

# **Viewpoint Centre (VC) Safeguarding and Child Protection Policy**

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## **Policy Statement:**

VC recognises our responsibility to safeguard and protect the welfare of all children, young people and at risk adults, by a commitment to practice which protects them.

## **Contacts:**

VC's Safeguarding Officer is: Judith Azzopardi, who is also a trustee and can be contacted on 07944 055842 or [judith@viewpointcentre.org](mailto:judith@viewpointcentre.org).

Details of Local Authority Contacts are on page 9 if concerns need to be raised outside the organisation.

## We recognise that:

- The welfare of the child, young person or at risk adult is paramount as enshrined in the Children Act 1989.
- All at risk adults, children and young people, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.
- Some children, young people and at risk adults are additionally vulnerable because of their level of dependency or their communication needs.
- Working in partnership with at risk adults, children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

## The purpose of the policy:

- To provide a safe environment for at risk adults, children and young people who receive VC services.
- To protect children and young people who receive VC's services, including the children of adults who use our services.
- VC believes that a child, young person or at risk adult should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practice in a way that protects them.
- To provide staff and volunteers with clear guidance on procedures they should adopt in the event that they suspect an at risk adult, child or young person may be experiencing, or be at risk of, harm.
- This policy applies to all staff, the Board of Trustees, volunteers and sessional workers, agency staff, students or anyone working on behalf of VC.

## Definitions:

### Staff and Volunteers

**Staff:** an adult who is employed to work for us in a paid capacity. All staff must go through our full safer recruitment process, including DBS checks and references and must complete level 3 safeguarding training before working unsupervised, updated every 3 years. Our designated

Safeguarding Officer must in addition have safer recruitment training and update training every 2 years.

**Volunteer:** an adult who is donating their time to work for us in an unpaid capacity. We differentiate between types of volunteers as follows:

- **Adult Volunteers:** These volunteers have been through the entire safer recruitment process including references and DBS checks and internal level 2 safeguarding and safer culture.
- **Trustees** are members of the community who sit on our board, governing all aspects of the organisation. Those who will ONLY have supervised contact with *Participants* have Level 1 safeguarding training, updated annually; those who have unsupervised contact with CYP must undertake level 2 training, and the designated Safeguarding Trustee must have level 3 safeguarding training, updated every 2 years and will have a strong professional connection with safeguarding (e.g. Doctor, Social worker).

## Service Users

- **Participants:** service users (adults or children over 8yrs) receiving intensive staff support. *Participants* are supervised at all times by a member of *Staff*.
- **Children:** any child or young person under the age of 18 years. Children and young people from 8-18yrs old are supervised at all times by staff.

## Training delivery

Our staff undertake level 3 Safeguarding training delivered by Surrey Safeguarding Children Partnership (or its recommended providers). All other volunteers receive level 2 training which is based on NSPCC online training with additional safer culture guidance on appropriate friendships, lifts, social media, photographs/video, gossiping and centre-specific information to inform trainees of our policies and processes, who to go to with concerns, how to escalate, whistleblow or complain and the contact information for our local safeguarding organisations.

## We will seek to safeguard at risk adults, children and young people by:

- Being alert to potential indicators of abuse or neglect;
- Being alert to the risks which individual abusers, or potential abusers, may pose to children;
- Sharing and helping to analyse information so that an assessment can be made of the child's needs and circumstances;
- Contributing to whatever actions are needed to safeguard and promote the child's welfare;
- Taking part in regularly reviewing the outcomes for the child against specific plans;
- Working co-operatively with parents, unless this is inconsistent with ensuring the child's safety.

Our procedures are based on the **Working Together to Safeguard Children Guidance 2018** and the **Keeping children safe in education Guidance 2021**.

**Working Together to Safeguard Children** sets out what should happen in any local area when a child or young person is believed to be in need of support. Effective safeguarding arrangements should aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: for services to be effective, each individual and organisation should play their full part; and
- A child-centred approach: for services to be effective, they should be based on a clear understanding of the needs and views of children.

The most up-to-date government definition of Safeguarding is:

- Protecting children from maltreatment;
- Preventing impairment of children's mental and physical health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

## The Concept of Significant Harm

Some children are in need because they are suffering, or likely to suffer, significant harm. The [Children Act 1989](#) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Additionally, a Court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31).

In addition, 'harm' is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include 'impairment suffered from seeing or hearing the ill treatment of another' for example, where there are concerns of domestic violence and abuse.

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, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

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.

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 longstanding, 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 neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

## Definitions of abuse

The following definitions are based on those identified in Working Together to Safeguard Children 2015:

### Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

### Physical Abuse

A form of abuse which 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. Assault of children is against the law.; and if any adult causes physical or psychological injury to a child, or mistreats a child, they could be prosecuted for committing a criminal offence.

### Emotional Abuse

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 or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection 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 (including cyber bullying), causing children frequently 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 a child, though it may occur alone.

## Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## Neglect

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 abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and 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); or
- Ensure access to appropriate medical care or treatment.

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

## Children with special educational needs and disabilities

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- Being more prone to peer group isolation than other children;
- The potential for children with SEN and disabilities to be disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

## Peer abuse

We are vigilant for peer on peer abuse. We provide appropriate supervision of all the young people in our care to prevent it happening; we record allegations in our safeguarding records, and report appropriately; we will offer appropriate support to any victim and will not tolerate abuse or pass it off as “banter”, “just having a laugh” or “part of growing up”. Concerns must be reported to the THC Safeguarding officer.

All staff and volunteers must be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying);
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- Sexual violence and sexual harassment;
- Sexting (also known as youth produced sexual imagery); and
- Initiation / hazing type violence and rituals

## Domestic Violence and Abuse

Research analysing Serious Case Reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships and Adolescent Parental Violence is also now recognised.

It should therefore be considered in responding to concerns that the Home Office definition of domestic violence and abuse (2013) is as follows: "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial;
- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

The issue of domestic violence and abuse will only ever be raised with a child or mother when they are safely on their own and in a private place.

Information from the public, family or community members will be taken seriously. Recent research evidence indicates that failure to do so has been a contributory factor in a significant number of cases where a child has been seriously harmed or died.

We will never assume that somebody else will take care of domestic violence and abuse issues. If we receive a disclosure this may be the child, mother or abusing partner's first or only disclosure or contact with services in circumstances which allow for safeguarding action – we will make the appropriate referral.

## Potential Risk of Harm to an Unborn Child

In some circumstances, we may be in a position to anticipate the likelihood of significant harm with regard to an expected baby (e.g. where there is information known about domestic violence, parental substance misuse or mental ill health). We will refer any such concerns.

## Policy Procedures

VC understands the distinction between children, young people and at risk adults and our policies and procedures apply to all.

## How to recognise the signs of abuse

We train and continually update staff, trustees and volunteers to take an active role in safeguarding.

They must:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers, may pose to children;
- Be alert to the impact on the child of any concerns of abuse or maltreatment;
- Be able to identify potential or actual harm to children;
- Record and discuss concerns with our safeguarding lead (able to offer advice and decide upon the necessity for a referral to Children's Social Care or other route).

We will make a referral to Children's social care if there are signs that a child or an unborn baby:

- Is suffering significant harm through abuse or neglect;
- Is likely to suffer significant harm in the future.

The timing of such referrals will reflect the level of perceived risk of harm, not longer than **within one working day** of identification or disclosure of harm or risk of harm.

## Hearing and Observing the Child

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all practitioners should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns without questioning the child;
- Offer re-assurance about how the child will be kept safe if this is known and is certain;
- Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to Children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, we have a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

## How to respond to signs or suspicions of abuse

VC is committed to working in partnership with parents or carers and in most situations would contact them where there are any initial concerns.

However where a parent or carer may be responsible for the abuse, the suspicion, allegation or incident should be reported to the designated VC Safeguarding Officer as soon as possible and **recorded**. If the Safeguarding Officer is not available then the individual must seek guidance from the most senior staff member available or one of the Trustees.

It is the responsibility of the Safeguarding Officer or the individual to inform the relevant Social Services Department (SSD) without delay if deemed appropriate.

The decision and reasons not to seek parental consent before making a referral to the Social Services Department (SSD) must be **recorded**. Where a parent has agreed to the referral, this must be recorded and confirmed in the referral to the SSD.

Where a member of staff or volunteer of VC discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police. They should also inform the designated VC safeguarding Officer and involve children's social care as appropriate.

## Making a request for support in Surrey:

Whether you work in the statutory, private, voluntary or independent sector in Surrey and provide services for, or come into contact with, children and young people, you have an important role to play in keeping them safe. This includes volunteers who provide support and services to children.

The Surrey Children's Single Point of Access (C-SPA) is the umbrella term for the front door to support, information and advice for residents, families and those who work with Surrey Children. This replaces the Surrey Multi Agency Safeguarding Hub (MASH). The C-SPA is the conduit for access to services at levels 3 and 4 of [SSCP Effective Family Resilience Dec 2020](#), it also provides direct information, advice and guidance to residents and people who work with children in Surrey about where and how to find the appropriate support for families. We are committed to children and their families receiving the right help at the right time and our C-SPA will better enable us to fulfil this commitment.

The way to contact the C-SPA has not changed.

**Phone: 0300 470 9100 (Monday – Friday 9am – 5pm)**

**Out of hours phone: 01483 517898 to speak to our emergency duty team.**

Email: [cspa@surreycc.gov.uk](mailto:cspa@surreycc.gov.uk)

Please complete a [EFR Request for Support Form](#) (this replaces the Multi-agency referral form (MARF))

## SAFEGUARDING ADULTS

The key principles which inform the ways in which we work with adults are as follows:

- Empowerment: people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent.
- Prevention: wherever possible the aim will be to take action before harm occurs and ensure early engagement with all relevant people.
- Proportionate: response appropriate to the risk presented; least intrusive response where possible
- Protection: support and representation for those in greatest need.
- Partnership: local solutions through services working with the individuals communities. Ensure engagement with local communities to prevent, detect and report abuse.

- Accountability: transparency in delivering safeguarding and of a quality that is worthy of scrutiny, i.e. the Courts or Peer Reviews

## ‘Wellbeing’ principle

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as “the wellbeing principle” because it is a guiding principle that puts wellbeing at the heart of care and support. The wellbeing principle applies to adults with care and support needs and their carers. “Wellbeing” is a broad concept, and relates to the following areas in particular:

- personal dignity (including treating people with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including care and support and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual’s contribution to society

Promoting “wellbeing” means actively seeking improvements for the adult with care and support needs (regardless of whether they have eligible needs or not) and informal carers.

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect and the purpose of this document is to ensure we identify and respond appropriately when adults may be at risk of harm, abuse or self neglect.

## Definitions

Harm: For the purpose of these Procedures, harm is defined as:

- A single act or repeated acts.
- An act of neglect or a failure to act.
- Multiple acts, for example, an adult at risk may be neglected and also being financially harmed.
- Self neglect

This can mean:

- Ill treatment (including sexual harm and forms of ill treatment which are not physical).
- The impact of not providing care, providing inappropriate care or other actions which are detrimental to health, wellbeing, maintaining independence and choice
- The impairment of, or an avoidable deterioration in physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.

- Allegations against people in positions of trust (see Appendix 1. Glossary)

Intent is not an issue at the point of deciding whether an act or a failure to act is harm; it is the impact of the act on the person and the harm or risk of harm to that individual. Harm can take place anywhere. Harmful acts may also be crimes and informing the Police must be a key consideration.

## Categories of Harm

**Physical abuse:** including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**Domestic violence and abuse:** new definition The cross-government definition of domestic violence and abuse is; any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional
- Controlling behaviour: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- Coercive behaviour: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

**Forced Marriage:** forcing someone into a marriage and/or luring someone overseas for the purpose of marriage.

**Exploitation by radicalisation:** encouraging extreme views including justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation. Contact will be made with Dorset Police regarding any individuals identified who present concern regarding violent extremism.

**Sexual exploitation:** The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes. People with learning disabilities may be led into harm because of perceptions they are being offered friendships.

**Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse:** including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements.

Modern Slavery includes; human trafficking, forced labour and debt bondage, sexual exploitation, criminal exploitation, domestic servitude, descent-based slavery, child labour, slavery in supply chains, and forced and early marriage.

Discriminatory abuse: including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Internet/cyberbullying: can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive. Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely for the purpose of intimidating an individual or virtual abuse during an online multiplayer game.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in a person's own home. This may be a one off incident or on-going ill-treatment.

Neglect and acts of omission: includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, equipment, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect and hoarding: This includes a broad spectrum of behaviour. The Care Act 2014 statutory guidance defines self neglect as: "a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding". A decision on whether a response is required through safeguarding will depend on an adult's ability to protect themselves by controlling their own behaviour.

Homelessness does not necessarily make people at risk and it is therefore not a defined category of harm. However circumstances such as homelessness may exacerbate other conditions and impact negatively upon individual's ability to care for their health and to protect themselves.

Cuckooing – refers to the relatively recent identification of a new type of controlling and coercive criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs.

## When we will raise a concern

A concern will be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. This may include anyone self neglecting where there is a significant risk to their health or wellbeing. Urgent actions will be taken to safeguard anyone at risk of immediate harm if any of the following concerns are apparent:

- active abuse is witnessed, or
- an active disclosure is made by an adult or third party, or
- there is suspicion or fear that something is not right or there is evidence of possible abuse or neglect.

Any suspicion, allegation or incident should be recorded and discussed with the THC Safeguarding Officer as soon as possible. If the Safeguarding Officer is not available then the individual must seek guidance from the most senior staff member available or the THC Trustee responsible for Safeguarding.

It is the responsibility of the Safeguarding Officer or the individual to inform the MASH without delay if deemed appropriate.

## Urgent Action

In circumstances where there are serious immediate risks a response from Safeguarding Adult services or the police will be provided the same day. Whilst reporting a concern to the local safeguarding team it is important that we also consider if the risk or experience of immediate serious harm is so severe that urgent action is required to prevent this.

## Raising a Concern

A concern will be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. Self neglect can be reported as a concern.

## Actions to be taken when harm to an adult is directly observed or disclosed by the individual

When harm is directly observed, effort will be made by the observer to ensure the individual is safe and then urgent steps taken to report to the Local Authority. Also the Police if a crime appears to have been committed. It is vital to listen carefully to what the person is saying, reassure them they will be involved in decisions about what will happen and get as clear a picture as possible but avoid asking too many questions at this stage. We must make sure that the individual is safe from harm or any further harm. This may mean contacting any/all of the emergency services.

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can make a record.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person or others that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.

- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.

Careful consideration will need to be given regarding who else needs to know about the concern. The concern should not be discussed with the person alleged to have caused harm. Your first discussion will normally be with our SGO to analyse whether a referral should be made.

## Making a Written Record

As soon as possible on the same day, the referrer of the safeguarding concern should make a chronological written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written record.

The written record will need to include:

- the date and time of the disclosure, or when you were told about or witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- Wherever possible and practicable seek the persons consent to raise the concern. Where the person raises objections and there are significant risks, or if other adults or children could be at risk, it may be necessary to override their expressed wish not to consent.
- include as much detail as possible,
- make sure the written record is legible, written or printed in black ink, and is of a quality that can be photocopied,
- make sure you have printed your name on the record and that it is signed and dated,
- keep the record factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.
- Information from another person should be clearly attributed to them.
- keep the record/s confidential, storing them in a safe & secure place until needed.

## When a Crime is suspected

If a crime is suspected it is critical that the Police are informed.

## Allegations of abuse against a paid or voluntary worker

Abuse can occur outside of the family and it is important that workers of VC are aware of this. No member of VC will:

- Visit a child in their home without another adult being present;
- Transport a child in their car unless prior arrangements have been made with a senior member of staff or in case of a medical emergency;
- Make any comments with sexual overtones, even in humour, or partake in any “horse play” with a child;
- Allow a child into their home;
- Engage in rough physical games;
- Engage in sexually provocative games;
- Allow or engage in inappropriate touching in any form;
- Allow children to use inappropriate language unchallenged;
- Let allegations that a child makes go unchallenged or unrecorded;
- Do things of a personal nature for a child, that they can do themselves;
- Take photographs of a child without parental consent;
- Use their personal phone/camera/equipment to take/store images of children/at risk adults.

VC should be informed of all allegations that are made against a member of staff or volunteer. Some allegations may be about poor practice rather than abuse. However, advice can be sought from Children’s and Adults Social Care.

VC would like to assure all parents/carers, staff and volunteers that it would fully support and protect anyone who, in good faith, reports his or her concerns that a member of staff or volunteer is or may be abusing a child. Staff and volunteers must take action quickly on their concerns so that problems do not escalate. This would include concerns that they have:

1. Behaved in a way that has harmed a child, or may have harmed a child;
2. Possibly committed a criminal offence against or related to a child;
3. Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children

All allegations must be recorded and passed to the VC Safeguarding Officer who will take the appropriate action.

Primary consideration will be given to supporting the child or young person and the person making the allegation.

It may also be necessary to contact the Designated Officer (formally known as the Local Authority Designated Officer (LADO)) for the local authority and discuss the concerns – NB: this will not apply

in the case of adults at risk of abuse, only children and young people. The Designated Officer must have the management and oversight of any allegations against people who work with children.

Tel: 0300 123 1650 option 3

Email: [LADO@surreycc.gov.uk](mailto:LADO@surreycc.gov.uk)

Or

[LADO@surreycc.gcsx.gov.uk](mailto:LADO@surreycc.gcsx.gov.uk) for secure emails

Where there is a complaint of abuse against a member of staff there may be three types of investigation.

1. A criminal investigation
2. A child/at risk adult protection investigation
3. A disciplinary or misconduct investigation

There will be circumstances when these procedures may be used concurrently with other procedures such as Disciplinary and Complaints. In these circumstances the safeguarding process takes precedence over the others. Results of the police and social services investigation may well influence a disciplinary investigation, but not necessarily.

Issues of misconduct will be dealt with by a committee involving the Safeguarding Officer and a member of the Board of Trustees.

Every effort will be made to ensure confidentiality for everyone concerned.

If the Safeguarding Officer is the subject of the suspicion/allegation the report must be made to a Trustee. They are then responsible for taking the appropriate action.

All incidents will be reported to the VC Board of Trustees.

VC has the right to suspend staff member/s during or following investigations.

## Whistleblowing

If any member of staff or volunteer of VC have any concerns about a colleague's behaviour within the organisation (concerns may include health and safety risks, sexual or physical abuse of participants, breach of confidentiality, other unethical conduct) they should express their concern either verbally or in writing to VC's Safeguarding Officer, Judith Azzopardi, who is also a trustee and can be contacted on 07944 055842 or [judith@viewpointcentre.org](mailto:judith@viewpointcentre.org). For any complaints against the Safeguarding Officer, concerns should be expressed to the following trustees:  
Kate Freebody - [katherinefreebody@gmail.com](mailto:katherinefreebody@gmail.com)

Tony Turner - t.turner@collins-construction.com

The organisation recognises that the decision to report a concern can be a difficult one to make. If what any member of staff or volunteer are saying is true, they should have nothing to fear because they will be doing their duty to the organisation and those for whom they provide a service. Ignoring inappropriate behaviour may lead to the development of an unsafe culture.

The organisation will not tolerate any harassment or victimisation and will take appropriate action to protect any member of staff or volunteer when they raise a concern in good faith.

All concerns made by a member of staff or volunteer will be treated in confidence and every effort will be made not to reveal their identity if they so wish. At the appropriate time, however, they may need to come forward as a witness.

This policy encourages any member of staff or volunteer, however to put their name to their concern whenever possible.

Please note that any staff member or volunteer;

- must disclose the information in good faith.
- must believe it to be substantially true.
- must not act maliciously or make false allegations.
- must not seek any personal gain.

For independent advice please call:

Public Concern At Work

Website: [www.pcaw.co.uk](http://www.pcaw.co.uk)

Helpline: 020 7404 6609

Email: [whistle@pcaw.co.uk](mailto:whistle@pcaw.co.uk)

## Confidentiality

### Understanding confidentiality

The legal principle is that the “welfare of the child, young person or at risk adult is paramount”. Privacy and confidentiality should be respected where possible, but if doing this leaves a child, young person or at risk adult at risk of harm then the child’s, young person’s or at risk adults’ safety has to come first. All personal information regarding a child, young person or at risk adult will be kept confidential except when it is suspected that a child, young person or at risk adult is the victim of abuse.

It is important to note and reassure staff and volunteers that:

- Legally, it is fine to share information if someone is worried about the safety of a child, young person or at risk adult.

- Not everyone needs to know when a concern or worry is raised. This respects the rights to privacy for the child/young person/at risk adult and their family. Only people who need to know should be told about it. Other people might be genuinely concerned, and there might otherwise be gossip and rumours.
- The Safeguarding Officer is the primary person that a worker should turn to. Only in the case of them not being around should another senior staff member or Trustee be informed.
- If anyone does enquire then staff are to say that a concern has been raised and it is being dealt with following the VC's procedures. No other information should be disclosed.

## Review

### Regular review of policies and procedures

- VC's child, young person's and at risk adult's safeguarding policies and procedures are reviewed annually. Necessary changes that are identified in the interim period, as a result of amendment to legislation, will be made as required.

Date: March2022

Due for review: March 2023

KD/EW/JA

## Safeguarding Recording Form

Viewpoint Centre Record of Safeguarding Concern			
Name of Reporter:	Position and Location:	Date of concern/disclosure :	Time of concern/disclosure :
Details of concern/disclosure:			
How was the concern/disclosure responded to?			

Persons/organisation the concern/disclosure was reported to?	Outcome:
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