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Governance Policy

Safeguarding Policy

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SAFEGUARDING POLICY

1. Purpose and Scope

The purpose of this policy is to ensure that through its work and behaviours We Are Survivors demonstrates its commitment to protecting the rights of people to live in safety, free from abuse and neglect as everybody has the right to be safe no matter who they are or what their circumstances are. Through safeguarding, the organisation will promote the well-being and welfare of all those whom it comes into contact with, which includes beneficiaries, customers, staff, volunteers and other stakeholders.

Safeguarding is defined as the range of measures in place to protect people within an organisation, or those it comes into contact with, from abuse and maltreatment of any kind.

This means:

- protecting the rights of adults to live in safety, free from abuse and neglect;
- protecting children from maltreatment, preventing impairment of children's 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.

We Are Survivors recognises that any child, young person or adult can be at risk of abuse, including sexual, physical, emotional, neglect or financial; and understand the nature of our work and the services we provide may create situations where our personnel become aware that a child, young person or adult is at risk of or is being abused. We are committed to ensuring that all staff, volunteers, beneficiaries, customers and other stakeholders are safeguarded from harm and from situations in which they feel vulnerable.

All of We Are Survivors policies and procedures support this commitment.

It is therefore vital that all personnel are aware safeguarding is a shared responsibility of all, regardless of role, and that all the workforce is:

- trained appropriately by approved safeguarding providers and can evidence training
- able to recognise signs of abuse
- able to take appropriate safeguarding action
- able to understand their role in individual and ongoing safeguarding for all

The organisation is committed to adhering to safeguarding procedures and always promote good practice in the safeguarding and protection of children, young people and adults; and will provide adequate resources to ensure that all staff and stakeholders are aware of this policy and committed to its effective implementation.

Safeguarding procedures also provide personnel, including trustees, staff, those carrying out work on behalf of the organisation, and volunteers, with clear guidelines to ensure a consistent and swift response to handling concerns or allegations of abuse to children, young people and adults including those against workforce members.

2. Safeguarding Leadership

This policy is owned by the following organisational named Safeguarding Lead:

Duncan Craig OBE
 Safeguarding Lead &
 Child Sexual Abuse and Exploitation Lead
 07919 246 267 / 0161 236 2182
duncan@wearesurvivors.org.uk

The role of the organisational named Safeguarding Lead is to:

- Act as a focus and an advocate for external contacts on adult and child safeguarding/protection matters
- Ensure that the safeguarding policy and procedures are developed, implemented and regularly monitored and updated
- Support reporting and complaints procedures including safe ‘whistleblowing’
- Ensure that the Practice meets statutory safeguarding responsibilities
- Disseminate adult and child safeguarding/protection information to all workforce
- Act as a point of contact for workforce to bring any concerns they have, ensuring it is assessed, acted upon appropriately and recorded correctly
- Ensure that the workforce receive adequate support and safeguarding supervision when dealing with children or adults at risk in need of support or protection
- Establish and maintain links with local child and adult protection agencies
- Ensure safeguarding incidents, including ‘near-miss’ are appropriately reported to the relevant commissioners via agreed pathways and reporting tools

In the event that an allegation is made against the Safeguarding Lead, the Risk Governance Trustees must be notified immediately.

The following individuals within We Are Survivors take on the following Governance and Regulatory roles:

Governance and Regulatory role	Name
Designated Safeguarding Lead	Duncan Craig
Designated Safeguarding Lead (Deputy)	Chris Speed
Caldecott Guardian	Chris Speed
Information Governance Lead	Jamie Legge
Senior Information Risk Owner	Chris Speed
Child Sexual Abuse and Exploitation Lead	Duncan Craig
Risk Governance Lead(s)	Sue Cuffe (Trustee) Dr Andrew Tomkins (Trustee)

Freedom to Speak Up Guardian(s)	Sam Jennings (Central) NJ Long (Community) Rob Hutson (CJS) Matt Metcalf (CJS)
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To ensure that the organisation continues to meet its Safeguarding obligations and therefore its commitment to ensuring no individual working for or engaged in the service is put at harm, it will:

- Mandate the Deputy Chief Executive to act in the absence of the Safeguarding Lead
- Ensure all trustees, staff and volunteers:
 - develop their ongoing understanding of the signs and indicators of abuse, detailed at Point 3
 - undertake Safeguarding Children Level 1, Safeguarding Adults Level 1, and PREVENT training as part of their induction
 - refresh their safeguarding training every two years
 - know how to respond to an individual who discloses abuse, including against staff / volunteers
 - are aware of child protection arrangements by the Safeguarding Lead
 - engaged in front line services will be required to undertake Safeguarding Children and Adult training to Level 3
- Mandate Executive Team and Risk Governance Trustees to:
 - be appropriately trained in managing allegations against staff
 - undertake a refresher every year to ensure that their knowledge is most relevant and up to date
- Ensure that the policy and procedures are reviewed by the Operations Director and relevant staff on an annual basis, making appropriate changes but taking immediate action throughout the year if any deficiencies or weaknesses in child, young person and vulnerable adult protection arrangements are identified
- Place the Safeguarding Policy public on the organisations website under www.wearesurvivors.org.uk/about-us/feedback/

All safeguarding training undertaken, including mandatory annual training, should be recorded within the HR System and be via the designated training portals provided by MSP (Manchester Safeguarding Partnership) and/or NHS e-lfh (e-Learning for Health). The organisations training and development workbook provides all workforce with a list of training courses individuals are required to undertake as part of their induction and throughout the year.

We Are Survivors procedures for safeguarding children, young people and vulnerable adults is in adherence to:

- Manchester Safeguarding Children’s Board procedures (<https://greatermanchesterscb.proceduresonline.com/chapters/contents.html>)
- Manchester Safeguarding Adults Board ‘Safeguarding Adults Multi-Agency Safeguarding Policy www.manchestersafeguardingpartnership.co.uk/multi-agency-policy-and-procedure-adults/

- Performance Management in Provider Organisations of Serious Incidents and Issues of Performance Breach v8 (2012)
- NHS Manchester Safeguarding Children & Adults Policy (Incorporating the Safeguarding audit tool and PREVENT Strategy and audit tool) (2013)
- MSAB PIPOT Policy (2021)
- MSP Complex Safeguarding Strategy (2020)
- MSP Managing High Risk Together for All Partners (2021)
- NHS England Sexual Safety in Healthcare Charter (2023) www.england.nhs.uk/long-read/sexual-safety-in-healthcare-organisational-charter/

3. Definitions

For the purposes of this policy, We Are Survivors defines a child as a person aged under 13 years and a young person as anyone who has not yet reached their 18th birthday.

An adult at risk (often referred to as Vulnerable Adult) is defined as a person aged 18 years or over who is, or may be, in need of community care services by reason of mental ill health, disability, age or illness, and who is or may be unable protect him/herself against significant harm or exploitation. (Who Decides - Lord Chancellors Department (1997)).

It should be noted that disability or age alone does not signify that an adult is vulnerable and whether or not a person is vulnerable will depend upon surrounding circumstances and environment and each case must be judged on its own merits.

Abuse is defined as a violation of an individual's human and civil rights by any other person or persons.

Abuse may consist of a single act or repeated acts and can be categorised as:

Physical Abuse: the non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment.

Emotional Abuse (also known as Psychological abuse): that which impinges on the emotional health and development of individuals. It might be emotional abuse such as threats of harm or abandonment, enforced isolation, blaming or controlling behaviour, or verbal and racial insults.

Neglect: when a child, young person or vulnerable adult does not have their basic needs met, such as adequate food or warmth or help with personal hygiene.

Sexual Abuse: the direct or indirect involvement in contact or non-contact sexual act or activity that the child, young person or vulnerable adult has not or could not consent to or was pressurised or manipulated into.

Financial Abuse: when a child, young person or vulnerable adult is exploited for financial gain e.g. by a relative or door-to-door salesman. Often valuables will go missing in the home or there may be a change in financial circumstances that cannot be explained.

Mate Abuse: a form of hate crime where perpetrators befriend a person with a disability but begin to exploit, hurt or harm them. This can include sexual abuse, forced prostitution, financial exploitation, physical abuse, violence and murder.

Discriminatory Abuse: abusive or derisive attitudes or behaviour based on a person's sex, sexuality, ethnic origin, race, age or disability.

Professional Abuse: the misuse of a therapeutic power and abuse of trust by professionals and the failure to act on suspected abuse/crimes.

Radicalisation: refers to the process by which people come to support, and in some cases to participate in terrorism.

Organised Crime Gangs: a criminal group of individuals normally led by adults for whom involvement in crime is for personal gain (financial or otherwise). See: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCountyLinesGuidanceSept2018.pdf

Cuckooing: involves gangs and criminal networks taking over the home of a vulnerable person and using their property as a base to store drugs, firearms and often run their criminal activity. See https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ch_yp_gang_act.html

Modern Slavery and Trafficking: a form of organised crime in which individuals are treated as commodities and exploited for criminal and financial gain. It encompasses human trafficking, slavery, servitude and forced labour. See https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ch_trafficked.html

Human Trafficking: the movement of people by means such as force, fraud or deception with the aim of exploiting them. This can affect both those arriving from abroad and being trafficked within the UK. Trafficking of children requires only the "act" and "purpose" as the "means" does not have to be shown. See: http://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ch_trafficked.html and <https://www.manchestersafeguardingpartnership.co.uk/resource/modern-slavery/> and https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/177033/DFE-00084-2011.pdf

Domestic Violence and Abuse: any incident or pattern of incidents of controlling, coercive or threatening behaviour violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

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. This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Child on Parent Violence: A resource booklet for parents/ carers experiencing violence from adolescents can be found here [https://safelives.org.uk/sites/default/files/resources/HO Information APVA.pdf](https://safelives.org.uk/sites/default/files/resources/HO%20Information%20APVA.pdf)

4. Who May Commit Acts of Abuse?

It is important to recognise that anyone can commit abuse but research suggests that people who abuse:

- Are often well known to their victims but can be strangers
- Might be a relative, partner, son or daughter, friend or neighbour, a paid or voluntary worker, or a health or social care worker
- Could be another vulnerable adult, service user or group member
- May not realise they are abusing and can sometimes act out of character and abuse because of the stress of caring

5. Where Does Abuse Take Place?

Abuse can take place almost anywhere and these include:

- The child's, young person's or vulnerable adult's home
- Transportation, including a carer's vehicle
- School or college
- A carer's home
- A day centres
- A community centres
- A care homes
- A hospital
- The workplace
- Educational institutions

6. Recognising the Signs and Indicators of Abuse

Where abuse has occurred one or more of the following signs or indicators may have been present. None of these definitively suggest abuse, however, suspicions should be heightened if one or a combination of these indicators exists:

- Changes in a person's behaviour
- Unexplained changes in a person's circumstances
- Physical signs of abuse
- Withdrawal of verbal communication
- A person appearing withdrawn
- Unexplained reactions towards particular individuals or settings
- Dislike of being touched and flinching on being touched
- Disturbed sleep patterns
- Frequent or regular visits to the general practitioner or the accident and emergency department or hospital admissions

- Panic attacks
- Absconding / wandering
- Obsessive or challenging behaviour
- Deliberate self-harming behaviour
- History of domestic violence
- Increase levels of agitation
- Freezing behaviour when something is/isn't mentioned

7. Safeguarding Procedures

The following section has been designed to set clear processes in responding to and managing a safeguarding incident.

Regardless of the context of the incident, all WAS staff/volunteers/Trustees must make it clear that they cannot guarantee 100% confidentiality and will follow local Safeguarding procedures relevant to the local authority area, in line with local and national policy and legislation.

Allegations made against members of staff, trustees or volunteers the workforce must follow Point 9 of this policy.

If you become aware of a safeguarding concern, allegation or suspicion, you must refer to the Safeguarding Lead promptly using the appropriate recording methods.

You should:

- Ensure you do not give a guarantee of confidentiality or secrecy;
- Listen with care;
- Do not ask leading questions;
- Do not interrogate the child, young person or vulnerable adult;
- Take the allegation seriously;
- Do not show disbelief;
- Avoid being judgemental;
- Record everything;
- Refer to the designated Safeguarding Lead promptly, they are responsible for gaining sufficient information to decide on a referral to the appropriate statutory body.

It is important to remember that balancing the needs of the client group and the risk to them and others often requires external advice and 'critical friend' role.

Once you have informed the Safeguarding Lead of the concern, they will assess these concerns, allegations or suspicions and decide on the course of action in accordance with you, other Managers or members of the Executive Team if appropriate and report to the relevant statutory agency if appropriate but will always inform the Risk Governance Trustee.

The Risk Governance Lead will take appropriate action, following the SUINM Policy if required. All personnel need to be aware that disabled children and young people are particularly vulnerable to abuse and additional support may be required when dealing with disabled children or young people.

In the event of a crisis/immediate risk incident, staff should follow the Crisis/Risk Management Pathway (Annex 1). The pathway will be reviewed every 6 months by the Safeguarding Lead and the Suicide Prevention Lead.

In the event that the safeguarding concern is related to **radicalisation or threats of extremism or terrorism**, it is important that the concern is immediately discussed with the Safeguarding Lead to identify the most appropriate course of action, which should be considered to include advice from the local Designated Nurse for Adult Safeguarding.

The concern/incident should be recorded on the relevant risk register by the staff member raising the concern, which will prompt an automatic email to their line manager for review. The Line Manager will add any comments, which will then prompt an automatic email to the Deputy Chief Executive Officer to close the concern/incident as appropriate and in a timely manner.

Members of the Executive Team will record the incident on the SUINM quad of the Executive Dashboard for audit review at the monthly Executive Huddle.

It is not uncommon for those accessing our services to have not formally disclosed the non-current (described by some organisations as 'historic') abuse they experienced, and it is not the role of We Are Survivors staff to encourage any disclosure. Clients should be reminded of our confidentiality boundaries but not made to feel they should report. If a client discloses information that alerts any staff member to immediate risk of harm to themselves or another (children and adults) then the safeguarding process should be enacted.

Staff should also be aware that clients can also present to the services in various ways, sometimes neglecting their own needs. This presentation doesn't automatically require safeguarding and discussions with colleagues and Line Manager on managing self-neglect is important. However, the Safeguarding Lead can be alerted for a case discussion review which should enact the development of a plan of action.

8. Trustee, Staff and Volunteer Recruitment and Selection

All new trustees, staff and volunteers will be given a copy of the Safeguarding Policy as part of their induction into the organisation and asked to sign a record to confirm that they have received, read and understood the document.

The organisation adheres to GM Safe Recruitment Guidance for Safe Recruitment, Selection and Retention for Staff and Volunteers, 'Safe Recruitment' practices (see https://greatermanchesterscb.proceduresonline.com/chapters/p_safe_rec.html).

This means that pre and post-employment checks are carried out and recorded, which may include DBS and HMPPS enhanced security vetting.

The Operations Director is responsible for advising on the Safer Recruitment of any personnel, in conjunction with the HR Manager; and all Exec and Managers are required to undertake Safer Recruitment training (via e-Lfh).

9. Allegations Relating to We Are Survivors Personnel

We Are Survivors primary concern is the safeguarding of children, young people and vulnerable adults. It is therefore essential that in all cases of alleged or suspected abuse by a member of staff, trustee or volunteer that action is taken quickly and professionally.

The Safeguarding Lead must always be notified of any concern, issue or allegation with immediate effect.

In the event of allegations against the Safeguarding Lead, the concerns should be reported immediately to the Risk Governance Lead via board@wearesurvivors.org.uk who are alerted immediately to the submission of the concern. In the event of an immediate risk, the Safeguarding Trustees should be alerted to the risk by the staff member holding the concern by telephone.

Allegations Involving Children and Young People

All allegations of abuse or maltreatment of children by an employee, agency worker, independent contractor or volunteer will be taken seriously and treated in accordance with GM Safeguarding partnership procedure for *Managing Allegations of Abuse Made Against Adults Who Work with Children and Young People* accessed at:

https://greatermanchesterscb.proceduresonline.com/chapters/p_man_allegations.html#the_process

The procedure **must** be followed when there are concerns that any person has

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

It is important to ensure that even apparently less serious allegations are followed up and that they are examined objectively by someone independent of the organisation concerned. Discussion should always take place between the employer and the LADO when the concern or allegation meets the criteria.

All substantiated cases should be reported to the Designated Nurse for Safeguarding Children and LAC, NHS Manchester Health Care and Commissioning in addition to other regulatory bodies.

For the Manchester Safeguarding Partnership LADO resource see:

www.manchestersafeguardingpartnership.co.uk/resource/lado/

Allegations Involving Adults who are Vulnerable or at Risk

Whilst managing allegations of abuse against staff with respect to adults, the same considerations needs to be given to investigation of the allegation and protection of adults at risk of harm and protection of the staff member.

Where an allegation of abuse against staff is made in relation to Adults, NHS GM ICS Safeguarding Team should be notified. A decision will then be made which agencies need to be made aware.

In complying with this procedure, individuals should:

- a) Know who the Safeguarding Lead is and have their contact details stored to use if needed
- b) Accurately record any information on the allegation as soon as it is made to ensure clarity of allegation in subsequent processes
- c) Seek advice from the Safeguarding Lead regarding any allegation or concern
- d) Ensure that the information is not shared wider with colleagues, to ensure any later escalation or investigation is not interfered with

For the MSP Persons in a Position of Trust (PiPot) policy, which We Are Survivors adheres to, see: www.manchestersafeguardingpartnership.co.uk/wp-content/uploads/2021/02/2022-02-22-MSP-PiPOT-Policy-Refresh.pdf

If an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

10. Transport

In the event that We Are Survivors provide transport for children, young people and vulnerable adults there must be a driver and additional member of staff present at all times.

11. Conferences and Events

Conference and event planning will include a risk assessment to agree safeguarding protocols. Personnel involved in the conference or event will consider who will take responsibility for safeguarding during the conference or event, including:

- Ensuring that there is a nominated person(s) present with responsibility for safeguarding;
- Informing all participants of contact details for the designated safeguarding officer; and
- Securing consent for photographing or videoing participants.

If an allegation/disclosure/concern of abuse comes to the attention of a trustee, member of staff or volunteer during a conference or event, the trustee, staff member or volunteer will adhere to We Are Survivors' procedure for recording and reporting such information. The Safeguarding Lead will take responsibility for reporting to appropriate authorities as necessary.

12. Confidentiality

We Are Survivors operates a confidentiality policy that is designed to protect member agencies and We Are Survivors personnel. This policy is strictly adhered to. However, with regard to safeguarding and protection of children, young people and vulnerable adults, if We Are Survivors personnel become aware of concerns, then confidentiality may not be maintained.

13. Records

The following is a check list and guide for information to be recorded by the designated Safeguarding Lead:

- Name of child / vulnerable adult
- Age / Date of Birth
- Any special factors
- Name of parents / guardians (if appropriate for working with children)
- Home Address and contact details
- Record whether the person making the report is expressing their own concerns or passing on those of somebody else
- What has prompted the concerns? Include dates, times etc. of any specific incidents
- Signs – behavioural, physical, indirect
- Has the child / vulnerable adult been spoken with? Record verbatim if possible
- Have the parents / guardians been contacted? Record verbatim if possible
- Record if anyone has been named ‘the abuser’
- Record if anyone else has been consulted – who, when, why, outcome etc

All staff will report to the Safeguarding Lead immediately and an action plan will be devised and actioned as appropriate, including informing relevant authorities.

14. Responsibilities

All staff are responsible for:

- Adhering to the We Are Survivors’ policies and procedures in the event that a child, young person or vulnerable adult safeguarding issue is raised
- Keeping a written record of concerns raised and actions taken
- Ensuring that all such records are kept confidentially and securely

The Safeguarding Lead is responsible for:

- Ensuring that the organisation is compliant with local, regional and national safeguarding children, young people and vulnerable adults’ legislation
- Overseeing all safeguarding procedures undertaken
- Undertaking regular organisational safeguarding audits (minimum, quarterly)
- Overall responsibility for the adherence of the organisations safeguarding policies
- Ensuring that all such records are kept confidentially and securely

Annex 01

Crisis/Risk Management Pathway

