

Date of Policy Sign off May 2023

Reference & Location 2023 Adult & Children's Safeguarding - G Drive Managerial



# Welwyn Hatfield Women's Refuge & Support Services

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Charity Number 1156186 (Registered ICO 14 March 2014)

WELWYN HATFIELD WOMEN'S REFUGE & SUPPORT SERVICES  
SAFEGUARDING ADULTS AT RISK (AND CHILDREN attached to this  
document)

Safeguarding Lead  
Denise [REDACTED] CEO  
Denise.[REDACTED]@whwr.org

## **1. Introduction**

This document sets out the approach of WHWR to dealing with the protection and safeguarding of vulnerable adults and children.

This policy covers safeguarding concerns relating to an adult of 18 years and over, even if still in education, and is not covered by Local Safeguarding Children's Boards or their procedures.

Local guidance for staff and volunteers who are concerned about an adult at risk can be found on the Report a concern about an adult | Hertfordshire County Council webpages.<sup>1</sup>

This policy is reviewed on an annual basis or when legislation or the needs present to review and update. Safeguarding reporting is on the agenda for every Board Meeting and at Refuge team meetings in addition to daily review of specific cases of clients causing concern.

This policy should be read in conjunction with WHWR policies and Procedures:-

- Anti-Bullying & Harassment
- Behaviour Management
- Code of Conduct
- Complaints and Comments
- Confidentiality
- Data Protection
- Disciplinary & Grievance
- Domestic Abuse
- Equality & Diversity
- Fair Access & Exit
- Managing Risk
- Partnership Working
- Protection from Abuse
- Recruitment & Selection
- Safeguarding Children (Also Included within this document)
- Training and induction (onboarding)
- Volunteers Policy
- Whistleblowing

## **2. Aims**

This policy outlines the duties placed upon WHWR, its staff and volunteers, and the steps we will take to safeguard those adults and children within our service. This policy sets out the roles and responsibilities of WHWR in working together with other professionals and agencies in promoting the adult's welfare and safeguarding them from abuse and neglect.

WHWR will ensure that the identified adults at risk will make their own choices where possible and where this is not entirely possible, include them in any decision making.

WHWR will also ensure that safe and effective working practices are in place.<sup>1</sup>

This policy is intended to support staff and volunteers within WHWR to understand their role and responsibilities in safeguarding adults. All staff and volunteers are legally bound to follow this policy.

### **3. Neglect**

WHWR will not tolerate the abuse or neglect of adults. All WHWR staff and volunteers should ensure that their work reflects the principles above.

All WHWR staff and volunteers are to involve the adult at risk in the decision making with informed consent.

### **4. Policy Statement**

WHWR believes that everyone has the right to live a life that is free from harm and abuse.

(a) Welwyn Hatfield Women's Refuge & Support Services (WHWR) is committed to working with other agencies to ensure that safeguarding is a priority to manage the risk to all vulnerable people within our service.

(b) People who use our services have a right to live and work in environments free from abuse, neglect and discrimination.

(c) WHWR is not an investigative agency. Any issues of concern in relation to adults at risk will be referred to Hertfordshire County Council's Adult Safeguarding Team, and, in cases where the concerns are urgent, the police. The key objectives of this policy are for all employees and volunteers of WHWR to:

- Have an understanding of adult safeguarding
- Be clear about their responsibility to safeguard adults & children
- Ensure the necessary actions are taken where an adult with care and support needs is deemed to be at risk

WHWR is committed to the principles outlined in the Adult Safeguarding Board's Policies & Procedures in the areas in which WHWR provides services.

WHWR understands that they have the responsibility to follow the 6 safeguarding principles Enshrined in the Care Act of 2014<sup>2</sup>

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<sup>1</sup>

<https://www.hertfordshire.gov.uk/services/Adult-social-services/Report-a-concern-about-an-adult/Report-a-concern-about-an-adult.a.spx> accessed 08/10/2021

<sup>2</sup> <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

## What is safeguarding adults?

Safeguarding adults describes a range of activities aimed at preventing or responding to harm and abuse. A focus is on those who are unable to protect themselves from harm or abuse.<sup>2</sup>

### 5. Definition of abuse of adults

51. This policy is based on The Care Act (2014) Section 42<sup>3</sup>, which states that an enquiry will be carried out under the Safeguarding Adults from Abuse procedures when an adult:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and
- is experiencing, or is at risk of experiencing, abuse or neglect, and
- as a result of their care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect

Everyone has the right to live in safety, free from abuse and neglect. All adults should be able to live free from fear and harm.<sup>2 4</sup>

5.2 WHWR adheres to following the six key principles that underpin safeguarding work as outlined in the Care Act (2014) guidance

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

The Care Act (2014) statutory guidance identifies ten categories of abuse, these are: 1. Physical abuse; including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions

#### **Domestic Abuse;**

5.3 May be characterised by psychological, physical, sexual, financial or emotional abuse 3. Sexual abuse;

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

Psychological or emotional abuse;

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<sup>3</sup> <https://www.legislation.gov.uk/ukpga/2014/23/section/42/enacted>

<sup>4</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215714/dh\\_125233.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215714/dh_125233.pdf) accessed 24/06/2022

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

#### 5.5 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

#### 5.6. Human Trafficking & Modern slavery;

Encompassing slavery, servitude, forced and compulsory labour, and human trafficking of an adult at risk and illegal movement and trade of people for sexual or criminal exploitation, domestic servitude

- Although human trafficking often involves an international cross border element, it is becoming more common in the UK, with vulnerable adults and children being transported from one location to another for the purposes of exploitation.
- County Lines is a major cross border cutting issue involving, drugs, gangs, violence criminal and sexual exploitation, modern slavery and missing persons.
- Gangs and criminal networks exploit vulnerable adults, and children to move and store the drugs and money using coercion, intimidation and violence.

#### 5.7. Discriminatory abuse;

Including racism, sexism, and any discrimination which aligns with protected characteristics as outlined by the Equality Act (2010), other forms of harassment, slurs or similar treatment of an adult at risk.

#### 5.8. Organisation or institutional abuse;

the mistreatment of people brought about by poor or inadequate care or support, or systematic poor practice. It occurs when the individual's wishes and needs are sacrificed for the smooth running of a group, service, or organisation.

- This includes neglect and poor practice in care settings such as refuge.
- It can come from rules, norms, and cultural practices which have an adverse effect on the care and wellbeing of people; it is often connected to other types of abuse.
- This is not to be confused with Deprivation of Liberty Safeguards (DoLS)<sup>5</sup>

#### 5.9. Neglect or acts of omission;

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<sup>5</sup> <https://www.gov.uk/guidance/deprivation-of-liberty-orders>

Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, self-neglect

#### 5.10 Self-neglect

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.

- Abuse is where another person hurts, harms or causes distress to an adult at risk
- Abuse is a violation of an individual's human and civil rights by any other person(s)
- Abuse may be a single act or repeated actions – directly or indirectly

Others forms of abuse

#### 5.11 FGM:

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

- The World Health Organisation<sup>6</sup> defines FGM as “all procedures (not operations) which involve partial or total removal of external female genitalia or injury to the female genital organs whether for cultural or ther non-therapeutic reasons.
- FGM is a form of abuse and violence against women & girls, a serious public health risk and a human rights issue. It is illegal in the UK to subject a girl or woman to FGM

#### 5.12 Extremism and Radicalisation:

Radicalisation is defined by the UK Government as “the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups”

- Protecting vulnerable adults from risks of radicalisation forms party of our wider safeguarding duty.

#### 5.13 Hate crime:

Any criminal offence can be a hate crime if it was carried out because of hostility or prejudice based on disability, race, religion, transgender identity, or sexual orientation.

#### 5.14 Mate crime:

The befriending of people, who are perceived by perpetrators to be vulnerable, for the purposes of taking advantage of, exploiting and/or abusing them.

- It is a form of disability hate crime in which the vulnerable person is manipulated and abused by someone they believe to be their friend.

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<sup>6</sup> [https://www.who.int/health-topics/female-genital-mutilation#tab=tab\\_1](https://www.who.int/health-topics/female-genital-mutilation#tab=tab_1)

### 5.15 Cyber abuse: (see appendix 1)

Cyber abuse is the most appropriate term to describe crimes and other legal violations that are directed at individuals and committed through digital channels including cell phone services and the internet. Cyberbullying, like Cyber harassment and Cyberstalking, is a type of cyber abuse.

5.16 Abuse can happen anywhere. Most often abuse is taken by others who are in power. It can take place whether an adult lives alone or with others. Anyone can carry out abuse or neglect, including:

- Partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals; and
- Volunteers and
- Strangers.

### 5.17 Honor Based Violence/Forced Marriage

- HBV is a crime or incident, which is committed or instigated by family or community members who claim that the behaviour or actions of the victim has caused 'dishonor'. It is sometimes referred to in the context of "Izzat" which means dignity, honour and respect.
- Violence or abuse is motivated by the perceived need to restore status in a community which is presumed to have been lost by the actions or behavior of the victim. HBV has the potential to be both a domestic abuse incident and a child abuse which is a safeguarding concern.

### 5.18 Spirit possession or witchcraft

- The belief in "possession" or "witchcraft" is not confined to religious, cultures or communities. Nor is it confined to the immigrant communities in this country
- This includes Exorcism which may include
  - Severe beating
  - Burning
  - Starvation
  - Cutting or stabbing
- This usually occurs in the household where the person lives and could be used as an "excuse" for domestic abuse.

## 6. Procedures for responding to safeguarding concerns relating to adults at risk

There are links between Safeguarding Adults Boards and other public protection and safety forums. IN WHWR, the concerns regarding adult safeguarding will be due to abuse by current or previous intimate partners or family members towards our clients or potential clients, therefore it comes under the category of domestic abuse. This may not be life threatening but where there is a risk of serious harm or murder a multi-agency risk assessment conference (MARC) referral should be made

Having additional care and support needs makes victims of domestic abuse more vulnerable. Under the Care Act 2014, Local Authorities have a duty to make enquiries or ask others to do so if they believe an adult is at risk of abuse or neglect because of their care and support needs. Any enquiry should establish whether any action needed to be taken to prevent or stop abuse and neglect.

- Making Safeguarding Personal (MSP)<sup>7</sup> states that a person should be engaged in the conversation about how best to respond to their safeguarding situation, enhancing choice, control, quality of life, wellbeing and safety. Safeguarding should be person led and outcome focused.
- There is a presumption that adults have the capacity to make decisions about themselves and that vulnerable people will make their own decisions therefore the views and consent of the adult must be sought. This does not replace the duty to override consent where appropriate.
- *It may also be appropriate to consider the trauma or fear associated with being a victim of domestic abuse and its effect on a person's ability to make decisions that are safe.*
- In order to enable this the Local Authority MUST arrange for an independent advocate to represent and support where the adult has "substantial difficulties" with the process and there is no other appropriate adult to assist. Where possible, the adult must consent to the advocate.

Information about independent advocates can be found on Local Safeguarding Adult Board websites.<sup>8</sup>

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<sup>7</sup> Making Safeguarding Personal (MSP) is a **sector-led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances**

[https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/making-safeguarding-personal#:~:text=Making%20Safeguarding%20Personal%20\(MSP\)%20is,improve%20or%20resolve%20their%20circumstances.](https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/making-safeguarding-personal#:~:text=Making%20Safeguarding%20Personal%20(MSP)%20is,improve%20or%20resolve%20their%20circumstances.)

<sup>8</sup>

<https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/hertfordshire-safeguarding-children-partnership/hscp.aspx> and

<https://www.hertfordshire.gov.uk/services/Adult-social-services/Report-a-concern-about-an-adult/Hertfordshire-Safeguarding-Adults-Board/Hertfordshire-Safeguarding-Adults-Board.aspx>

## Dealing with a concern

WHWR recognises that different levels of concern require different courses of action.

Concerns may be raised through:-

- **Observed abuse** where the abuse is directly witnessed;
- **Disclosed abuse** where an adult says they are being or have been abused
- **Suspected abuse** where there indicators that abuse is happening witnessed or disclosed.

An adult we are working with may already have been identified as a vulnerable adult “at risk” by the referring agency, they may

- Have an illness affecting their mental health
- Have a learning disability
- Be frail or elderly

However, **do not** make assumptions about capacity based on age appearance or medical condition,

- The Mental Capacity Act<sup>9</sup> is the guiding document regarding the adult’s ability to consent. In some cases, there may be a dichotomy between what you feel is a safeguarding concern and what the client as a consenting, informed adult is allowing to happen.

If you have a concern you must:

- Ensure the immediate safety of the adult at risk
- If you feel the person is at immediate risk of harm or a crime has been committed, call the police
- **Discuss your concerns with your line manager** who will advise on the next course of action. This may be to report your concern to the Adults Social Care team at:-
  - <https://www.hertfordshire.gov.uk/about-the-council/contact-us/contact-adult-social-services.aspx>
  - Telephone: 01992 555506
- Record all details of the concern and ensure you copy your line manager in when sending a safeguarding referral to Adult Social Care via email

## Dealing with a disclosure

If you are working with a clients and they disclose information which leads you to have a suspicion or concern you must:-

- Let the person speak, do not interrupt or make comments - be comfortable with silences, watch for non-verbal communication.

- Follow the RESPOND steps below

## **Responsibility**

Responsibility as to whether to make a safeguarding referral lies with WHWR, therefore YOU MUST discuss all your concerns with your line manager immediately, or another manager in their absence.

Based on the information provided your line manager will advise you of next course of action informed by your Local Safeguarding Adults Board Procedures.

- As a rule, no decision should be made or action taken without the consent of the adult you are concerned about. BUT there are exceptions:-
  - There is a risk of serious harm
  - Others may be at risk from the alleged source of harm
  - It is necessary to prevent a crime
  - The person lacks capacity to consent
  - Gaining consent would put the adult at further risk

## **RESPOND**

If a member of WHWR staff, volunteer, has concerns that an adult is in need of services for herself, that her capacity to provide adequate care to a child is affected by her vulnerability, or that she may be suffering abuse or exploitation, then the staff member should:

- Stop and concentrate on what she is observing or being told
- Ensure the woman's immediate safety and that of any others
- Not ask leading questions
- Assume the adult is telling the truth and take what they say seriously
- RECORD ALL DETAILS of the disclosure. Avoid personal interpretations. When using professional judgement, it must be recorded in such a way as to make this clear.
- Not promise confidentiality or agree to keep something secret (Refer to WHWR Confidentiality Policy)
- Obtain consent to a safeguarding enquiry if necessary and ask what the outcome should be – but remember referral is not optional
- Not undertake any investigation
- Obtain the necessary information to make an informed referral
- Consider whether the adult may lack capacity (see below) to make decisions about their own and other people's safety and wellbeing. If you decide to act against their wishes or without their consent, you must record your decision and the reasons for this.
- Refer to Section 2 of the Mental Capacity Act 2005<sup>10</sup> says that "a person lacks capacity in relation to a matter if at the material time he is unable to make a decision

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<sup>10</sup> <https://www.legislation.gov.uk/ukpga/2005/9/section/2>

for himself in relation to the matter because of an impairment of, or a disturbance in, the functioning of the mind or brain.”

- If there is danger to life, risk of injury or a crime is taking place, call the police on 999
- If there is no immediate risk but a police response is required due to a serious incident and/or the potential loss of evidence, then dial 101.

## **REPORT and REFER**

Make and keep a detailed record of the incident, conversation and actions taken on an Incident Report Form and promptly refer to the Adult DSL (Kiri [REDACTED]). If the Adult DSL is implicated in the incident/abuse, refer directly to the CEO. If the CEO is implicated, refer to the Board Advisor (Rachel Pegrum)

## **RECORD**

Good case recording is essential to ensuring the safety and wellbeing of adults in situations where abuse or neglect are of concern. A copy of the Hertfordshire safeguarding adult concern form (see appendix 2) should be kept in the adults WHWR file and uploaded onto the case management system (OASIS).

Records should be completed at the time or as soon as possible after the event. All records must be signed, timed, and dated if handwritten. If digital, they must be traceable to the person who provided the care that is being documented.

When completing the Incident report, the designated safeguarding lead or programme area on duty should take into account:

1. The adults wishes and preferred outcome
2. Whether the adult has mental capacity to make an informed decision about their own and others' safety
3. The safety or wellbeing of children or other adults with care and support needs
4. Whether there is a person in a position of trust involved
5. Whether a crime has been committed.

## **REFER**

On receipt of a completed Incident Report form the (Adult DSL Lead, Kiri [REDACTED]) will inform the CEO (Denise [REDACTED]) and if applicable the CEO informs the Board of Trustees and Rachel [REDACTED] (Board Advisor on safeguarding) and liaise with Adult Safeguarding (HCC Health and Community Services and Hertfordshire Partnership NHS Foundation Trust).

Referrals to Adult Safeguarding must be made using the appropriate referral form (Appendix 2)

- 24-hour telephone contact numbers are 0300 123 4042 or,

- if the adult at risk is known to be receiving mental health services, 0300 777 0707.

## **7. RESPONSIBILITIES OF THE DESIGNATED SAFEGUARDING LEADS**

### **7.1 Chief EXecutive Officer**

The CEO of WHWR is responsible for the operation implementation of WHWR's Safeguarding Adults Policy & Procedures. The CEO may delegate duties and responsibilities to DSL program leads and senior workers to ensure full implementation of the policy within their respective areas.

The CEO will ensure that:

- Safeguarding systems are established and maintained to report safeguarding concern(s)
- Effective training is identified, programmed and carried out regularly
- Persons designated with specific responsibilities for safeguarding are trained and competent and are provided with the resources to ensure the implementation of this policy
- They are personally aware of their safeguarding duties and responsibilities not only as the CEO, but as a manager and employee and that these obligations are fulfilled.
- They alert the trustees and/or commissioners to any safeguarding allegations relating to employees, volunteers, or any closely connected with activities of WHWR
- They alert trustees if there is a breach of procedures which puts beneficiaries at risk, including a failure to out criminal record checks which would have identified an individual that was prohibited from working with children or vulnerable adults.

### **Programme Leads (DSL's for their area)**

These members of staff are responsible for ensuring safeguarding concerns are reported appropriately within their designated projects and will ensure that the safeguarding of vulnerable adults is recognised as everyone's business.

They will ensure that:

- That all employees and volunteers are provided with necessary and appropriate information, instruction, training and supervision to ensure that they can effectively safeguard the people they support.
- That all employees follow adult's safeguarding arrangements and procedures.
- Effective reporting and appropriate training and level of investigation into any safeguarding incidents and allegations, ensuring appropriate action and follow up.
- They are aware of their safeguarding responsibilities and duties as individuals and employees
- That any breach of procedure or allegation against a staff member is reported to the CEO.

## **Staff and Volunteers**

All staff, including relief, casual and temporary employees and volunteers have an obligation to help safeguard Adults, children and young people we support.

Employees should:

- Ensure they are familiar with all safeguarding procedures.
- Follow all safeguarding and concerns in accordance with this policy
- Advise their manager of any incidents and concerns in accordance with this policy.
- Attend and participate in any training courses and updates arranged for them.
- Attend and participate in any training course and updated arranged for them

## **Confidentiality and Record Keeping**

It is essential that our limits to confidentiality are explained to all clients and that they understand the situations when confidentiality would need to be breached.

- They must also be aware of the personal information we need to hold about them to provide them with a safe service and when we may need to share this.
- To share information, consent MUST be gained unless the conditions (such as a missing person) apply.

## **Storing Information relating to safeguarding concerns**

All concerns must be recorded on OASIS, WHWR Case Management System, this applies regardless of whether the concern is shared with the police or Adult's or Child Social Care.

- You are referred to the Government DH Review for the reasons why (Themes) which inform this policy<sup>11</sup>
- A red flag should be raised on the OASIS client's record indicating a safeguarding concern.
- All records will be kept in accordance with WHWR policy

## **Dealing with complaints**

Due to the sensitive nature safeguarding concerns you may receive concerns or complaints from clients, their family members or partner agencies who may question our procedures and processes

- All concerns and complaints should be reported to your line manager initially and from thereon will be dealt with through our Comments and Complaints Procedures.

## **Recognising the Signs and Symptoms of Abuse**

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<sup>11</sup> <https://www.gov.uk/government/collections/domestic-homicide-review>

It is not easy to identify adult abuse as sometimes the nature of the abuse is not visible and/or often the person being abused is afraid to speak out. However, there are some more common signs of abuse which may suggest that abuse has occurred. These include

- Multiple bruising or finger marks
- Injuries that cannot be easily explained
- Deterioration of health for no apparent reason
- Sudden unusual loss of weight
- Inappropriate or inadequate clothing
- Withdrawal or mood changes
- A carer or partner who is unwilling to allow access to the person
- A person who is unwilling or unhappy about being left alone with a carer or their partner
- Unexplained shortage or disappearance of money

## **General**

Everyone involved in the delivery of services at WHWR, including trustees, staff and volunteers has a duty to disclose to the CEO, Board Advisor and Chair any safeguarding alerts that have been raised about them. This includes cases where criminal investigations are taking place.

## **Communication**

We will ensure that this policy is accessible and understood by everyone in WHWR including, but not limited to, staff, trustees and volunteers.

Daily Compliance:-

10:00am Monday through Friday Safeguarding Panel Meeting

Sarah [REDACTED] - Child Service Lead

Kiri [REDACTED] - Adult Service

Julie [REDACTED] - Resettlement/Outreach Worker

After which Kiri [REDACTED] briefs CEO of clients causing concern and escalation/actions

14:30 Kiri [REDACTED] briefs CEO (Denise [REDACTED]) of actions and update (advise Board Advisor when required)

Out of Hours on call staff member (qualified Level 3) to ensure overnight or weekend safety plans in place

## **Promoting the policy<sup>3</sup>**

The Designated Safeguarding Lead (Kiri [REDACTED]) & Child Safeguarding Lead Sarah [REDACTED] or DSL in their absence) must;

Ensure that the staff and volunteers follow this policy and procedure and understand our policies on how we deal with data (Privacy Standard Policy and Whistleblowing Policies) to support our commitment to keep adults at risk safe.

Be responsible for ensuring that the contact details for the Chair of the Board of Trustees and Board Advisor for Safeguarding are available.

Provide guidance and supervision to staff and volunteers to promote their safe working practices and to support staff in dealing appropriately with any concerns on the welfare of the other adults

## **SUPPORT**

The designated safeguarding adults (Kiri [REDACTED]) should be responsible for providing acknowledgement of the referral and brief feedback to the person raising the original concern.

Feedback should be given in a way that will not make the situation worse or breach the Data Protection Act.

If the police are involved, they should be consulted prior to giving feedback to the referrer to ensure any criminal investigation is not affected.

Information available on the shared drive and hardcopy in the back office. (HC onboarding pack).

### **Training, awareness raising and supervision**

All staff and volunteers including Trustees must attend a level 1 safeguarding course.

They must also participate in appropriate refresher training identified by the operations manager to ensure the practice remains safe.

The CEO (Denise [REDACTED]), and Adult DS, and any other members of staff who will act as DSL, must also participate in level 3 training.

The DSL's are expected to keep up with national developments relating to the welfare and protection of vulnerable adults.

The Adult DSL has responsibilities;

1. Ensuring the training strategy is implemented
2. Maintaining complete records of training in safeguarding for staff and volunteers
3. Reporting on progress and altering the CEO to any difficulties in implementing this strategy
4. See also Professional Practice, Managing Boundaries Policy, Complaints Policy and Child safeguarding policy.

## TRAINING & SUPPORT

- All staff, volunteers and Trustees will receive training that is appropriate for their role and will be expected to act in accordance with these procedures. Online and face to face training is available through local Safeguarding Adult Board & Partnerships
- All staff and volunteers are required to attend training to complete local safeguarding training. Staff may be required to attend training regarding specific safeguarding issues. Staff will be informed when this is available and may be requested to attend if appropriate to their role
- Safeguarding refresher training should be undertaken every two to three years in accordance with local Adult Safeguarding Board/Partnership recommendations,
- To ensure the most appropriate response to safeguarding issues, staff and volunteers should **discuss all safeguarding concerns with their line manager** or in the absence, another manager or member of the Senior Management team.

Hertfordshire Safeguarding Adults Board

<https://www.hertfordshire.gov.uk/services/Adult-social-services>

LearnPac Safeguarding Adults at Risk - Level 3 – Online CPD Course - LearnPac -

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

### For Compliance

Policy Reference	2022 Safeguarding Doc	Contact # 0170737343
Author	CEO	denise.████@whwr.org
Trustee Advisor		Trustee Safeguarding Advisor Rachel █████ Level 4 Safeguarding  Rachel █████@yahoo.co.uk 07813149470
Approved by the Board	January 2022	Board Minutes
Review Signed of CEO	June 2022	
Signed off	Email approval June 2022	Confirmed in July 22 Meeting
Review	When needed/legislation January 2023	

Important Dates Board refresher course/Annually - April 22 completed  
Delivered by Online Safeguarding Adults at Risk - Level 3 – Online CPD Course - LearnPac  
Board members trained by Rachel [REDACTED] (Level 4) and noted in minutes  
References & Legislation & Partnerships

## **Safeguarding Adults at risk – Appendix 1**

### **Cyber abuse and cyberbullying**

#### **Internet Abuse**

- Involves the use of information technology to intimidate and bully.
- Cyber bullying is any form of bullying which takes place online or through smartphones and tablets, tech hardware/software, social media sites, gaming sites and chat rooms such as Facebook, Xbox Live, Instagram, YouTube, Tik Tok, Snap Snapchat etc.

The term cyber-abuse and cyber bullying most commonly refers to the abuse and bullying of children or teenagers, however, in principle could also be against adults at risk. Examples of abuse could include:

- tormenting, threatening, harassing, humiliating, embarrassing or targeting an individual
- stalking/harassment/spy on/tracking an individual
- 'trolling' which is the antisocial act of causing personal conflict or controversy on line
- stealing passwords or hacking into computers - may be to impersonate the adult at risk or commit crime or fraudulent acts to the adult at risk
- grooming or exploitation, including sexual
- sending or using pornographic images or photos, including 'sexting' use of mobile phones/devices to take and send indecent or provocative images, or setting people up to receive emails from porn sites
- sending malicious virus or spyware to PCs or devices
- impersonation of the adult at risk to provoke attack/abuse- posing as the adult at risk and posting messages which would deliberately invite attack against the adult at risk

In terms of safeguarding adults at risk, WHWR will work together with other agencies to raise awareness of the risks and how abuse may happen, how to stay safe when using the internet or interactive technologies, and how to report concerns and abuse.

Further useful information is available at:

Hertfordshire Constabulary website: [www.herts.police.uk](http://www.herts.police.uk)

UK National Crime Agency – Thinkuknow website: [www.thinkuknow.co.uk](http://www.thinkuknow.co.uk)

Bullying UK website: [www.bullying.co.uk](http://www.bullying.co.uk)

NHS choices website: [www.nhs.uk](http://www.nhs.uk)

Although bullying is not a specific criminal offence in UK law, criminal and civil laws can apply in terms of harassment or threatening behaviours and threatening and menacing communications.

These include the Protection from Harassment Act 1997, the Malicious Communications Act 1988, Section 43 of the Telecommunications Act 1984, the Communications Act 2003 and Public Order Act 1986.

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### Hertfordshire safeguarding adult concern form

Personal details of adult at risk			
Name:	Mr/Mrs/Ms	Dob:	Gender:
Current Address: Postcode: Tel no:	Home address (if different): GP: Postcode: Surgery: Tel no: Tel no:		
NHS no (if known): Police URN: Other ref no:		Ethnic origin: Preferred language/communication needs?	
Allegation			
Date alleged abuse took place: Time (if known): Where did the abuse happen: What type of abuse is suspected? Please check all appropriate			
Neglect/acts of omission		Sexual	
Self-neglect		Modern Slavery	
Domestic Violence		Discriminatory (including hate crime)	
Psychological/emotional		Physical	
Financial/Material		Organisational	
Please provide a brief, factual summary of the concerns leading to the referral. This should include what harm/injury or potential harm was caused?			
Is anyone else at risk of harm?			

Please state			
Vulnerability of the adult at risk			
Physical disability		Dementia	
Learning disability		Sensory impairment	
Mental health		Older person, frailty, temp illness	
Substance misuse Terminal illness Other			
Confidentiality and consent			
Has this referral been discussed with Has the service user given permission to share the concerns with the service user? appropriate others Yes or No? Yes or No?			
If the answer to either/both of the above questions is No, please state the reasons for proceeding without consent?			
What are the service user's views and what outcome do they expect?			
Does the service user have mental capacity to be involved in the enquiry and protection plan? Yes/no/unknown			

Or, has a diagnosis or presents in such a way that indicates that a capacity assessment is required? (please state)
Has a capacity assessment been arranged or taken place? (please state)

Details of the people involved in the incident		
Name:	DOB:	
Address:	Occupation:	
	Relationship to service user?	
Immediate actions (Including any emergency medical treatment provided, evidence preserved, actions taken to prevent further abuse)		
Protection plan		
Please indicate other agencies alerted		
Health & Community Services	HPFT	
Police	CLDT	
Acute hospital	Hertfordshire Community NHS Trust	
GP	Other	
Details of person completing the referral		
Name: Organisation		
Contact number: Date referral form completed:		
Please return form to: <a href="mailto:Adult.Safeguarding@hertscgcsx.gov.uk">Adult.Safeguarding@hertscgcsx.gov.uk</a> .		

**Welwyn Hatfield Women's Refuge and Support Services**  
**Children's Safeguarding Policy**

## **1. INTRODUCTION**

***This policy is to be read in conjunction with the Adults Service Policy above.***

1.1 In this policy Welwyn Hatfield Women's Refuge and Support Services (WHWR) sets out our approach to working with children, the steps we take to keep them safe, and the procedures that must be used if there are any concerns about a child or about the behaviour of an adult. Throughout we use the legal definitions of 'a child' i.e. anyone aged under 18 years and the threshold of 'Significant Harm'. Safeguarding is everyone's responsibility.

This policy is reviewed on an annual basis or when legislation or the needs present to review and update. Safeguarding reporting is on the agenda for every Board Meeting and at Refuge team meetings in addition to daily review of specific cases of clients causing concern.

## **2. POLICY STATEMENT**

**This policy applies to WHWR's Board of Trustees, all staff and volunteers in addition to Adult Safeguarding Statement**

2.1 WHWR is committed to promoting the welfare of the children and young people we work with, and to protecting and safeguarding them against potential or actual harm. WHWR fully accepts and promotes the principle enshrined in The Children Act that the welfare of the child is paramount.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

### **2.2 WHWR will:**

- ensure that our facilities and services, including the specialist service for children, are safe and nurturing environments in which children can develop and thrive; and these services/facilities are appropriately risk assessed.
- Listen to and support children and take all steps required to keep them safe.
- Take all necessary steps to ensure that all staff, volunteers and trustees are safe adults including:
  - o thorough recruitment and induction procedures of trustees, staff and volunteers.
  - o ongoing use of the Disclosure and Barring Service (DBS).
  - o supervision of staff and volunteers.
  - o mandatory training of staff, trustees and volunteers in their responsibilities for safeguarding.
- support the CEO (Denise [REDACTED]), Child Services Lead (Sarah [REDACTED]) and Refuge Lead (Kiri [REDACTED]), in fulfilling their additional responsibilities as the

Designated Safeguarding Leads for The Organisation, Ourspace Children's Program and The Refuge.

- Inform women using our services of this policy and make it available, making clear our expectations of them, including in their rental agreements and rules for Outreach activities.
- Support women in their parenting so they can promote good outcomes for their children.
- Prevent contractors and visitors to The Refuge from having unsupervised access to children.
- Act promptly on any concerns or incidents of abuse, or concerns about the behaviour of an adult, using the procedures for recording, reporting and referring set out in this policy.
- Work with the appropriate statutory and other bodies to promote the safety and welfare of children and with the appropriate statutory bodies in any investigation into child abuse.
- Maintain confidentiality and secure record keeping as outlined in our Privacy Standard Policy.
- Ensure that staff and volunteers understand and can use our Whistleblowing Policy.
- Review this policy annually.

2.3 It is WHWR's policy to use and follow the approach, information, procedures manual and training provided by Hertfordshire Safeguarding Children Partnership (HSCP) as the basis of our approach to safeguarding. We will follow HSCP's Inter-Agency Child Protection and Safeguarding Children's Procedures for understanding, identifying and responding appropriately to safeguarding concerns about any child living in the refuge or known through outreach services. WHWR's safeguarding policy is based on HSCP's.

### **3. LEGAL FRAMEWORK**

3.1 The legal context for keeping children safe is from The Children Act 1989 which introduced the concept of 'Significant Harm' as the threshold, which justifies compulsory intervention in family life in the best interests of children.

#### **3.2 SIGNIFICANT HARM**

Under Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002: 'Harm' means ill-treatment or the impairment of health or development, including impairment suffered from seeing or hearing the ill-treatment of another; 'Development' means physical, intellectual, emotional, social or behavioural development; 'Health' means physical or mental health; and 'Ill-treatment' includes sexual abuse and forms of ill-treatment that are not physical.

When the impairment of health or development of a child is concerned, the child's health or development should be compared with what could reasonably be expected of a similar child.

3.3 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, the presence or degree of threat, coercion,

sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

3.4 Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill-treatment alongside the family's strengths and supports.

#### **4. RECOGNITION OF POSSIBLE ABUSE AND NEGLECT**

4.1 Staff and volunteers need to know what constitutes abuse and, because a child may not disclose that abuse is happening, they must be alert to other indicators (e.g. in children's behaviour) of possible abuse or neglect. Below are the Hertfordshire Safeguarding Children Board definitions of the four main types of abuse.

##### **4.2 DEFINITIONS OF ABUSE**

###### **4.2.1 PHYSICAL ABUSE**

**Physical Abuse 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-see Appendix 1.

Babies can be particularly vulnerable. Always be concerned about bruising in a pre-mobile baby and injuries to young babies.

###### **4.2.2 EMOTIONAL ABUSE**

**Emotional abuse is the persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development**

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying causing children to feel frightened or in danger or the exploitation or corruption of children.

Some level of **Emotional Abuse** is involved in all types of maltreatment of children, though it may occur alone.

#### 4.2.3 SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.

The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

#### 4.2.4 NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance misuse.

Once a child is born, [Neglect](#) may involve a parent or carer failing to:

- provide adequate food and clothing, shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

#### 4.2.5 POOR MENTAL HEALTH

Self harm is defined as 'when someone intentionally damages or injures their body,' it often stems from emotional distress and can be a coping strategy to express or manage this distress. Self harm is not 'attention seeking behaviour,' and is an indication there is something deeper going on for the child or young person.

When a child discloses self harm it's important to find out the following:

- What do they do to self harm and how often?
- Do they feel able to keep themselves safe?
- Have they had thoughts of suicide? (many young people who self harm also have suicidal ideation. This question is appropriate if the child is of a maturity level to understand the question).
- If so, do they have a plan for how they would kill themselves and how likely are they to act on it on a scale of 0-10?
- What are the reasons preventing them from acting on the plan?

Asking a child about their self harm or if they're suicidal does not increase the risk they will harm themselves. This actually reduces the risk because it allows professionals to create a plan for how best to support them.

Avoid phrases which add unhelpful stigma like 'committing suicide,' 'successful suicide,' 'failed suicide,' 'hurting yourself,' 'attention seeking,' 'cry for help,' 'doing something silly,' and

'it's not that serious.' Instead use phrases such as 'having thoughts of suicide,' 'acting on thoughts of suicide,' 'taking their own life,' and 'attempted suicide.'

If a young person discloses self harm or suicidal ideation we are unable to keep this confidential from their parent. It may also result in a referral to Children's Services depending on the severity and whether the information had been previously known.

#### **4.2.6 POSSIBLE INDICATORS OF ABUSE AND NEGLECT**

- Non accidental injury, bruising or marks
- Explanation inconsistent with injury
- Several different explanations for an injury
- Reluctance to give information about an injury
- A sudden change in behaviour – aggression, extroversion, depression, withdrawn
- Attention seeking
- Hyperactivity
- Poor attention
- Appear frightened of parents or family members
- Abnormal attachment between parent and child
- Indiscriminate attachment
- Hyper alertness
- Reduced response
- Frozen watchfulness
- Nightmares
- Anxiety/irritability
- Abdominal pain/headaches
- Poor self esteem
- Over sexualised play/talk or drawings
- Excessive or inappropriate masturbation
- Self harm/eating disorder
- Frequent visits to the toilet (urinary infection)
- Failure to thrive where there is no organic cause
- Poor hygiene
- Recurrent/untreated infections of skin or head lice
- Untreated health/dental issues
- Frequent absence from school or repeated lateness
- Delay in meeting normal developmental milestones.

#### **4.2.7 OTHER SAFEGUARDING ISSUES**

Children may be at risk of abuse or neglect because e.g. of a parent's misuse of drugs or alcohol or mental health problems. Refer to WHWR's Policy on Safeguarding Vulnerable Adults if you have any safeguarding concerns for a child's mother who is a WHWR service user.

Children will also need safeguarding if they are e.g.:

- deemed by an adult to be possessed of a spirit

- at risk of forced marriage
- at risk of female genital mutilation
- at risk of child sexual exploitation
- experiencing domestic violence
- abused by other children
- at risk of abuse or neglect because of their disability
- experiencing bullying and/or cyber bullying
- at risk of radicalisation.

Use the relevant sections of HSCP's Procedures: Section 4: Children in Specific Circumstances - Additional Procedures and Section 6: Children in Specific Circumstances - Guidance, for identifying and responding to children experiencing or at risk of the circumstances above.

## **5. RESPONSIBILITIES OF ALL STAFF MEMBERS AND VOLUNTEERS**

5.1 All staff and volunteers, regardless of your particular role, must work to promote the welfare and safety of all children who are living in the refuge and/or participating in WHWR events or activities.

5.2.1 You must ensure that your own practice is safe and your behaviour is always appropriate. You must follow WHWR 's Policy on Professional Practice and Managing Boundaries; the section on Working with Children is particularly relevant.

5.2.2. You are required to participate in safeguarding level 1 training although most staff will be trained to at least level 3. **You must understand this policy and be confident in taking the actions below and in conjunction reading the Adult Safety Policy**

5.3 As a staff member or volunteer you may be the first person to be alerted to abuse or suspected abuse or neglect. You are not responsible for deciding whether or not abuse has occurred. You must use the guidance below to respond to the situation appropriately.

5.4 You must report any concerns to the Children's Designated Safeguarding Officer (Child Service's Lead) or the Refuge Lead will deputise in her absence. If a designated Safeguarding lead is implicated in the incident/abuse then refer directly to the CEO. If the CEO is implicated, refer to the Chair of Trustees.

5.5 Once you have referred your concerns to the DSL, they will advise you on what to do and on how to maintain confidentiality. Share any doubts or worries you have with them.

5.6 Failure to meet your responsibilities may lead to disciplinary action or a volunteer leaving.

**5.7 What you must do if you have either a disclosure or suspicion of abuse or neglect.**

**In conjunction with the Actions outlined in the Adult Service Policy above...**

### **5.7.1 Immediate action required to ensure a child's safety**

Immediate action may be necessary to keep a child safe by either getting emergency medical attention or by statutory agencies removing the child from their family.

If you think that immediate medical attention is required you should follow the refuge's usual practice for medical emergencies.

If a child is in immediate danger the Police should be contacted via 999, as only they have the power to remove a child immediately if protection is necessary.

Once the immediate action has been taken you must record the incident on Oasis, our recording system within 24 hours of the event.

### **5.7.2 Managing a disclosure**

- Thank the child or young person for sharing.
- Make sure you don't promise confidentiality - be clear you will have to pass it on to management to ensure the child will receive support, signposting and resources.
- Use open questions to explore the child's experience.
- Listening non-judgmentally means to remain neutral, e.g. not to start condemning the alleged perpetrator as the child may well love that person.
- Ensure your body language is open, relaxed and comfortable. Try to avoid showing shock, disgust or anger. Keep facial expressions as neutral as possible.
- Listen and hear the young person's experiences, and validate them. Studies have shown this is one of the most important parts of a disclosure. Sometimes what a child needs is a space to share and someone to truly hear them.
- Encourage the child with phrases like 'okay tell me more...' but don't fill in the silences with chatter - it's important to give the child time to think. Use empathy not sympathy e.g. 'that sounds like a lot to handle,' rather than 'you poor thing!'
- Outline your next steps so the child is aware of what's going to happen next.
- Report concern to Child Services Lead DSL as soon as possible either in person, on the phone or via email. When Child Services Lead is not available, the Refuge Lead will be acting DSL for the case. Record the disclosure on Oasis recording system within 24 hours of the disclosure being made.

### **5.7.3 What to do if you suspect abuse or neglect but there has been no disclosure.**

Because of your observations or information received you may become concerned about a child who has not spoken to you about abuse or neglect. It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

- Ask open-ended questions about the nature of the concern e.g. bruises, marks, change in behaviour etc. "Tell me about..."
- Believe the child and reassure them that they were right to talk to you.
- If you are concerned about a child you must share your concerns with the DSL.
- Record the facts and conversation in writing on Oasis, our recording system and use the exact words spoken.

### **5.7.4 What to do if you have information about abuse by an adult who works at the refuge**

If you have information which suggests that any staff member or volunteer at the refuge has:

- behaved in a way that has harmed or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child/ren in a way that indicated s/he is unsuitable to work with children

you must alert the DSL verbally or via email as a matter of urgency. You must not take it upon yourself to withhold the allegation or attempt to decide its validity.

If the CEO is implicated in the concerns you should contact the Chair of The Board of Trustees, or another Trustee, who will advise you and take appropriate action.

## **6. RESPONSIBILITIES OF THE DESIGNATED SAFEGUARDING LEADS**

**(See Adult Safeguarding Policy)**

### **6.1 Promoting this policy**

The Designated Safeguarding Leads ( Sarah [REDACTED] and Kiri [REDACTED] ) must

- ensure that the staff and volunteers follow this policy and procedure, and understand how our policies on how we deal with data (Privacy Standard Policy), Criminal Records and Whistleblowing together support our commitment to keeping children safe.
- be responsible too for ensuring that the contact details for the Chair of the Board of Trustees are available.
- provide guidance and supervision to staff and volunteers to promote their safe working practices and to support staff in dealing appropriately with any concerns re the welfare of children or the behaviours of other adults.
- be responsible for making all child protection referrals on behalf of WHWR. A referral can be about a child/young person or an unborn baby.

### **6.2 Making Child Protection Referrals**

Professionals may seek advice and consultation about the appropriateness of a referral by contacting Hertfordshire Children's Services or, if the case is open, from the allocated social worker. The number for Children's Services is 0300 123 4043.

The Child Services Lead and Refuge Lead ( DSLs) must refer disclosed or suspected abuse concerns relating to an individual or family, to Children's Services regardless of where that information has come from, in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

The DSL should generally inform the child's mother if a referral is being made, unless to do so might place the child at increased risk of significant harm by:

- the behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed
- leading to an unreasonable delay

- leading to the risk of loss of evidential material
- placing a member of staff from any agency at risk.

However if the DSL is unable to inform the child's mother for any reason, this must not prevent a referral being made. Children's Services will decide how and when the mother should be approached and by whom.

### **6.3 Information required when making a referral to Children's Services**

Be prepared to give as much information as possible (in emergency situations all of this information may not be available). Unavailability of some information must not stop you making a referral.

6.4 Following a telephone referral on 0300 123 4043, the DSL must confirm the referral in writing by using the Hertfordshire Child Protection Referral Form (i.e. the multi agency referral form) via the Hertfordshire County Council Website or HSCP Website and submit this to Children's Services within 24 hours.

6.5 Where a case is already known to Children's Services, contact should be made with the allocated social worker. If you have information, which suggests an urgent child protection matter, you should speak without delay to the allocated social worker or their Practice Manager.

6.6 Children's Services must acknowledge written referrals, within one working day of receiving it. If no response is forthcoming within 3 working days, the Lead must contact Children's Services again to establish the current status of the referral.

### **6.7 Dealing with the outcomes from a referral**

6.7.1 The recipient in Children's Services will discuss with the DSL what the child and parents will be told, by whom and when.

6.7.2 The DSLs are responsible for deciding how best to handle the situation within the refuge. Information relating to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is often vital in child protection and therefore the issue of confidentiality is secondary to a child's need for protection. The refuge DSLs will decide,, in discussion with the CEO/Chair if necessary, who needs to know what. They will provide support, guidance and clarification to staff and volunteers on both how to handle the situation and how best to maintain confidentiality.

6.7.3 The DSLs are responsible for keeping in an agreed secure place all written record of: discussions with the child and the parent, any with the CEO and the information which was provided to Children's Services. DSLs must keep a complete record of decisions made by Children's Services and by the refuge and the reasons for these decisions.

### **6.8 Dealing with allegations against WHWR staff, volunteers and trustees**

6.8.1 Any allegation(s) that a member of WHWR staff, a trustee or volunteer has

- behaved in a way that has, or may have harmed a child
- possibly committed a criminal offence against a child
- behaved toward a child in a way which indicates s/he is unsuitable to work with children

must be dealt with in accordance with HSCP's Child Protection Procedures: Managing Allegations Against Adults Who Work with Children and Young People, Chapter 4.1

[http://hertsscb.proceduresonline.com/chapters/p\\_manage\\_alleg.html](http://hertsscb.proceduresonline.com/chapters/p_manage_alleg.html)

6.8.2 The DSL must seek advice from the CEO. Steps will be taken to ensure that the person against whom the allegation is made is removed from the situation immediately. This may be done by either agreement or suspension from the organisation until the matter has been fully investigated.

6.8.3 The CEO must refer all allegations against a member of staff or a volunteer that appear to meet the criteria to the Local Authority Designated Officer (LADO) within one working day.

6.8.4 The CEO must be informed by either of the DSLs, or if the allegations are about them, directly by the member of staff, volunteer or trustee who is aware of the allegations.

## **7. WHWR'S TRAINING STRATEGY FOR SAFEGUARDING**

7.1 WHWR will follow the Training Strategy set out by the Hertfordshire Safeguarding Children Partnership (HSCP) in order to ensure that all staff and volunteers can meet their respective responsibilities for promoting the welfare of children and for safeguarding them.


7.2 All staff and volunteers will attend a Level 1 awareness safeguarding course. They must also participate in appropriate refresher training identified by the DSLs/CEO to ensure their practice remains safe. All staff working closely with children will attend a Level 3 safeguarding course.

7.3 The DSLs and CEO have specific responsibilities as the Safeguarding Leads, and all members of staff who attend Child Protection Conferences and are members of Core Groups should be trained to level 3 safeguarding training.

7.4 The DSLs are expected to keep up with national developments relating to the welfare and protection of children and young people and to subscribe to HSCB's free subscription service.

7.5 The CEO has particular responsibilities for:

- ensuring this training strategy is implemented
- maintaining complete records of training in safeguarding for staff and volunteers
- reporting on progress and alerting The Board to any difficulties in implementing this strategy.

Operational	Denise [REDACTED]: <a href="mailto:denise.[REDACTED]@whwr.org">denise.[REDACTED]@whwr.org</a>
Child Service DSL	01707373743  Sarah [REDACTED]: <a href="mailto:sarah@whwr.org">sarah@whwr.org</a> 01707373743
Trustee Lead	Rachel [REDACTED] 01707373743 <a href="mailto:admin@whwr.org">admin@whwr.org</a>
Policy reference	Safeguarding Children
Author	CEO, HR-Sub-Group, Child Services Lead. Board Representative - Rachel [REDACTED].
Approved by The Board	May 2023
Review date	December 2023 or after safeguarding incident review or change in legislation.

### Sources of further information and guidance on the following safeguarding issues

**N.B. Staff and volunteers with concerns that a child is at risk of any of the following must take the appropriate actions in sections 5 and 6 of WHWR's Safeguarding Policy.**

The HSCB's Procedures Manual is on-line and regularly updated

<http://hertsscb.proceduresonline.com/>

It should be used as the first reference for all safeguarding concerns. Some specific sections are mentioned below.

#### **Fabricated or Induced illness**

See Chapter 4.7 in the HSCP Procedures for guidance on Fabricated or Induced illness.

#### **Bruising, Bites and Suspicious / Unexplained Marks in Children**

See Chapter 10.6 in HSCP procedures for the Multi Agency Protocol: Management of Bruising, Bites and Suspicious / Unexplained Marks in Children (0 -17)..

#### **Forced Marriage**

A forced marriage is different from an arranged marriage because it involves physical and/ or psychological duress. A forced marriage is a violation of a person's human rights which cannot be justified on religious or cultural grounds. Most forced marriages involve girls and young women.

Use chapter 4.8 of the HSCP procedures to understand some of the reasons for forced marriage, the legal position and essential principles when working with someone at risk of a forced marriage.

#### **Female Genital Mutilation (FGM)**

The World Health Organisation defines FGM as:

"All procedures (not operations), which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non- therapeutic reasons.

It is illegal in the UK to subject a child to female genital mutilation or to take a child abroad to undergo FGM. Section 5B of the **FGM** Act 2003 also states it's illegal for a professional who is aware of FGM not to report it.

Use Chapter 6.14 in HSCB Child Protection Procedures for information on the cultural underpinnings and types of FGM, and how to identify a child subjected to, or at risk of, FGM.

#### **Child Sexual Exploitation (CSE)**

**CSE is a form of child sexual abuse. Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation,**

**drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.**

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Use Chapter 6.6 of HSCP's Child Protection Procedures to learn how to identify CSE and how Children's Services responds to referrals.

### **Bullying including Cyber Bullying**

Bullying is treatment or behaviour, usually repeated over time, that intentionally hurts someone either physically and/or emotionally. Bullying can take many forms including physical, verbal, emotional or cyber bullying.

Cyber bullying is different from other types because, being perpetrated through technology such as phones and computers, the bully can potentially invade the privacy of the recipient 24/7; the perpetrator may be able to stay anonymous and their bullying can be spread quickly to a large audience and there may be no easy means of controlling this.

Use Chapter 6.2 of HSCB's Child Protection Procedures for guidance and resources on action and prevention.

### **Radicalisation**

Radicalisation refers to the process by which a child or adult comes to support terrorism and forms of extremism leading to terrorism. Extremism is defined currently as vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect of different faiths and beliefs. It also includes calls for the death of members of the armed force either in the UK or overseas.

The section on Working with Children in WHWR's Policy on Professional Practice and Managing Boundaries gives good practice examples on promoting British values.

The risks of radicalisation may vary according to a child's age but even very young children may be vulnerable to radicalisation. Although risks may vary from area to area there are risks anywhere of on-line radicalisation. Further information and advice from the Department of Education for schools and childcare providers is at <https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

General safeguarding principles apply to keeping children safe from the risks of radicalisation. Children at risk of radicalisation may display changed or concerning behaviour and/or seek to hide their views. Staff and volunteers must, if they observe any behaviours that cause concern, follow the procedures in WHWR's Safeguarding Policy above.