

SAFEGUARDING POLICY

Roles & responsibilities

Safeguarding is everyone's responsibility. Everyone should understand that safeguarding affects all aspects of the organisation and they must be aware of this policy and the procedures to follow.

POLICY STATEMENT

Our safeguarding framework, policy, procedures and guidance outline how we will fulfil our duty of care to safeguard those we work with and those that work on our behalf including staff, volunteers, trustees and partner agencies. Everybody has the right to be safe and to thrive no matter who they are or what their circumstances. We believe that our staff, volunteers and consultants have both an individual and organisational responsibility for safeguarding. We aim to embed a safeguarding ethos and practice which is both proactive and responsive towards issues of safety and wellbeing. This policy and the accompanying procedures provide clear standards and processes for all our staff, volunteers (including trustees and young people) and partners. This ensures that everyone is clear about their roles, individual and organisational responsibilities, and the procedures to follow in order to protect children and adults at risk from harm.

Irenic Care is committed to ensuring that clients are safe from harm. It will do this by ensuring that:

The welfare of the client is paramount.

- All clients without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality, marital status, gender reassignment, age, pregnancy (maternity) or beliefs.
- Clients and their families are informed of this policy and procedure as appropriate and certainly upon request; the policy is available at all times to anyone with an interest in our services.
- Information to enable you to raise a safeguarding alert with the Local Area Safeguarding Team is attached at the end of this policy
- All concerns, and allegations of abuse will be taken seriously and responded to appropriately - this may require a referral to a social work team or in emergencies and where appropriate, the Police.

- Irenic Care has a commitment to prevention through safer recruitment, selection, and vetting; Irenic Care will ensure that all employees undertaking regulated activity will be subject to a DBS Check and a check against the barred list.
- Level 1 & 2 Safeguarding Training will be provided to all employees.
- This policy and associated procedures will be reviewed annually.

LEGISLATION & GUIDANCE

The [Children Act 1989](#) provides the legislative framework for child protection in England. Key principles established by the Act include:

- the paramount nature of the child's welfare
- the expectations and requirements around duties of care to children.

This is strengthened by the [Children Act 2004](#), which encourages partnerships between agencies and creates more accountability, by:

- placing a duty on local authorities to appoint children's services members who are ultimately accountable for the delivery of services
- placing a duty on local authorities and their partners to co-operate in safeguarding and promoting the wellbeing of children and young people.

Both of these acts are amended by the [Children and Social Work Act 2017](#), which received Royal Assent on 27 April 2017.

The fundamental standard on safeguarding states that "children and adults using services we regulate must be protected from abuse and improper treatment. Providers should establish and operate systems and processes effectively to ensure this protection and to investigate allegations of abuse as soon as they become aware of them"

RESPONSIBILITY

The Registered Manager must ensure that:

- All employees, clients and their representatives are informed of the identity and contact details of the Safeguarding Lead
- This policy is brought to the attention of all employees in order that they are aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment.
- This policy is available to clients and people affected by the activities of Irenic Care at Care Consultation and as necessary during the time that Irenic Care supports a client.

- Safer recruitment procedures are in place as required above.
- Advice and support are provided to employees about referrals, expressed concerns, sharing of information and any other related matters.
- They take responsibility for liaison with other agencies where appropriate, including the sharing of information where necessary and required by law.
- Appropriate records are kept of all concerns raised and allegations of abuse, including any investigations and outcomes.
- They take responsibility for dealing with allegations against employees related to abuse of clients.
- Any allegations of abuse are referred to the relevant local authority or Police if appropriate.
- They use incidents and complaints to identify potential abuse and take preventative actions, including escalation, where appropriate.
- They keep up to date with current legislation, guidance and practice including engagement with the local Safeguarding Board
- All employees receive training in safeguarding, the requirements of legislation and guidance and how to apply the principles within their role.

The Designated Safeguarding Officer (DSO) is the Safeguarding Manager. The DSO is responsible for:

- Ensuring staff have access to appropriate safeguarding advice and support
- Checking that safeguarding referrals, incident reports and actions taken are recorded, fully reviewed, and logged in a restricted file
- Offer guidance & support to the staff and young people
- Make staff and the young people aware of all processes and procedures
- Plan and undertake an annual internal audit of safeguarding practice, and support staff to respond to recommendations
- Alerting the CEO of any significant safeguarding concern, contributing to decision-making and ensuring appropriate follow-up to manage and reduce risk
- Proactively engage with other agencies and external experts to ensure that Irenic Care approach is informed by and contributes to best practice within the sector.

Care Staff and other employees must ensure that:

- They are familiar with the content of this policy and associated procedures.
- Take appropriate action in line with this policy, and with the wishes and feelings of the victim of the potential abuse.
- Report any concerns promptly to the Registered Manager.
- Attend any training provided on safeguarding.
- They are aware of their own professional responsibility to prevent, identify and report abuse when providing care and, should they believe that the actions taken by the Registered Manager (or other senior member of staff or CEO) are insufficient to mitigate

the risk posed to clients, then they have their own responsibility to report the matter to the relevant local authority or police.

OPERATIONAL

The six principles of Safeguarding:

Irenic Care is devoted to providing the highest-quality care to young people and is committed to the principles of safeguarding in all our activities:

- Empowerment: People are supported and encouraged to make their own decisions and informed consent.
- Prevention: It is better to take action before harm occurs.
- Proportionality: The least intrusive response appropriate to the risk presented.
- Protection: Support and representation for those in greatest need.
- Partnership: Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability: Accountability and transparency in delivering safeguarding

Safeguarding means:

- protecting children from abuse and maltreatment.
- preventing harm to children's health or development.
- ensuring children grow up with the provision of safe and effective care.
- taking action to enable all children and young people to have the best outcomes.

Types of harm:

Physical abuse

- Bodily assaults resulting in injuries e.g., hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g., malnutrition, dehydration, failure to thrive.
- Medical/healthcare maltreatment.

Signs Include:

- A history of unexplained injuries.
- Bruising in well protected areas or clustered from repeated striking.
- Finger marks.
- Burns of unusual location or type.
- Injuries found at different states of healing.
- Injury shape similar to an object.

- Injuries to head/face/scalp.
- History of GP or agency hopping, or reluctance to seek help.
- Accounts which vary with time or are inconsistent with physical evidence.
- Weight loss due to malnutrition, or rapid weight gain.
- Sores and being left in wet or soiled clothing.

Sexual abuse

- Rape, incest, acts of indecency, sexual assault.
- Sexual harassment or sexual acts
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse

Signs include:

- Disclosure or partial disclosure (use of phrases such as 'It's a secret').
- Medical problems, e.g., Genital infections, pregnancy, difficulty walking or sitting.
- Disturbed behaviour e.g., depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, selfinjury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the Young person.
- Circumstances – e.g., two service users found in a toilet area, one in a distressed state.

Psychological/emotional abuse

- Including threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting, swearing

Neglect

- 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.

Discriminatory

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

Modern slavery

Including slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Organisational abuse

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Multiple forms of abuse may occur in an on-going relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

Process to be followed in the event of suspected abuse:

There are two ways in which concerns can arise - by observation or disclosure. In other words, an employee (most likely a Care professional but not exclusively) could observe changes in a person's behaviour, witness an incident or notice injuries (these are for example only and are not exhaustive) or could be told something by a person verbally or in writing.

In the case of disclosure an employee should:

- Show the person that they have heard what they are saying, and that they will take the allegations seriously and be calm and reassuring.
- Encourage the person to talk, but make sure they do not prompt or ask leading questions; They should not interrupt when the person is recalling significant events and should not ask the person to repeat their account.
- Explain what actions they might take, in a way that is appropriate.

In the case of both disclosure and observation an employee should:

- 1) Write down as soon as possible what has been said or observed, certainly no later than 24 hours using the exact words used by the person if possible.
- 2) Report concerns to the Registered Manager who will make the decision on how to proceed.
- 3) Determination of decision to refer will be considered as follows:

- Risk – does the person understand the nature and consequences of any risk they may be subject to and do they willingly accept that risk.
- Seriousness – a number of factors will determine if intervention is required. The perception of the person must be the starting point.
- If a decision is taken to refer work with the Registered Manager to report concerns immediately to the Duty Social Worker or the Police as appropriate.
- Not confront the alleged abuser.
- Not be worried about being mistaken.

Raising concerns about colleagues:

- It is very important that concerns about colleagues or other professionals are not ignored or dismissed.
- Employees should not confront the colleague they are concerned about directly, instead they should report the matter immediately to the Registered Manager (or CEO if their concern is regarding the Registered Manager).
- If a member of staff is subject to an allegation of abuse (from any source) they must be immediately suspended pending investigation in line with HR policies and procedures.
- The Registered Manager must report the incident to the local authority
- The Registered Manager will lead on arrangements for the investigation and reporting the outcome (the local authority will carry out the investigation).
- If it is found that an employee has been party to abuse, they will be dismissed according to HR policies and procedures. A referral to the Disclosure & Barring Service (DBS) may be necessary.
- If the allegation is unfounded the employee will be supported back into work.

Keeping records, confidentiality and information sharing:

- Records must be kept of all allegations and incidents of abuse. This includes details of the investigation and any outcomes.
- In the event that an external agency is involved e.g. Police, Social Work Teams information should be shared within the legal requirements.
- Confidentiality must be observed in all cases.

STAFF TRAINING

It is Irenic Care's policy to ensure that all employees receive level 1&2 training in safeguarding. The Training Policy sets out how this will be achieved in terms of occupational competency. In terms of awareness and understanding of the safeguarding and how it applies to their role the Registered Manager will ensure that all employees receive appropriate induction and opportunity to update their knowledge when appropriate. Should an employee be involved in raising a concern or investigation they should be offered additional supervision and support.

RAISING A SAFEGUARDING CONCERN

When somebody raises a concern about a child who is at risk of abuse, the first step of the process is usually referred to as raising a safeguarding concern. A safeguarding concern can be made by any person. It may be by the person who is at risk, a friend or family member, a member of the public, a care professional or other care worker, a volunteer or anyone else. Making a safeguarding concern just means reporting the concerns to be addressed with the safeguarding procedures. You can make a safeguarding alert by contacting the local authority.

You can raise a safeguarding concern to by contacting our Safeguarding Lead Samantha Mansfield on 07968 801634.

Alternatively you can contact LADO at Essex Council.

You can call the office number on -01992 236 090.