

Policy Front Sheet

Name of Policy	Safeguarding Policy
Policy Overview	Adult & Children Safeguarding policy
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Version	5
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Original written by	Sandra Malone, Trustee, Treasurer & Deputy Chair
Updated by	Sandra Malone, Trustee, Treasurer & Deputy Chair 25 June 2021
Staff/Volunteers relevant to	All

Notes	For internal and external disclosure. To be available on website.
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Child & Adult at Risk Protection Policy

1. Introduction

Safeguarding is central to all our work with children, young people and adults at risk. The Ashford Mediation Service (AMS) has a duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, and to protect adults at risk from abuse or the risk of abuse.

The legislation and guidance relevant to safeguarding and promoting the welfare of children and adults at risk includes the following: The Children and Social Work Act (2017), The Children Act 1989 and 2004, Working together to safeguard children (2015), No Secrets (2000), The Crime and Disorder Act (1998), The Health and Social Care Act (2008) and the Care Act (2014).

2. Scope of the policy

This policy is to be used by any member of staff or volunteer working directly with children and young people, and Adults at Risk, *and to any other support staff or Trustee of the organisation who becomes involved in a child protection concern in the course of their work for AMS. Children, young people, Adults at Risk and parents/carers are informed of the policy as appropriate.*

The policy applies to anyone with whom we are in contact in the course of our work, who is a child, a young person, or Adult at Risk. Where the policy or procedure refers to a 'child' or 'young person' we mean anyone who has not yet reached the age of 18 years. An adult at risk is someone aged 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (Department of Health, No Secrets, 2000).

This policy will be reviewed, endorsed and approved by the board of trustees annually, or when legislation changes.

3. Purpose of this Policy and Procedure

This policy and procedure sets out how AMS implements safeguarding for children, young people, and Adults at Risk with whom they come into contact in the course of their work. AMS is committed to devising and implementing policies so that everyone within the organisation accepts their responsibilities for safeguarding children, young people and Adults at

risk from abuse and neglect. This means following procedures to protect them and reporting any concerns about their welfare to the appropriate authorities.

This policy and procedure helps us to achieve this by:

- Supporting us to safeguard children, young people and Adults at Risk in practice, by defining abuse and informing us what to do
- Ensuring we all work to the same policy and procedure
- Making sure we are accountable for what we do
- Being clear what roles and responsibilities we all have in safeguarding
- Saying what staff can expect from the organisation to help them work effectively

This policy is informed by and supports our organisational purpose and is how we comply with local (Ashford Borough Council) Safeguarding Children and Adults at Risk policies and procedures in the areas where we operate.

4. Who is a Child, Young Person, Adult at Risk?

Child/Young Person

A child or young person means someone who is under 18 years of age, that is, has not reached their 18th birthday.

For AMS, this could refer to the child/young person we are working with directly, or the child of one of these young persons, or of another person, with whom we are in contact in the course of our work.

When concerns are raised about the child of a service user (child or vulnerable adult), the needs of the youngest can take precedence.

Adult at Risk

This policy applies to any 'Adult at Risk', defined by the following:

Any person aged eighteen or over who -

- Is or may be in need of community care services by reason of mental or other disability, age or illness; and
- Is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

AMS will sometimes be working with an Adult at Risk where a child/young person has reached 18 years and support is continuing, usually short term, or where a former service user has joined our youth participation project. Also, AMS will come across adults at risk in the course of their work with families. There may be occasions when we come across adults at risk within the household of or associating with a child/young person or parent we are working with and we will adopt the Think Family approach, working with adult agencies to meet their needs.

In all instances, our approach to safeguarding Adults at Risk we are in contact with follows the same principles, and safeguarding processes as we do for safeguarding children.

5. Objectives of Policy

We will achieve the outcome by having these things in place:

- Safe organisational ethos
- Safe environment
- Safe processes for working with service users
- Safe collection and use of information, and ways of communicating
- Safe staff/volunteers

Principles

In support of these objectives, we are committed to the following principle:

To achieve a safe ethos, we will

- *Work to support the organisational purpose, which is to reach out to offer mediation services to those in conflict. During the course of our work, we will seek to protect, children and young people who are at risk*
- *Promote the safety of children, young people and adults at risk in all our work, both directly and indirectly through our partnership and campaigning work*
- *Support the spirit and practice of AMS safeguarding ethos in all that we personally do*
- *Have in place quality assurance processes that help us to ensure we are all safeguarding in practice*
- *Treat all children, young people and adults fairly in being able to access services which meet their needs, regardless of gender, ethnicity, disability, sexual orientation or beliefs*

To achieve a safe environment, we will

- *Ensure the welfare and safety of children, young people and Adults at Risk is paramount in all our activities*
- *Listen to service users and take account of what they tell us in making decisions about them*
- *Take all reasonable steps to protect service users from harm, discrimination, and degrading treatment*
- *Practice with respect for children's rights, wishes and feelings*
- *Regularly assess and review safety risks which arise from premises, activities, equipment and travel arrangements, as outlined in the organisation's **Health and Safety Policy. This is done on a monthly basis as part of our regular risk analysis work.***

To achieve safe processes, we will

- *Take all suspicions and allegations of abuse, from inside or outside the organisation, seriously, and respond to them promptly and appropriately*
- *Be clear about everyone's roles and responsibilities*
- *Implement safeguarding procedures that are compliant with the expectations of the safeguarding arrangements in the areas where we operate*
- *Have in place clear arrangements for how we would respond to concerns about how we implement safeguarding in practice within the organisation*

To achieve safe information, we will

- *Be clear with service users how the things they tell us will be used*
- *Publish our Safeguarding policy on our website*
- *Communicate promptly and clearly within AMS and with external agencies, and follow the requirements of information sharing protocols in the localities in which we operate*
- *Keep good records of our work with service users and also of our management of staff's work*
- *Hold service users' information with care, and use it for agreed purposes only*

To achieve safe staff, we will

- *Recruit trustees, staff and volunteers with regard to their suitability for work with children, including use of enhanced Disclosure and Barring Service checks*
- *Provide trustees, staff and volunteers with guidance and training in their safeguarding role, and ensure they have access to our policies and procedures*
- *Make sure everyone has access to advice on safeguarding at all times in the course of their work by ensuring it is always part of all training and induction modules*
- *Be clear with everyone what their individual role and responsibility is in safeguarding*
- *Support staff and volunteers to carry out their job with appropriate supervision*

6. What is Child Abuse or Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Abuse means a child's rights and needs are not being met as defined in The Children's Act 2004 and the United Nations Convention on the Rights of the Child (1989). Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. Abuse may occur through the actions of an adult or adults, or another child or children.

Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. Similarly, where a child is from a minority ethnic group, aggressive behaviour, emotional and behavioural problems and educational difficulties may be wrongly attributed to racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child. Safeguards for all children and young people are the same regardless of disability or ethnicity.

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 or causes ill health to a child whom they are looking after. This situation is called Induced Fabrication Illness by a Carer (formerly known as Munchausen's by proxy).

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to 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. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Witnessing the harm of another person, such as in the case of domestic violence, is a form of emotional abuse. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual Abuse & Sexual Exploitation

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including **sexual exploitation**, whether or not the child is aware of what is happening, and whether it is for money or reward or not. The activities may involve physical contact, including penetrative contact (e.g. rape and buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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 as a result of maternal substance abuse during pregnancy. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Abuse of Disabled Children

Disabled children are at increased risk of abuse and those with multiple disabilities are at even

more significant risk both of abuse and neglect. Parents of disabled children may experience multiple stresses. This group of children may be particularly vulnerable to abuse for a number of reasons including:

- Having fewer social contacts than other children
- Receiving intimate personal care from a larger number of carers
- Having an impaired capacity to understand what they are experiencing is abuse or to challenge the abuser
- Having communication difficulties resulting in difficulties in telling people what is happening
- Being reluctant to complain for fear of losing services
- Being particularly vulnerable to bullying or intimidation
- Being more vulnerable to abuse by peers than other children

Disability is defined as:

- A major physical impairment, severe illness and/or a moderate to severe learning difficulty
- An ongoing high level of dependency on others for personal care and the meeting of other basic needs

Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). There is increasing use of new technologies as a tool for bullying and such incidents should be taken seriously.

Self-Harming Behaviour

Children and young people who harm or attempt to harm themselves should be taken seriously. The self-harming behaviour in itself may cause impairment of the child's health or development and in some circumstances present significant harm or the risk of significant harm. Self-harming behaviour may also arise alongside eating disorders and/or drug misuse.

Female Genital Mutilation (FGM)

Female genital mutilation is a collective term for procedures that include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences both at the time and in later life. The procedure is typically performed on girls of 4 - 13 years but may be performed on new born babies or on young women. FGM can result in death.

FGM is a criminal offence (Prohibition of Female Circumcision Act 2003). Under the act it is an offence to arrange, procure, aid or abet female genital mutilation. Parents/carers may be liable under this act. It is also an offence to allow the procedure to be undertaken in another country. Where agencies become aware that a girl is at risk of FGM a referral should be made to Children's Social Care

Domestic Violence as Abuse

Domestic Violence is defined by the Home Office as: 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to minority ethnic (BME) communities such as so called 'honour killings'.'

The term domestic violence is used to include any form of physical, sexual or emotional abuse between people in a close relationship. It can take a number of forms such as physical assault, sexual abuse, rape, threats and intimidation. It may be accompanied by other kinds of intimidation

such as degradation, mental and verbal abuse, humiliation, deprivation, systematic criticism and belittling. The term domestic violence includes the term domestic abuse

Forced Marriage

A forced marriage is one that is conducted without the full consent of both parties and where duress is a factor. Forced marriage can amount to sexual and emotional abuse and put children or adults at risk of physical abuse. In circumstances where there are concerns that someone is at imminent risk of a forced marriage urgent referrals should be made to Children's Adults' Social Care. In the case of a young person at risk of forced marriage it is likely that an initial discussion with the parent, carer or other community member may significantly increase the level of risk to the young person.

Internet Harm

Sexual exploitation (see above) also includes non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material of watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Trafficking

Children can be trafficked into, within and out of UK for many reasons and all different types of exploitation. Trafficking is a form of child abuse and needs an appropriate safeguarding response. Any child who is recruited, transported, transferred, harboured or received for exploitative reasons is considered to be a victim of trafficking, whether or not they have been forced or deceived. This is because it is not considered possible for children in this situation to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adult. It is important these children are protected too.

Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud, forced marriage, begging and involvement in criminal activity such as pick pocketing, theft and working on cannabis farms. They are likely to be subjected to other forms of abuse, as a means of coercing and controlling them.

Trafficking is carried out by individual adults and organised crime groups.

Sexual activity with child/young person under the age of 18, or living away from home

Consensual sexual activity involving a young person under 18 years is not always abusive, but it may be. A child's or young person's ability to consent can be impaired due to lack of freedom, capacity or choice; for example because of an age/power imbalance; because it is leading into sexual exploitation; because one person is in a position of trust with the other (e.g. a teacher); where one person is vulnerable because of disability or capacity; where the child/young person is in the care of another away from home. No child under the age of 13 or under is able to consent to any sexual activity according to the Sexual Offences Act (2003).

Child Criminal Exploitation

Child Criminal Exploitation is common in 'county lines' and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children is broader than just county lines, and includes for instance children forced to work on cannabis farms or to commit theft.

7. What is abuse of an Adult at Risk?

Abuse is a violation of a person's rights or dignity by someone else. It can be done by anyone including relatives and family members, professional staff, paid care workers, volunteers, other users of services, neighbours, friends and associates or strangers. There are many kinds of abuse including:

Physical

This could be hitting, slapping, pushing and kicking.

Sexual

This includes rape and sexual assault or sexual acts to which the adult at risk:

- has not consented
- could not consent
- was pressured into consenting

Emotional/Psychological

This could be:

- emotional abuse
- threats of harm or abandonment
- depriving the person of contact
- humiliating
- blaming
- controlling
- intimidating
- coercing
- harassing
- verbally abusing
- isolating
- withdrawing a person from services or support networks

Financial or material

This includes:

- theft
- fraud
- exploitation
- pressure in connection with wills, property, inheritance or financial transactions
- misusing or misappropriating property, possessions or benefits

Neglect or acts of omission

This includes:

- ignoring medical or physical care needs
- failing to provide access to appropriate health care, social care or education services
- misusing medication
- inadequate nutrition or heating

Discriminatory

This includes:

- racist behaviour
- sexist behaviour
- harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability
- other forms of harassment, slurs or similar treatment

Procedure for Making a Child Protection Referral

<p style="text-align: center;">Step One</p> <p>A child/young person makes an allegation or raises concerns about abuse, or your assessment of the level of risk to a child changes</p> <p style="text-align: center;">Or</p> <p>An allegation or concern is raised by someone about a child/young person</p>	
<p>Listen to the concern – do not ask detailed questions at this stage</p> <p>Believe the child/young person</p> <p>Reassure them they have done the right thing by telling</p> <p>Explain what you will need to do with the information, who you will tell, who you won't tell, when you will tell, what might happen</p>	
<p style="text-align: center;">Is the child/young person under 18 years of age?</p>	
Yes	No
Follow this safeguarding procedure for a child/young person under 18 years	Refer to the separate safeguarding procedure for an Adult at Risk (page 10)
<p style="text-align: center;">Step Two</p> <p>Make an immediate record of the concern or allegation, include details of the referrer, any alleged victim, any alleged perpetrator/s, date and time, how received ('phone, text, email, letter, in person)</p>	
<p style="text-align: center;">Step Three</p> <p>Discuss what immediate action to take with the Designated Safeguarding Lead, or a colleague, if s/he is not immediately available, then proceed to Step Four</p>	
<p style="text-align: center;">Step Four</p> <p>You, or the Designated Safeguarding Lead, will talk the referral through with: Duty Officer within Children's Social Care or child/young person's own social worker (if a Child in Need or Looked After)</p> <p>Follow up by emailing all details (see form AM1 - Appendix 1 for requirements) to the agreed social care officer recipient within 48 hrs of referral AM1 must state which AMS staff or volunteer, and which Children's Social Care officer, have agreed the referral</p>	
<p style="text-align: center;">Step Five</p> <p>Check that all actions have been taken</p> <p>Record and sign all discussions and actions taken on the file, including the AM1 copy</p>	

8. Procedure for Supporting a Child or Adult at Risk Investigation or Plan

This process applies where Children's Social Care or Adult Social Care is investigating an allegation or concern under safeguarding procedures for a child, young person or adult at risk, and AMS has been or is involved as a referrer, or the subject of the referral is known to us.

It is **not** the referral procedure for a safeguarding concern or allegation – see above Steps One through Five

Procedure for Supporting a Safeguarding Investigation, or Plan	
<p align="center">Step Seven</p> <p align="center">You have followed the procedure for making a safeguarding referral Or You are working with a child/young person/adult at risk subject to a safeguarding investigation or plan,</p>	
<p align="center">Discuss and agree what concerns AMS has about the child, young person, adult at risk with your line manager</p>	
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<p align="center">Step Eight</p> <p align="center">Respond to requests for reports or information from the relevant authorities Log all requests and responses on the file</p>	
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<p align="center">Step Nine</p> <p align="center">Attend strategy, core group meetings when requested</p>	
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<p align="center">Step Ten</p> <p align="center">Are you continuing to work with the child/young person/adult at risk?</p>	
<p align="center">Yes</p> <p>The worker and line manager will agree the work to be carried out and will monitor and review the level of risk the child, young person, adult at risk carries. Any change in risk assessment should lead AMS to consider if there is a need for a further safeguarding referral</p>	<p align="center">No</p> <p>Record the outcome of any strategy/core group discussions and decisions about the child/young person/Adult at Risk and pass to the Designated Safeguarding Lead to confirm that there is no further action required by AMS.</p>
<p align="center">At all times AMS staff and volunteers should know whether any children, young people, or adult at risk are subject to a safeguarding investigation or plan, and who they are</p>	

9. Adult at Risk Protection Referral Procedure

<p align="center">Step One</p> <p align="center">An Adult at Risk makes an allegation or raises concerns about abuse Or An allegation or concern is raised by someone about an Adult at Risk</p>	
<p align="center">Listen to the concern – do not ask detailed questions at this stage. Believe the Adult at Risk & reassure them they have done the right thing by telling Explain what you will need to do with the information, who you will tell, who you won't tell, when you will tell, what might happen</p>	
<p align="center">Is the person over 18 years of age?</p>	
Yes	No
Follow this safeguarding procedure for an Adult at Risk over 18 years	Follow the separate Safeguarding Children Policy and Procedure (page 8)
<p align="center">Step Two</p> <p align="center">Check the definition of an Adult at Risk and that this procedure applies Make an immediate record of the concern or allegation, include details of the referrer, any alleged victim, any alleged perpetrator/s, date and time, how received ('phone, text, email, letter, in person)</p>	
<p align="center">Step Three</p> <p align="center">Discuss what immediate action to take with one of the AMS Designated Safeguarding Leads. If s/he is not immediately available, then discuss with a colleague if possible</p>	
<p align="center">Step Four</p> <p align="center">You, or the designated manager, will talk the referral through with: Call the Duty Officer within Adults Social Care. Follow up by emailing all details (see form AM1 – Appendix 1 for requirements) to the agreed recipient within 48 hours of referral. The form must say which AMS staff, and which Adult Social Services officer, have agreed the referral</p>	
<p align="center">Step Five</p> <p align="center">Check that all actions have been taken Record all discussions and actions taken on the file, including the AP1 Respond to a request to attend a strategy meeting if required</p>	

10. Managing and Resolving Disputes over Agency Responses

If there is disagreement between AMS and Social Care or another agency as to the appropriateness of a safeguarding referral, **always promptly** discuss and agree what to do next with the designated manager or in his/her absence with the AMS Chair. Follow the relevant Local Safeguarding Children Board's guidance for resolving differences in professional opinion and their escalation policy and process. Always keep in mind that the child or young person or Adult at Risk's safety and welfare is paramount.

All staff and volunteers should clearly log a disagreement or dispute about how a safeguarding concern should be dealt with.

Where a disputed referral is re-referred, in the belief that this is necessary, the re-referral should always be supported in writing, giving reasons.

11. Supporting Procedures & Processes

The following sections summarise the requirements of supporting policy, practice or procedures; readers should look at the whole policy or procedure for further information.

11.1 Recruitment of Trustees, employees and volunteers to work with young people

This section summarises some aspects of the AMS **Recruitment Procedures**. The procedures set out below apply to both paid staff and volunteers, including Trustees, and students.

Applicants for both paid and voluntary positions that involve significant access to children and young people or their information will complete an initial application form designed to extract information about their past career, and to disclose any criminal record or other matter that has a bearing on their suitability to work with children. Failure to disclose relevant information will result in disciplinary action and possible dismissal. All Trustees, staff, and volunteers in direct contact with young people, and/or confidential information about them, will be subject to an enhanced DBS check on recruitment.

An enhanced DBS check may be completed by AMS checking/seeing an enhanced check made by the academic body for a student who will be on placement, if carried out as part of their current degree programme.

At least two references will be taken up in relation to trustees, staff and volunteers, including, where possible, at least one concerning previous work with children.

Posts will be subject to satisfactory clearance, and consent will be obtained from applicants to carry out Disclosures through the DBS, or a check through the DBS online portal. Please note, individuals registered on the DBS portal as volunteers, must undergo a new DBS check if they are moving into a paid role. This will help to establish whether applicants have any criminal convictions or other past behaviour that suggests they are unsuitable to work with children. A new DBS will be completed – or online check carried out – every three-years.

Where a prospective employee, volunteer or trustee does have a criminal record that does not prevent them from working with children, young people and/or vulnerable adults or acting in their particular role, their prospective line manager will have a discussion with them, and a risk assessment will be carried out to ascertain their suitability for the position for which they are applying. This assessment must be signed off by the Chair.

We recognise that the absence of any relevant Disclosure does not guarantee that the individual is safe to work with children.

In line with the Data Protection Act 1998, all information received in relation to applicants will be

kept secure and treated with strict confidentiality.

The Board of Trustees recognises that we could take all reasonable steps to assess the suitability of a potential employee or volunteer to work with children, but that these do not guarantee that an individual is safe to work with children and/or vulnerable adults. Therefore, the Trustees will ensure that appropriate management, supervision, and support systems are in place to reduce any risk to vulnerable people.

After appointment, all staff and volunteers will be inducted and trained in local safeguarding procedures and AMS policies, and their performance, and their training and development needs will be reviewed regularly by supervising managers.

11.2 Information Sharing Policy and Procedure

This section summarises the relevant requirements of AMS's **Confidentiality and Information Sharing Policy and Procedures**.

Consents to sharing information

AMS service users usually sign their consent for sharing information early in our contact with them. Service users should always know what we need to do with information they give us, and their wishes about how this is disclosed and used should be taken account of wherever possible, as long as this does not jeopardise their safeguarding, or make us avoid our responsibilities, or adversely affect their welfare.

Children and Young People

When working with children and young people, AMS will make it clear to children and young people that they cannot offer unconditional confidentiality. Young people have a right to be informed that their consent to share information will be sought in most cases, as well as the kinds of circumstances when their consent may not be sought, or their refusal to give consent may be overridden. In all cases where practitioners feel that they have to break confidentiality with the child/young person, they must inform the child/young person and reassure them that their best interests will be maintained.

If a child/young person does not have sufficient capacity or understanding to consent to sharing information, it should be sought from the parents/carers of the child, except if doing so would increase to risk of harm to the child.

Parents/Carers

Information shared with safeguarding agencies on a need to know basis is not always appropriate to share with parents and carers, and care should be taken not to share information with parents and carers that is not consented to by the young person, unless not to do so would be inconsistent with their safeguarding and welfare.

Adults at Risk

Information to be shared should only be that which is relevant to safeguard adults at risk. An adult service user should normally consent to information sharing but this consent may be overridden in certain circumstances, especially when there is a risk of harm, and the adult does not have capacity to understand and consent, or there is crime. Guidance is to be found in the relevant Local Safeguarding Board Adults at Risk procedure.

12. Roles and Responsibilities

This section describes the general roles and responsibilities held by different positions in the organisation with regard specifically to safeguarding. It does not describe 'what to do' in a particular situation, which will be found in the 'Procedures' section. Nor does it describe all their roles and

responsibilities, which are in their job descriptions.

Trustees

- Uphold the safeguarding ethos and purpose of the organisation
- Have a trustee with lead responsibility for safeguarding
- Agree safeguarding policies and procedures and review **these annually**
- Satisfy themselves that policies and procedures are carried out
- Include safeguarding as a standing item at full board meetings
- Actively involve the designated manager to set the safeguarding procedure in train when becoming personally aware of a safeguarding issue in the course of their work for AMS.

The trustee lead for Safeguarding is: [Peta Boucher and she can be contacted through the Service at: 07845 914838](#)

Chair of Trustees/Lead Worker Activities

- Acts as the **Safe & Sound Designated Safeguarding Deputy** to the designated safeguarding lead
- Ensures this policy and procedure is in place, is communicated to staff and volunteers, reviewed and practiced
- Puts in place arrangements to recruit, train and manage staff and volunteers to practice safely
- Receives and responds to requests for procedural advice or guidance from staff and volunteers in the absence of the designated manager
- Agrees when any formal action is needed to ensure that another agency is carrying out its safeguarding procedure with respect to a child, young person, adult at risk known to AMS
- Acts upon any concern raised about staff practices in relation to safeguarding
- Carries out an annual risk assessment and review of the safety of premises, activities, equipment and travel
- Appoints a first aider and ensures she/he is trained and up to date

Lead Worker Activities

- Act as the **Safe & Sound Designated Safeguarding Lead** for all safeguarding actions and decisions, which come from:
 - Making referrals
 - Supporting a safeguarding investigation or plan
 - Reviewing the assessed level of risk which informs the way staff and volunteers work with children, young people, and adults at risk
- Supervise staff and volunteers allocated to them and agree and implement individual training plans
- Supervise and review contact work carried out by all staff, **and agree and review the assessments of level of risk allocated to children, young people and adults at risk**; follow procedures if any concern or allegation arises as a result, and support good practice
- Report any allegation or concern about the safeguarding practice of any Trustee, staff or volunteer to the Board of Trustees

Staff and Volunteers working with young people

- Undertake safeguarding training upon joining AMS
- Refresh safeguarding training annually
- Act upon concerns and allegations involving service users and safeguarding
- Report concerns and allegations according to these procedures to the AMS Designated Safeguarding Lead and agree what AMS will do

- Act in a timely manner, taking account of the perceived level of risk, when the Designated Safeguarding Lead is not available
- Record concerns, analysis of concerns, information, decisions, actions, clearly and promptly and keeps a log on the file of work in progress
- Support safeguarding investigations or plans by sharing information appropriately and working to the plan with the child, young person, adult at risk
- Report safeguarding concerns to another agency's safeguarding coordinator/s or manager/s, when these arise in the course of participating in events and activities where other agency professionals are the supervising workers (for example activities in settings such as schools, play facilities, youth clubs, residential units, etc.) Ensure a manager is aware of changes that might affect the assessment of the level of risk carried by a child, young person, or adult at risk they are working with, and generally work with the guidance and within the decisions of their line manager.
- Report any concerns about safeguarding practice of a colleague or manager or Trustee to the Chair of the Board of Trustees.

Volunteers

- Report concerns and allegations to their supervisor and act upon the advice of the designated Safeguarding Lead.
- Report concerns and allegations according to these procedures to the Designated Safeguarding Lead and agrees what AMS will do.
- Act in a timely manner, taking account of the perceived level of risk, when the volunteer's Designated Safeguarding Lead is not available.
- Record concerns, analysis of concerns, information, decisions, actions, clearly and promptly and keeps a log on the file of work in progress.
- Support safeguarding investigations or plans by sharing information appropriately and working to the plan with the child, young person, adult at risk.
- Ensure all volunteer are aware of changes that might affect the perceived level of risk, and generally work with the guidance and within the decisions of the volunteers.
- Report any concerns about safeguarding practice of a colleague or manager or Trustee to the Chair of the Board in the first instance.

Appendix 1:



Form AM1: Required content for a safeguarding

referral To:

Agency:

Named worker:

Base/Address:

Tel number:

From:

Agency: Ashford Mediation

Service

Case worker:

Address: info@ashfordmediation.co.uk

Tel number: +44 7845 914838

Subject: Safeguarding Referral

Name:

DOB/Age:

Address:

Ethnicity:

Reason for referral:

Details:

Referral agreed with: This referral was discussed and agreed with:

Named volunteer/worker:

Name of agency:

Date & Time:

NAME of AMS individual involved with the child/young person/vulnerable adult (if different to the above employee):

Date sent:

Time:

Please acknowledge receipt to the AMS individual named above

Version	5
Last Modified	25/06/2021
Original written by	Sandra Malone
Updated by	Sandra Malone