators of modern slavery include: signs of physical or emotional abuse; appearing to be malnourished, unkempt or withdrawn; isolation from the community, seeming under the control or influence of others; living in dirty, cramped or overcrowded accommodation and or living and working at the same address; lack of personal effects or identification documents; always wearing the same clothes; avoidance of eye contact, appearing frightened or hesitant to talk to strangers; fear of law enforcers.

Discriminatory Abuse

Including racist or sexist abuse and abuse based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment.

Possible indicators of discriminatory abuse include: the person appears withdrawn and isolated; expressions of anger, frustration, fear or anxiety; the support on offer does not take account of the person's individual needs in terms of a protected characteristic.

Organisational and institutional abuse

This is systematic abuse by an organisation to service-users who are at risk. It includes failure to meet physical, medical, emotional and social needs.

Indicators of organisational or institutional abuse include: people being hungry, cold, dirty or inappropriately dressed; people not receiving suitable medical care; absence of visitors; lack of social activities.

Self-neglect

Self-neglect may require intervention if the person is unable to take care of themselves. Types of self-neglect include: lack of self-care to an extent that it threatens personal health and safety; neglecting to care for one's personal hygiene, health or surroundings; inability to avoid self-harm; failure to seek help or access services to meet health and social care needs; inability or unwillingness to manage one's personal affairs.

Possible indicators of self-neglect include: very poor personal hygiene; unkempt appearance; lack of essential food, clothing or shelter; malnutrition and/or dehydration; living in squalid or unsanitary conditions; neglecting household maintenance; hoarding; collecting a large number of animals in inappropriate conditions; non-compliance with health or care services; inability or unwillingness to take medication or treat illness or injury.