

Restart Lives

SAFEGUARDING POLICY & PROCEDURE

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SAFEGUARDING POLICY

1. Introduction

RESTART LIVES is a London based charity, established in 2009 to empower individuals to break the cycle of homelessness. The charity strives to help people to support themselves through upskilling, stabilising mental health for work readiness and ultimately taking on paid work.

Our current provision includes a weekly drop-in service; eight-week employability programmes and well-being programmes (women's fitness and men's football) as well as one to one casework.

We support adults who may have moderate to severe mental health issues, some are ex-offenders and others are vulnerable in different ways. Restart Lives seeks to provide a sense of community for its guests, and we aim to offer life changing support.

RESTART is governed by a board of trustees. We have permanent members of staff (CEO, Programmes Manager, Drop-In Manager, caseworkers and programme executive and also employ contractors (chef, security guard and mental health practitioners from MIND). We are supported by about 100 volunteers, a small core of whom are long-term, knowledgeable and committed.

1.1. Purpose and Commitment

RESTART LIVES has a duty of care for the people who use its services and to its staff, contractors and volunteers. We strive to create a safe and secure environment where everyone works together confidently and with mutual respect.

We are committed to the protection and welfare of our guests so that they can thrive. Everyone at RESTART LIVES has a duty to safeguard and promote the welfare of our guests. This policy and associated procedures provide a framework for addressing safeguarding concerns. It is important that everyone adheres to the policy guidelines. It is expected that this policy and procedures will be read, understood, and applied by all staff at induction, by partners e.g. MIND as well as being made available to our guests via the charity website or, on request, an easy read hard copy.

We will review this policy and procedure annually, updating it in accordance with changes in law, experience and practice. It will be re-issued to staff accordingly.

The policy and procedure is supported by the Code of Conduct which includes how staff and volunteers will manage professional boundaries when working with vulnerable guests. The charity aims to work collaboratively with other agencies and professionals to ensure that the safety and welfare of our guests are paramount.

Whilst RESTART LIVES only works with adults, it is also important to be vigilant about safeguarding concerns relating to children of guests, volunteers or staff. Appendix 3 provides a children's safeguarding procedure.

1.2 Equality & Diversity

The welfare of all of guests is paramount, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, identity, or any other difference. Everyone has a right to equal protection from all types of harm or abuse.

RESTART LIVES works to promote the life chances of guests who may be vulnerable and have experienced disadvantage. The charity will ensure that, in all work, it is respectful of the unique identity and background of guests and seeks to work in partnership with them.

1.3 Scope

This policy applies to everyone working for or with RESTART LIVES whether in a paid or voluntary capacity. It includes trustees, staff, contractors, volunteers – hereafter called ‘staff’ in this policy and procedures.

1.4 Underpinning Legislation

This safeguarding policy is underpinned by law and statutory guidance, including:

- Charity Commission Safeguarding Guidance 2021
- Data Protection Act 2018 and the GDPR
- Safeguarding Vulnerable Groups Act 2006
- Care Act 2014
- Care & Support Statutory Guidance 2023
- Mental Capacity Act 2005
- UN Convention on the Rights of the Child 1991
- Children Act’s 1989 and 2004
- Working Together to Safeguard Children 2018
- Information Sharing Guidance 2018

1.5 Alignment with Other Policies

RESTART LIVES has a number of policies and procedures which should be read in conjunction with this policy and procedures because, collectively, they provide a holistic framework for safeguarding across the organisation. They include:

- Code of Conduct/Professional Boundaries
- Whistleblowing Policy
- Online Safety and Social Media Guidelines
- Data Protection / Recording and Storage Policy
- Confidentiality Policy
- Diversity and Equal Opportunities Policy
- Lone Working Policy
- Harassment & Bullying Policy
- Complaints Procedure
- Grievance Procedure
- Disciplinary Procedure
- Photography Policy
- Events Management/Risk Assessments

2. Identifying Abuse and Neglect for Adults at Risk

2.1. Defining an 'adult at risk'

An 'adult at risk' is defined as someone who is aged 18 years and over and who:

- has care or support needs (whether or not these needs are being met by the local authority)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An adult may need care and support and be unable to protect themselves from harm for a variety of reasons such as physical or learning disability, mental health difficulties, addiction, age and infirmity. The Care and Support Statutory Guidance (2023) tells us that *"the level of needs is not relevant, and the adult does not need to have eligible needs for care and support, or be receiving any particular service from the local authority, in order for the safeguarding duties to apply"*.

The vast majority of RESTART guests will be vulnerable and that will be a reason for them seeking our support.

2.2. The Care Act 2014: six principles in adult safeguarding

The Care Act (2014) sets out the legal framework about how we should work to protect adults who may be at risk of abuse and neglect. The principles set out in the Act are:

- Empowerment – We empower adults to make their own decisions by providing them with support, advice and guidance to make informed choices.
- Prevention – Guidance is in place to ensure people know how to recognise abuse and how to seek help and take action before harm occurs.
- Proportionality – Our response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed.
- Protection – We provide advice and guidance about keeping safe and signpost or refer to relevant agencies.
- Partnership - We work together with other agencies to provide holistic oversight and effective support whilst ensuring confidentiality is maintained.
- Accountability – We are clear about the roles and responsibility of all those involved in safeguarding. We deliver a transparent service that provides a robust and effective safeguarding policy and procedure.

2.3. Dynamics of abuse and neglect

Abuse or neglect may be deliberate or the result of negligence – both are harmful to the person experiencing it. Incidents of abuse may be one-off; for example, opportunistic abuse or serial, multiple events. They may affect one person or more.

Anyone can carry out abuse or neglect, including partners, family members, neighbours, friends, acquaintances, residents, organised gangs, paid staff or professionals, volunteers and strangers. Abuse can happen anywhere; for example, in someone's own home, in a public place, in hospital, in a care home or in an educational setting. Anyone can witness or become aware of abuse and neglect, and it is important that we take all concerns seriously, however they arise.

It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

3. Vulnerabilities

Some people may be more vulnerable to harm due to physical or mental health difficulties and/or life experiences. People who seek to exploit and harm others are more likely to target those with vulnerabilities. There are many ways in which people may be vulnerable and it is helpful to note that not all vulnerabilities will translate into harm.

People who have experienced abuse, neglect and family breakdown such that they have spent parts of their childhood and adolescence in foster care or residential care may be particularly vulnerable. Many people who have experienced being in care may have poorer outcomes in terms of education, employment or health care needs (both physical and psychological) being met.

People with disabilities or with learning needs or mental health difficulties are additionally vulnerable because they:

- may have signs of abuse/neglect which are misinterpreted as being part of their impairment.
- have impaired capacity to resist or avoid abuse.
- have difficulties communicating to others what is happening.
- have fewer outside contacts than other people.
- receive care from several carers which increases exposure to abusive behaviour.
- receive personal care which makes it more difficult to maintain physical boundaries.
- fear making a complaint in case they lose services or aggravate their carers.

People from black and minority ethnic groups may have experienced harassment, racial discrimination and institutional racism. Experiences such as these are likely to have a cumulative impact on their sense of identity and self-worth, limit opportunities or isolate them from communities and sources of support. People who identify as LGBTQ or trans may also be marginalised, excluded or exploited.

4. How Safeguarding concerns may arise at RESTART LIVES

It is important to be vigilant and know that safeguarding concerns may arise in many ways. The list below provides some examples.

- A guest, in a session with a staff member, volunteer or professional partner of RESTART, discloses they have been abused.
- A third party tells you that a guest you are working with has experienced abuse.

- A guest tells you about childhood experiences of abuse and you find out that the person who abused them currently has access to children.
- You are working with an adult at risk who is struggling to cope due to mental health difficulties and homelessness. They are the sole carer for a young child, which leaves you with concerns about the child's welfare.
- An adult tells you they are the victim of domestic abuse at home. They have children who witness the domestic abuse.
- In an advice session, an adult tells you they have harmed a child.
- A guest tells you they have physically abused their elderly, frail grandmother.
- A guest says that a staff member is trying to connect with them on social media.
- You observe a guest bullying another guest at the drop-in.
- You see physical signs of what could be abuse or neglect.
- You are working with a guest who is a new parent, and you note their behaviour which leaves you with concerns towards their child.

5. Roles and Responsibilities

Everyone

This policy and procedures apply to everyone working at or for RESTART LIVES. Everyone is responsible for safeguarding and should:

- read and apply this safeguarding policy and procedures.
- be mindful of their own actions and behaviour, ensuring that good safeguarding practice takes place and being aware of their position of trust and their duty to guests.
- be alert to signs of abuse or neglect and the risk which potential abusers may pose.
- respond to all safeguarding concerns, however small they may appear.
- speak with colleagues to clarify matters and share information in a timely way. If you have a safeguarding concern, speak to a safeguarding member of staff, do not keep conversation amongst yourselves.

Some people at RESTART LIVES have specific responsibilities for safeguarding and these are detailed below.

Designated Safeguarding Officer (DSO)

The DSO is the Programmes Manager who has operational responsibilities for safeguarding at RESTART LIVES. These are:

- promoting a safeguarding and listening culture across our services.
- being aware and informed about changes in safeguarding law and best practice; safeguarding matters at RESTART LIVES and in the local multi-agency setting.
- providing advice and support on safeguarding matters for staff.
- managing individual safeguarding cases including making decisions about them, seeking specialist advice, referring to the police or social care when necessary, working with external agencies, escalating concerns if required, managing record keeping including the incident log.
- alerting the DSL to low level concerns and allegations against staff; staff training needs or any other matters relating to the management of safeguarding.
- deputising for the DSL including contributing to the broader safeguarding work; for example, policy development, data collection, safer recruitment, induction and training of staff.

Designated Safeguarding Lead (DSL)

The DSL at RESTART LIVES is the CEO who has strategic responsibilities for safeguarding across the charity. The DSL may delegate parts of the role but retains overall responsibility for:

- promoting a safeguarding and listening culture across RESTART LIVES.
- keeping updated with safeguarding law, best practice and of emerging trends and themes in safeguarding.
- setting the direction of the safeguarding policy and procedures in line with

statutory guidance.

- ensuring annual reviews are undertaken and implemented.
- monitoring effectiveness and compliance with safeguarding policy and procedures as well as related procedures such as Code of Conduct, Safer Recruitment, Whistleblowing and Online Safety.
- ensuring effective safeguarding systems and processes are in place, including secure recording and retrieval systems; appointment of DSOs, safer recruitment, safeguarding induction and training and a record of staff attendance at safeguarding training.
- overseeing the work of the DSOs and managing quality assurance of safeguarding cases, including decisions made.
- overseeing the management of safeguarding allegations against staff.
- briefing trustees on a regular basis about safeguarding activity and issues, maintaining a risk register and providing an annual report on safeguarding.

Trustees

The Trustees are responsible for the governance of safeguarding at RESTART LIVES, ensuring that the organisation is legally compliant and delivering services safely. They ensure:

- a culture of safeguarding is promoted whereby staff and guests can raise concerns and feel supported.
- there is a staff Code of Conduct and policies such as Whistleblowing and Safer Recruitment (which includes information about statutory checks on the suitability of staff).
- a Safeguarding Policy and Procedure is in place (which includes how to deal with allegations against staff) which is reviewed at least annually and is applied.
- safeguarding concerns are managed effectively; there are systems in place for its management; safeguarding is resourced including training; a DSO and DSL are appointed whose roles are stated in their job description.
- they receive and review regular feedback on safeguarding activity, oversee a risk register (including remedial actions) and track progress.
- the Chair of Trustees and the Lead Safeguarding Trustee (LST: see below) undertake enquiries if an allegation is made against the CEO.
- compliance with the Charity Commission serious incident notification requirements, and other bodies such as regulators, commissioners, grant-makers, insurance companies.

Lead Safeguarding Trustee (LST)

The LST is nominated by the Board of Trustees to oversee all aspects of safeguarding policy and procedures and is responsible for:

- championing safeguarding at the highest level
- liaising at least quarterly with the DSL and supporting them in their role.
- Regular reporting (at least quarterly) to the Trustees, thereby linking the Board with the operational part of the organisation.
- helping the Board of Trustees to be assured that safeguarding is well-managed and is compliant across the organisation.

- ensuring that strengths and weaknesses are understood, risk assessments are completed accurately and that there is a development plan which is monitored.
- all safeguarding incidents are logged and acted upon and, where deemed necessary reported to the Charity Commission.

6. Responding to Safeguarding Concerns

6.1. Barriers for guests in speaking out

Many people are reluctant to talk about their experiences of abuse and neglect. The reasons are profound and complex but may explain why there are often delays in people coming forward and why some people never articulate their concerns. People may be reluctant to speak out because they:

- do not have anyone that they can turn to or whom they can trust.
- may have sought help before but felt let down.
- fear not being believed or being taken seriously.
- feel shame, guilt or responsibility for the abuse.
- feel embarrassed about talking to someone about what happened.
- fear the consequences of telling/fear the situation could become worse.
- believe they are protecting others; for example, the abuser or family members.
- have been groomed.
- have experienced abuse and/or neglect for so long that it seems to be a 'normal' part of their life experience.
- lack language skills; for example, because they are pre-verbal, have communication impairment or do not speak English fluently.

6.2. Barriers for staff/volunteers/others in listening

Staff may feel reluctant to listen to accounts of abuse and neglect or to act owing to:

- not understanding or not recognising the signs and indicators.
- not knowing how to react.
- feeling overwhelmed.
- not knowing who to tell.
- loyalty to the family or colleagues.
- fear of getting it wrong or making things worse.
- worried that there isn't any hard evidence.
- being worried about breaching the person's confidentiality.
- lack of knowledge or trust in the multi-agency safeguarding system.
- believing it is not their role.
- thinking someone else is dealing with the issue.

These feelings may be normal but serve to limit our responses to people who need our help. RESTART LIVES has systems and processes to ensure that staff and volunteers can have supportive discussions with other trained personnel to make sure that safeguarding concerns are listened to and acted upon.

6.3 Responding to a guest or other adult within RESTART LIVES

When someone tells us that they have experienced or are experiencing harm, it is important that we help them to speak to us and that we listen. We need to be aware that we may need to report the concerns to another agency and there may be criminal or safeguarding investigations that commence. Our role is not to investigate allegations of abuse; that is the job of trained professionals to whom we refer if appropriate. The guidance below is helpful when considering how we respond to the person.

- Make time and provide a comfortable space to listen and understand what is being said.
- Respond naturally and with compassion. Reassure the person that they are right to tell you/someone.
- Take the matter seriously.
- Listen actively - allow the person to speak freely and recall significant events. Do not interrupt or push the person to tell you more than they wish or directly question them about the details of the incident.
- Remain 'neutral' and do not show strong reactions or feelings such as shock, denial.
- Do not ask leading questions. Where you need to ask questions, use open questions, such as those starting with 'who', 'when', 'where', 'how'. Avoid asking 'why' questions.
- Do not speculate or blame anyone.
- Never ask to look at injuries, especially if it entails them lifting/removing clothing.
- Never promise confidentiality or make other promises such as 'it will all be okay now'.
- Explain what will happen next, who you will tell and that you have guidelines to follow.
- Consult immediately with the DSO and/or the DSL within RESTART LIVES
- Record the conversation immediately on the safeguarding incident report form (see Appendix 3).

6.4. Information sharing, confidentiality and mental capacity

Sharing internally

It is expected that information about guests will be shared internally with colleagues at RESTART LIVES on a 'need to know' basis and all safeguarding concerns must be shared with the DSO and/or DSL. All guest information will be managed securely.

Sharing externally with other agencies

When sharing information about guests with external agencies, the law on confidentiality and information sharing must be applied. The general principle is that guests have a right to expect that their personal information is not shared with other agencies without their informed consent.

There are important exceptions to this general principle. Confidentiality is not offered absolutely. We have a duty to make reports and share information in circumstances where it is in the public interest, and we may override consent to share information in the following circumstances:

- a person aged 16 years and over lacks the mental capacity to make that decision.
- there are emergency or life-threatening situations.
- other people are, or may be, at risk, including children.
- seeking consent could place the individual or others at risk.
- sharing the information could prevent a serious crime, or a serious crime has been committed.
- the risk is unreasonably high.
- staff, either at RESTART LIVES or in another agency are implicated.

Information sharing: adults at risk

For adult safeguarding, it is important to make decisions with adults about their circumstances, to share information with their informed consent or empower them to make their own decisions about information sharing. The law does not prevent the sharing of information without consent in certain circumstances such as those set out above.

If an adult at risk does not give their consent to sharing safeguarding information, the reasons for this should be explored and reassurance and support may help to change their view on whether it is best to share information. If they do not consent to information being shared, in general, their wishes should be respected, and they should be offered advice, signposting, and further opportunities to discuss matters and share information in future.

Consent to share information should not be sought if this will place the person at further risk; for example, if the person is at risk from a perpetrator or the detection of the crime may be jeopardised. If in doubt, seek advice before asking for consent or informing the individual.

If the decision is to act without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

The Social Care Institute for Excellence (SCIE) have produced a more detailed guide called Safeguarding Adults: Sharing Information (2019) which is available here: <https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

Mental Capacity

Mental capacity is the ability that a person has to make a decision for themselves; for example, giving consent about sharing information. The Mental Capacity Act 2005 provides the legal framework for making decisions on behalf of people aged over 16 years who lack the mental capacity to make decisions themselves. A person may not be able to make a decision at a certain point in time if they have an impairment in their functioning which means they are unable to understand information about the decision, retain, use or communicate their decision and understand the consequences.

The Mental Capacity Act 2005 sets out five principles where a person:

- i. is assumed to have capacity unless it is established that they lack capacity.
- ii. should not be treated as unable to make a decision unless all steps to help them to do so have been taken without success.
- iii. should not be seen as unable to make a decision because they make an unwise decision.
- iv. who lacks capacity must have decisions made in their best interests.
- v. must have decisions made which are least restrictive of their rights and freedoms.

6.5 Recording

Recording is a key task in safeguarding practice and includes recording concerns, interventions, decisions, actions and reasoning. Records may be used in future legal

proceedings and be accessed and scrutinised by all parties to proceedings. The following checklist is good practice in the recording of safeguarding concerns.

Records:

- can be made during a session with the guest, or immediately afterwards. Records must be made as soon as possible and at the latest within 24 hours.
- as far as possible, use the guest's own words and phrases.
- should be legible and avoid acronyms or initials unless these are properly explained and unambiguous. They must be in plain language and free from jargon.
- should be clear, legible accurate, concise and up-to-date.
- should differentiate between fact and professional opinion or observations.
- must state the date, time, place and who is present.
- be made only on RESTART LIVES systems and not on personal equipment such as phones or notebooks. Records will only be held by RESTART LIVES and all records are stored securely as a password protected electronic file. Records must never be kept at home or in places outside of RESTART LIVES.
- be accessed only by those who are authorised and, on a need-to-know basis.
- must never be amended. Additional information or corrections of fact must be written as a separate record, explaining why the additional note is being made.

7. Safeguarding Learning & Development

All staff should be equipped with the knowledge and skills to recognise signs of abuse and neglect and know what to do if they have a concern. Everyone should be familiar with this policy and procedures and be able to apply it when required.

The Designated Safeguarding Officer and the Designated Safeguarding Lead and Lead Safeguarding Trustee must be able to undertake their specific responsibilities supported by training.

RESTART LIVES offers safeguarding learning opportunities including through training, briefings, team meetings and reading. As a minimum we expect staff to have the learning opportunities listed below, so they have the required safeguarding knowledge and skills to undertake their role. Records will be kept of attendance and reviewed.

Induction

Everyone, when starting work at RESTART LIVES will receive this safeguarding policy and procedures and complete Appendix 7 to show they have read it. An induction will be provided to enable all new staff to know how to respond to safeguarding concerns prior to starting their employment.

Safeguarding learning and development for all staff

All staff will receive safeguarding learning and development within 8 weeks of starting employment which will help them to identify abuse and neglect and report it using this policy and procedures as well as statutory guidance. This training will thereafter be refreshed and updated annually.

Safeguarding training for Designated Safeguarding Staff (DSO and DSL)

The DSO and the DSL will receive training within 8 weeks of their role commencing and refresher/updates thereafter every two years. This training will focus on the management of safeguarding, including making decisions, referrals, and contributing to multi-agency work, consent, confidentiality and information sharing, staff support and promoting a safeguarding culture.

Safeguarding training for Designated Safeguarding Leads & Trustees

These senior roles will need to complete 'safer recruitment' training and training in managing allegations against staff. This training should be updated every two years.

Safeguarding Governance for Trustee's

Trustees will have development opportunities to fulfil their safeguarding governance responsibilities. This should take place for all Trustees and be updated every two years.

SAFEGUARDING PROCEDURES

8. Procedure for managing safeguarding concerns about guests.

It is not our responsibility to decide whether someone has been abused, or to undertake enquiries into abuse, but we are responsible for responding to and reporting concerns. Regardless of how safeguarding concerns emerge, it is important to act on them and to report them in accordance with this procedure. Reports must be made immediately or as soon as possible after the concern comes to light and within the day.

8.1. Responding to an emergency

In an emergency where someone has been seriously hurt or is in imminent danger of being harmed you should inform the DSO or DSL as soon as possible. If the DSO or the DSL is not immediately available, ring 999 and ask for the emergency service required - police and/or ambulance and alert the DSO/DSL as soon as possible afterwards.

The procedures set out below in the paragraph 'Responding to a safeguarding concern' must then be followed by the DSO.

8.2. Responding to a safeguarding concern

For any other safeguarding concerns, however small, follow these steps:

Stage 1: Speak to your DSO about your concern. This should be done on the same day (or within 24 hours) that you identify the concern.

Stage 2: Record all relevant details on the Safeguarding Incident Form (Appendix 4). All subsequent actions and decisions must be recorded.

Stage 3: The DSO, having understood the information and background, will make decisions about the next steps to take. The DSO may seek advice from others either at RESTART LIVES or from external agencies. The DSO will ensure that the safeguarding concern has been discussed with the guest to obtain their view of what they would like to happen and tell them of our duty to pass on our concerns if this is required. The DSO will provide reassurance that matters relating to consent to share information have been addressed properly. Thereafter the DSO will make decisions accordingly within 24 hours of the concern being alerted to them.

If there is any disagreement between the staff member and the DSO about the decision that is to be taken, then the matter must be referred to the DSL to make a decision. The staff member may refer the matter to an external agency independently if the DSO/DSL decline to do so and the staff member considers it to be the right action. It is expected this would be exceptional, rather than the norm.

The DSO may make any of these decisions:

- i. There is no further action to take. This is because there are no safeguarding concerns.

- ii. The threshold has not been met to refer onwards. RESTART LIVES will continue to provide support to the individual and could involve signposting to other sources of help. It may involve ongoing monitoring of safeguarding for the person.
- iii. Referral is made to other agencies - either voluntary or statutory - for support to the person. Such referrals will require the informed consent of the guest. Ongoing monitoring of safeguarding for the person may be needed.
- iv. Referral is made to Local Authority Adult Social Care department if the person is an 'adult at risk' and there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or there are serious concerns about the well-being of the person. Information sharing with other agencies should be in line with the principles set out in this policy and procedure.

The referral should provide relevant information including:

- Contact details for the adult at risk and for any other relevant people; for example, carers, family, friends.
- The person's care and support needs, communication needs, impairment.
- Details about the concern: what, when, who, where?
- Any relevant history or previous concerns.
- Immediate risks and action taken to address risk.
- Information about the person/s alleged to have caused harm.
- Involvement of other agencies, referrals made elsewhere; for example, the Police.
- Wishes and views of the adult at risk; their consent to share information.
- Advocacy involvement by others (family/friends).

The referral must be made immediately by the DSO using the procedures and forms as set out by Local Authority Adult Services (see contact details in Appendix 2). If the referral is made by telephone, it must be followed up in writing within 24 hours.

Adult Social Care should acknowledge your written referral and if the DSO has not heard back within 3 days of the referral, they must make contact again to clarify. After the referral, the DSO may need to provide further reports or attend meetings, in line with the multi-agency procedures.

If a referral is not accepted or there are delays, the DSO should be advised by the Local Authority and given reasons. If the DSO remains concerned, they should be proactive in pursuing further discussions with the Local Authority and consider escalating their concerns through the Safeguarding Partnership procedure.

- v. Refer to the Police or other Emergency Services if there is an emergency requiring immediate action.

At any time, the DSO can seek advice from the DSL, Local Authority, Police or specialist providers (for example, see agencies listed in Appendix 2).

Stage 4: In all cases, records must be kept of all conversations, observations, and reasons for decisions. A decision to take no further action or monitor a situation is as serious as a decision to act or make a referral.

Stage 5: The DSO also has a role at RESTART LIVES to debrief staff and to offer support and supervision during and after any safeguarding incidents. The DSL should also be appraised.

9. Procedure for managing allegations against staff*.

N.B Staff* includes trustees, paid staff, contractors, volunteers and those working for or on behalf of RESTART LIVES.

The working practices of RESTART LIVES seek to reduce the potential for staff to act in ways that may cause harm to guests, to other staff and to our reputation. Staff are expected to raise any concerns, including low level concerns about the behaviour of colleagues. RESTART LIVES will support anyone who, in good faith, reports that a colleague may pose risk to another individual. Staff reporting abuse will be treated as witnesses not complainants.

This procedure is relevant if there are safeguarding concerns about a staff member at RESTART LIVES. Examples of safeguarding concerns which fall under this procedure may include the following, regardless of whether the current or historical concerns arise from their employment at RESTART LIVES or elsewhere in their private life or on-line.

- i. behaved in a way that has – or may have - harmed an adult or a child; behaved in a way that could lead to an adult or child being harmed.
- ii. possibly committed or is planning to commit a criminal act towards an adult or a child.
- iii. behaved toward an adult or a child in such a way that it indicates that they could pose a risk of harm to guests or be unsuitable to work with guests.
- iv. Someone closely associated with them, such as a partner, family member or other household member has an allegation of abuse made against them.

These concerns may be unfounded and allegations may be false or malicious, but they may also be founded - the outcome cannot be known until a proper enquiry has been undertaken using this procedure. It is important that all allegations are taken seriously and not ignored. All allegations and concerns must be reported so they can be properly addressed in line with this procedure and outcomes recorded. The report must be made to the DSL immediately or as soon as possible after the concern comes to light and within the day.

9.1 Responding to a safeguarding concern about staff

Speak to the DSL about your concern on the same day (and within 24 hours) that you identify it - it is not necessary to have evidence or to be certain. It is expected that you notify any concerns that may impact on the well-being of our guests or our organisation. The subject of the allegation should not be notified. If the concern is about the DSL or a Trustee, then the Chair of Trustees (or another Trustee) must be notified.

Record all relevant details on the Safeguarding Incident Form (Appendix 4) and hand to the DSL. The DSL will ensure that all subsequent actions and decisions are recorded. The DSL should follow the steps below. Refer to the flowchart for Managing Allegations against Staff (Appendix 5).

Steps the DSL should take

The DSL should deal with matters quickly, fairly, and consistently so that individuals are safeguarded, any evidence is secured, and the staff member is supported. This will involve working with others, both internally (including Trustees) as well as external agencies including Police, Local Authority and (if it relates to children), the Local Authority Designated Officer (LADO).

There may be up to four strands in the management of any safeguarding allegation and any or all of them may be required depending on the circumstances.

1. A police investigation if a criminal offence may have been committed.
2. Enquiries by Social Care about safeguarding an adult/s at risk or child/ren.
3. RESTART LIVES internal process including considerations about disciplinary action.
4. Referral to the Disclosure & Barring Service and/or referral to a professional registration body for professional misconduct.

An initial plan for the enquiry with proposed actions and timescales must be confirmed within one working day by the DSL. Consideration should be given to these areas:

- which of the four stands of enquiry (see above list) are thought to be required at this stage (this may change as the enquiry progresses).
- if any immediate action is required to safeguard guests, staff, the building or services, including securing or 'locking down' any records; removing equipment from the subject of the allegation (including devices which contain evidence) or removing their access to parts of the building or shared drives etc.
- what other information is required, how it will be sought, when, from whom.
- if advice is required from the Police, the Local Authority, LADO or other agency.
- what information to share with the subject of the allegation and with any other known employer (if they work elsewhere); any arrangements to support the person.
- decisions about temporary suspension or altering duties of person subject to allegation.
- what information to share, and when, with other staff and guests; managing speculation, leaks and gossip; managing media interest if it should arise.
- if the criteria is met for referral to the Police, Local Authority, the Local Designated Safeguarding Officer (LADO).
- if the criteria is met for a serious incident report being made to the Charity Commission.

The Local Authority Designated Officer (LADO): children only

RESTART LIVES only works with adults. In order to ensure the highest levels of safeguarding, the drop-in and all other RESTART services are only available to guests who are over the age of 18. Vulnerable young people (under the age of 18) will be sign-posted to other charities and institutions which will be better equipped to

service their needs. In some casework cases, children may be brought to appointments, for example with the council, but there are no group settings at which children can be present.

If a member of staff works elsewhere with children and an allegation is raised, the LADO must be contacted in one working day, and this should be done by the agency that employs the member of staff working with children. The DSL may need to advise that employer that an allegation has been made against their member of staff.

The LADO for the local authority area where the child resides is the responsible agent, unless there is no known child in which case it is the area where the subject of the allegation lives. The LADO will advise if the threshold for their involvement is met. If it is, then the LADO is involved from the initial phase of the allegation through to the conclusion of the case and will ensure all the relevant reports are made and lines of enquiry are undertaken. The LADO is responsible for providing advice to employers, managing individual cases and monitoring progress.

There is no LADO equivalent for adult safeguarding but matters relating to staff working with adults are dealt with by Adults Social Care. Where there may be crossovers between adult and child safeguarding, the LADO can advise.

A police investigation if a criminal offence may have been committed

A report must be made to the Police and a crime reference number obtained where there has been a crime, or a crime is suspected. Allegations about staff/volunteers who are no longer working for RESTART LIVES must also be reported to the Police.

Enquiries by social care about adult or child safeguarding

Adults and children who are victims of harm must be protected and provided with support. The immediate safety of an individual guest must be considered as well as the safety needs of all other guests (current or historical) and any others that the subject of the allegation may have encountered. This will involve making referrals to the Local Authority as outlined in 'Procedure for managing concerns about guests'.

RESTART LIVES internal process including possible disciplinary action

Internal investigations must be taken without delay, but are secondary to reports being made to Police, Adults or Children's Social Care and LADO. Internal enquiries should use RESTART LIVES policy and practice as well as consultation with other relevant colleagues and address these areas:

- maintaining confidentiality for the subject of the allegation during the investigation period. The subject of the allegation has a right to have their case dealt with fairly, quickly, and consistently and to be kept informed of its progress. They should have a named contact at RESTART LIVES and be signposted to support; for example, union or counselling services.
- decisions about suspension or allocation of other duties during the investigation period. Suspension should not be the default option and alternatives to suspension will always be considered. Where suspension takes place, it is a neutral act which does not imply guilt. Suspension should be considered where: police are making enquiries; the allegation is so serious that if it is substantiated, it would be grounds for dismissal; the person against whom the allegation is

made may put pressure on others who are witnesses or may pose risk which cannot be managed without suspension. Whilst enquiries are ongoing, the subject of the allegation should not have contact with guests.

Outcomes of the investigation may fall into these areas:

- there is sufficient evidence that the allegation is substantiated.
- there is sufficient evidence to disprove the allegation and say it is malicious. Malicious allegations made by another staff member may result in disciplinary procedures against them.
- there is sufficient evidence to disprove the allegation, but it was not made to deceive. False allegations may be the result of a misunderstanding or misinterpretation of events but it is important to consider what may have driven this, including if the referrer has other welfare needs.
- there is insufficient evidence to either prove or disprove the allegation which is therefore unsubstantiated.
- there is no evidence or proper basis which supports the allegation being made; for example, due to a misinterpretation, so the allegation is unfounded.

The range of options open thereafter will depend on the circumstances of the case and take into account the result of any Police investigation or criminal trial, any safeguarding enquiries as well as the organisations duty to safeguard the charity, staff and guests. Options may could include reintegrating the member of staff into the job role, changes to the job description or working patterns; invoking the disciplinary process; dismissal; alerting other employers of the individual; referring to the DBS; alerting the Charity Commission, commissioners, insurers, or regulating bodies.

Decisions must be implemented as soon as possible and within three working days of the decision of RESTART LIVES. The subject of the allegation must receive a letter within five working days of the conclusion of the investigation, clarifying its outcome and any implications for their employment.

9.2 Refer to the disclosure and barring service (DBS)

RESTART LIVES has a duty to refer to DBS any person engaged to work in regulated activity where the allegation has been substantiated or where there has been harm caused. DBS will consider whether the person should be barred from working with children or adults at risk.

Referrals to DBS will be made where RESTART LIVES withdraws permission for a person to work in regulated activity with children and/or adult at risk, including moving them to do work that is not regulated activity. RESTART LIVES must also refer to DBS where we would have taken this action, but the person was re-deployed, dismissed, resigned, retired, or left. The DBS referral can take place at any time during the allegations process and at the earliest stage possible. Failure to report to DBS in these circumstances is an offence.

The referral process is outlined on the DBS website, and they can be contacted for advice if there is uncertainty as to what to do.

9.3 Other considerations

Lack of co-operation

In all cases, the process of managing and concluding the allegation must continue, with opportunity given to the subject of the allegation to respond. This is even where the person concerned refuses to cooperate, resigns or otherwise stops providing their services; it is difficult to reach a conclusion or the person is deceased.

Compromise, settlement or non-disclosure agreements

These are agreements whereby a person agrees to resign with an arrangement that the employer will not pursue disciplinary action, and where both parties agree a form of words to be used in any future reference. These types of agreement must never be used in these cases nor can RESTART LIVES duty to report to DBS be overridden.

References

Where allegations are considered to be false, unsubstantiated or malicious, these should not be included in employer references.

Record keeping

Details of allegations that are found to be malicious should be removed from the personnel record of the accused.

For all other allegations, detailed and clear records of the allegation, how it was managed, actions taken, and decisions reached, is kept on the confidential personnel file of the subject of the allegation. The record should be kept at least until the accused has reached normal pension age or for a period of 10 years from the date of the allegation if that is longer.

Supervision, support & learning

The DSL will ensure that after any allegation management, staff who were involved are supported, supervised and effectively de-briefed. There may need to be a learning review arising from the experience which could lead to changes made to prevent re-occurrence of poor practices, improvements in management oversight, amendment of policies and procedures and training.

Appendix 1

Key Internal Contacts			
Designated Safeguarding Officer (DSO)			
Name:	Olivia Pyle	Tel:	07709062319
		Mobile:	
Job Title:	Programmes Manager	Email:	olivia@restartlives.org
Designated Safeguarding Lead (DSL)			
Name:	Catherine Flay	Tel:	07760224643
		Mobile:	
Job Title:	CEO	Email:	catherine@restartlives.org
Chair of Trustees			
Name:	Sonya Leydecker	Tel:	07785254973
		Mobile:	
Title:	Chair	Email:	sonya@restartlives.org
Lead Trustee for Safeguarding			
Name:	David Pyle	Tel:	07790643215
		Mobile:	
Title:	Trustee	Email:	david.pyle@weald.kent.sch.uk

Key External Contacts and Resources	
Police, Ambulance, Fire Services	
Police (non-emergency)	Tel 101
Emergency Services	Tel 999
Police Public Protection Unit	<p>Bishopsgate Police Station 182 Bishopsgate London EC2M 4NP</p> <p>Opening hours: 8am to 6pm Monday to Friday Phone: 020 7601 290 8am to 6pm Monday to Friday Email: Publicprotectionunit@cityoflondon.pnn.police.uk</p>
Police Anti-terrorism Hotline	Tel 0800 789 321
Police Prevent Team	Tel 101
Local Authority	
Local Authority Adults Social Care	RBKC Adult Social Care Referral Form
Local Authority Children Social Care [MASH Hub]	<p>City of London:</p> <ul style="list-style-type: none"> ● Telephone Children's Services : 020 7332 3621 (9.00am- 5.00pm, Mon – Fri) ● Email: children.duty@cityoflondon.gov.uk ● Secure email: Children.Duty@cityoflondon.cjism.net ● Out of hours: 020 8356 2710 ● Email: emergency.duty@hackney.gov.uk <p>Hackney:</p> <ul style="list-style-type: none"> ● Email: fast@hackney.gov.uk ● Secure Email: fast@hackney.gov.uk or fast.account@hackney.cjism.net ● Tel: 020 8356 5500 ● Tel: 020 8 356 2710 (Out of Hours) ● Fax: 020 8356 5516 / 17 <p>Hammersmith and Fulham:</p> <ul style="list-style-type: none"> ● Telephone: 020 8753 6600 ● Out of hours: 020 8748 8588 ● Fax: 020 8753 4209 ● Email: familyservices@lbhf.gov.uk

	<p>Kensington and Chelsea:</p> <ul style="list-style-type: none"> • Telephone: 020 7361 3013 • Out of hours: 020 7373 3227 • Fax: 020 7368 0228 • Email: socialservices@rbkc.gov.uk <p>Full list here</p>
Local authority Adults Social Care (England)	Use the following website to find out the details https://www.gov.uk/report-abuse-of-older-person
Local authority Children's Social Care (England)	Use the following website to find out the details: https://www.gov.uk/report-child-abuse-to-local-council
Domestic Abuse	<p>Women: The Freephone National Domestic Abuse Helpline, run by Refuge on 0808 2000 247</p> <p>Men: Men's Advice Line on 0808 8010 327 (Monday to Friday 10am to 8pm), or visit the webchat at Men's Advice Line (Wednesday 10am to 11.30am and 2.30pm to 4pm) or ManKind on 0182 3334 244 (Monday to Friday, 10am to 4pm)</p> <p>LGBT+: Galop on 0800 999 5428</p> <p>Anyone: Karma Nirvana on 0800 5999 247 (Monday to Friday 9am to 5pm) for forced marriage and honour crimes or 020 7008 0151 to speak to the GOV.UK Forced Marriage Unit</p>
Sexual Abuse	<p>rape and sexual abuse support line run by Rape Crisis England and Wales – you can call the helpline on 0808 500 2222 or use the online chat (both are free and are open 24 hours a day, every day of the year)</p> <p>Find your nearest sexual assault referral centre: https://www.nhs.uk/service-search/other-health-services/rape-and-sexual-assault-referral-centres</p>
Radicalisation	
HM Govt Report radicalisation online	https://act.campaign.gov.uk/
Home Office Radicalisation e-learning module	https://www.elearning.prevent.homeoffice.gov.uk
Adult Safeguarding	
NAPAC (National Association for People Abused in Childhood) Helpline and online support	Tel 0808 801 0331 Email support@napac.org.uk
Mencap Direct Helpline and support	Tel: 0808 808 1111 E-mail help@mencap.org.uk www.mencap.org.uk
MIND Helpline and support	Tel 0300 123 3393 Text 86463 E-mail info@mind.org.uk www.mind.org.uk
National Autistic Society Helpline and support	Tel 0808 800 4104 Website www.autism.org.uk

Children's Safeguarding	
NSPCC Helpline For anyone concerned about a child	Tel 0808 800 5000 Email help@nspcc.org.uk
Childline For children to use	Tel 0800 1111
Triangle Support and advocacy for disabled children	Tel 01273 305 888 https://triangle.org.uk/
Family Lives Parent advice line.	Tel 0808 800 2222
Child Trafficking Advice Centre	0808 800 5000
Child Exploitation and Online Protection Centre (CEOP) Investigates inappropriate online behaviour such as grooming online	0870 000 3344
West London Social Services	If you want to report any abuse or discuss concerns in relation to children and young people please contact: <ul style="list-style-type: none"> • Hammersmith & Fulham - familyservices@lbhf.gov.uk or tel: 020 8753 6600 • Kensington and Chelsea - socialservices@rbkc.gov.uk or tel: 020 7361 3013 • Westminster - accesstochildrensservices@westminster.gov.uk or tel: 020 7641 4000
London-wide social services contacts	https://www.londonscb.gov.uk/contacts/safeguarding-contacts/
Other National Services	
Victim Support	Tel 0808 168 9111 www.victimsupport.org.uk
National Domestic Violence Helpline	Tel 0808 2000 247
FGM FORWARD Training and support	Tel 020 8960 4000 Email forward@forwarduk.org.uk
Forced Marriage Helpline	Tel 0800 599 9247
Forced Marriage Unit	Tel 0207 008 0151 Out of office hours contact: 0207 008 1500 (ask for Global Response Centre).
UNSEEN Specialist charity giving advice and support about Modern Day Slavery	Telephone: 0303 040 2888 Helpline: 08000 121 700 Website: https://www.unseenuk.org/
British Institute of Learning Difficulties Training and resources	Tel 0121 415 6960 www.bild.org.uk
The UK Safer Internet Centre Provides advice for professionals and responds to reports about sexual abuse images of children online.	0844 381 4772

Disclosure & Barring Scheme

<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Appendix 3

Identifying & Responding to Children's Safeguarding

Definition of 'child' and of 'safeguarding'

A 'child' is anyone who has not yet reached their 18th birthday. This is regardless of whether a person under age 18 years has left home or is working. 'Children' therefore also means 'children and young people'.

The legal definition of 'safeguarding' is:

- Protecting children from abuse and maltreatment.
- Preventing harm to children's mental and physical 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.

Defining 'abuse' and 'neglect'

Abuse and neglect are types 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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

How we may become aware of child safeguarding concerns

Restart Lives only works with adults, however we may become aware of child safeguarding concerns in ways such as:

- A young person aged under 18 comes to one of our drop-in's and needs safeguarding support.
- We are working with someone who is still receiving children's services and a safeguarding issue is raised, requiring us to involve the local authority's children's safeguarding team.
- An adult we are working with tells us about childhood abuse they experienced. It becomes evident that the person who abused them currently has access to children who are at risk.
- An adult we are working with is someone who is vulnerable and unwell and barely coping. They have children, and it is concerning how well they are able to care for them.
- An adult we are working with is someone who poses risk to others, including children, to whom they have access.

Four categories and indicators of abuse and neglect

Working Together 2018 sets out four categories of abuse and neglect that children may experience. This is not an exhaustive list, abuse and neglect takes place in many ways, in the same way as it does for adults. It is important that when observing or talking with people, we are alert to any concerns about their wellbeing and safety.

The four categories are defined below along with some signs and indicators. The signs are not exhaustive and there may be no or few signs for some children. Often, we are looking for clusters of signs or signs that something has changed. We should also be mindful of the behaviours of parents/carers and the interactions between them and their child.

Category of Harm	Possible Signs & Indicators
Physical Abuse	
<p>May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</p> <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p>	<ul style="list-style-type: none"> ● bruising, cuts, burns, marks, fractures ● inconsistent explanations or unexplained injuries ● subdued, aggressive or noticeable change in behaviour ● flinching, fear ● covering up injuries ● frequent medical visits
Sexual Abuse	
<p>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.</p> <p>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.</p> <p>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</p> <p>Sexual abuse can take place online, and technology can be used to facilitate offline abuse.</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>	<ul style="list-style-type: none"> ● injuries to thighs, buttocks, genital area ● torn, stained or bloody underclothes ● sexually transmitted infections ● age-inappropriate sexual behaviour or knowledge ● self-harming ● poor concentration or sleep ● excessive fear of certain relationships ● running away ● access to money/items without explanation
Neglect	
<p>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/carer failing to:</p> <ol style="list-style-type: none"> a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical/emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<ul style="list-style-type: none"> ● unkempt appearance ● poor hygiene ● hungry, stealing food, cramming food ● malnutrition and dehydration ● infections, illness ● poor school attendance ● obesity or underweight ● not meeting developmental milestones ● frequent accidents ● poor attendance for medical or health needs
Emotional Abuse	
<p>Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet</p>	<ul style="list-style-type: none"> ● withdrawal, sullen, quiet ● uncooperative and aggressive behaviour. ● distress: tearfulness, anger ● low self-esteem ● insomnia

<p>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.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>	<ul style="list-style-type: none"> ● change of appetite, weight loss or gain ● self-harm ● isolation
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Procedures for Managing Concerns about Children's Safeguarding

Information Sharing

It is expected that concerns about children that emerge through our work at Restart Lives will be shared on a 'need to know' basis and always with the DSO and/or DSL.

When sharing information about service users with external agencies, the law on confidentiality and information sharing must be applied. Service users have a right to expect that their personal information is not shared with other agencies without their informed consent. However, confidentiality is not offered absolutely. We have a duty to make reports and share information in circumstances where it is in the public interest, and we may override consent to share information.

Government advice about when and how information can be shared is found in 'Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018' which can be found here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Managing safeguarding concerns about children.

It is not our responsibility to decide if a child has been harmed or to undertake enquiries, but we are responsible for responding to and reporting concerns in line with this procedure and multi-agency procedures. Reports must be made immediately or as soon as possible after the concern comes to light and within the day.

In an emergency where a child has been seriously hurt or is in imminent danger, inform a DSO as soon as possible. If the DSO or the DSL is not immediately available, ring 999 and ask for the emergency service required - police and/or ambulance and alert the DSO as soon as possible afterwards.

For any other safeguarding concerns, however small, follow these steps:

Stage 1: Speak to your DSO about your concern. This should be done on the same day (or within 24 hours) that you identify the concern.

Stage 2: Record all relevant details on the Safeguarding Incident Form (Appendix 4). All subsequent actions and decisions must be recorded.

Stage 3: The DSO, having understood the information and background, will make decisions about the next steps to take. The DSO may seek advice from others either at Restart Lives or from external agencies. The DSO may speak with the child's parent/carer to gain further information or to tell them of our duty to pass on our concerns or seek their consent to do so. Thereafter the DSO will make decisions accordingly within 24 hours of the concern being alerted to them.

If there is disagreement between the staff member and the DSO about the decision that is to be taken then the matter must be referred to the DSL to make a decision. The staff member may refer the matter to an external agency independently if the DSO/DSL declines to do so and the staff member considers it to be the right action; it is expected this would be exceptional, rather than the norm.

The DSO may make any of these decisions:

- i. There is no further action to take. This is because there are no safeguarding concerns.
- ii. Referral is made to other agencies - either voluntary or statutory - for support to the parent/carer. The referral will require the informed consent of the parent/carer or child/young person. Ongoing monitoring of safeguarding for the person by Restart Lives may be needed.
- iii. Referral is made to Local Authority Children's Social Care because there is reasonable cause to suspect that the child has experienced or is at risk of significant harm (abuse or neglect). Information sharing with other agencies should be in line with the principles set out in this policy and procedure. The referral should provide relevant information including:
 - Contact details for the child/ren and any other relevant people e.g. parents, carers, family.
 - The child's age/date of birth, care and support needs, communication needs, any impairment's.
 - Details about the safeguarding concern: what, when, who, where?
 - Any relevant history or previous concerns.
 - Immediate risks and action taken to address risk.
 - Information about the person/s alleged to have caused harm.
 - Involvement of other agencies (school, doctor, health visitor etc), referrals made elsewhere, eg, to Police.
 - Wishes and views of the child (if known) or their parent/carer; information about consent to share information.

The referral must be made immediately by the DSO using the procedures and forms as set out by Local Authority Children's Services (see contact details in Appendix 2). If the referral is made by telephone, it must be followed up in writing within 24 hours.

Children's Social Care should acknowledge your written referral and if the DSO has not heard back within 3 days of the referral, they must make contact again to clarify. After the referral, the DSO may need to provide further reports or attend meetings, in line with the multi-agency procedures.

If a referral is not accepted or there are delays, the DSO should be advised by the Local Authority and given reasons. If the DSO remains concerned, they should be proactive in pursuing further discussions with the Local Authority and consider escalating their concerns through the Safeguarding Partnership procedure.

- iv. Refer to the Police or other Emergency Services if there is an emergency requiring immediate action.

At any time, the DSO can seek advice from the DSL, Local Authority, Police or specialist providers (for example, see agencies listed in Appendix 2). Records must be kept of all conversations, observations, and reasons for decisions.

Appendix 4

Restart Lives Safeguarding Incident Report Form

To be completed as soon as possible following the safeguarding incident and within 24 hours. Copies of this form can be found [here](#).

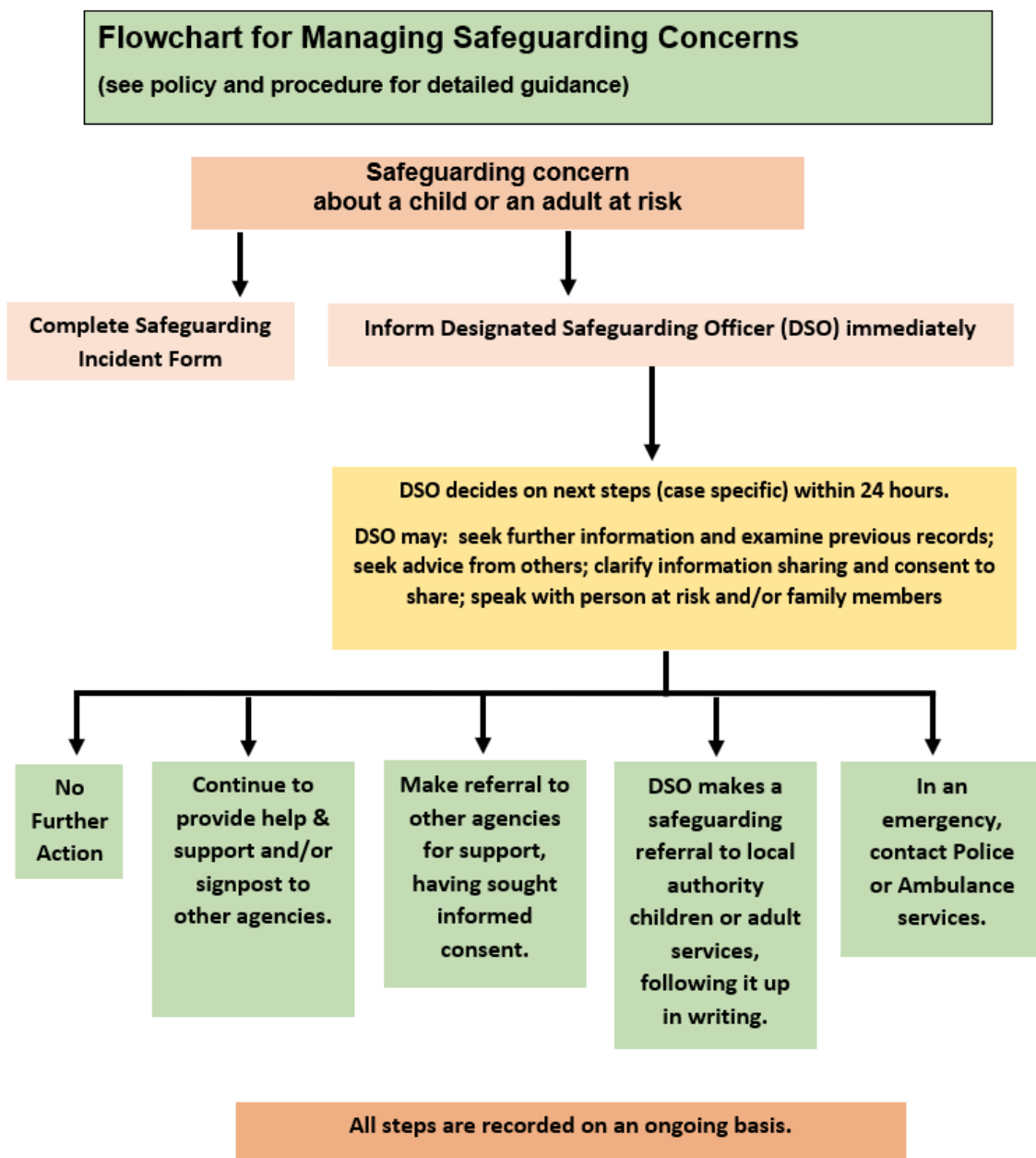
Details of the Person at Risk		
Name of Person at Risk		
Date of Birth	Gender	Any additional needs (e.g. disability, interpreter needed)
Religion	Ethnicity	Language
Parent's/Carer's name(s) and contact details:		
Any other family member names:		
Home address and telephone number of person at risk:		
Details of a safeguarding concerns		
Describe the safeguarding concerns. Where you give an opinion, state that this is your opinion. Include how the concern come to light, dates/times of incidents; details of incidents; signs or behaviour's that were noted.		
Have you spoken to the person at risk? If so, what was said?		
Have you spoken to anyone else? Who, and what was said?		
Details of the person/s that the concern or allegation is against (if known):		
Full Name	Age/DOB	
Role or Relationship to the alleged victim		
Address	Telephone Number	
Have you asked for consent from the child or adult at risk or the child/child's parents to pass on information? YES/NO		
Has consent to pass on information to other agencies been given? YES/NO		
Is the adult at risk or the child/child's parents aware that you are sharing concerns with another agency?		
Have you sought advice from anyone? Give details of who (full name and contact details), when and the advice they gave.		
Your Details		
Your Name:	Your Position:	Your contact details
Date and Time reported to DSO or DSL		
Your Signature		
Signature of DSO or DSL		

Email this completed form ASAP to Catherine Flay and David Pyle

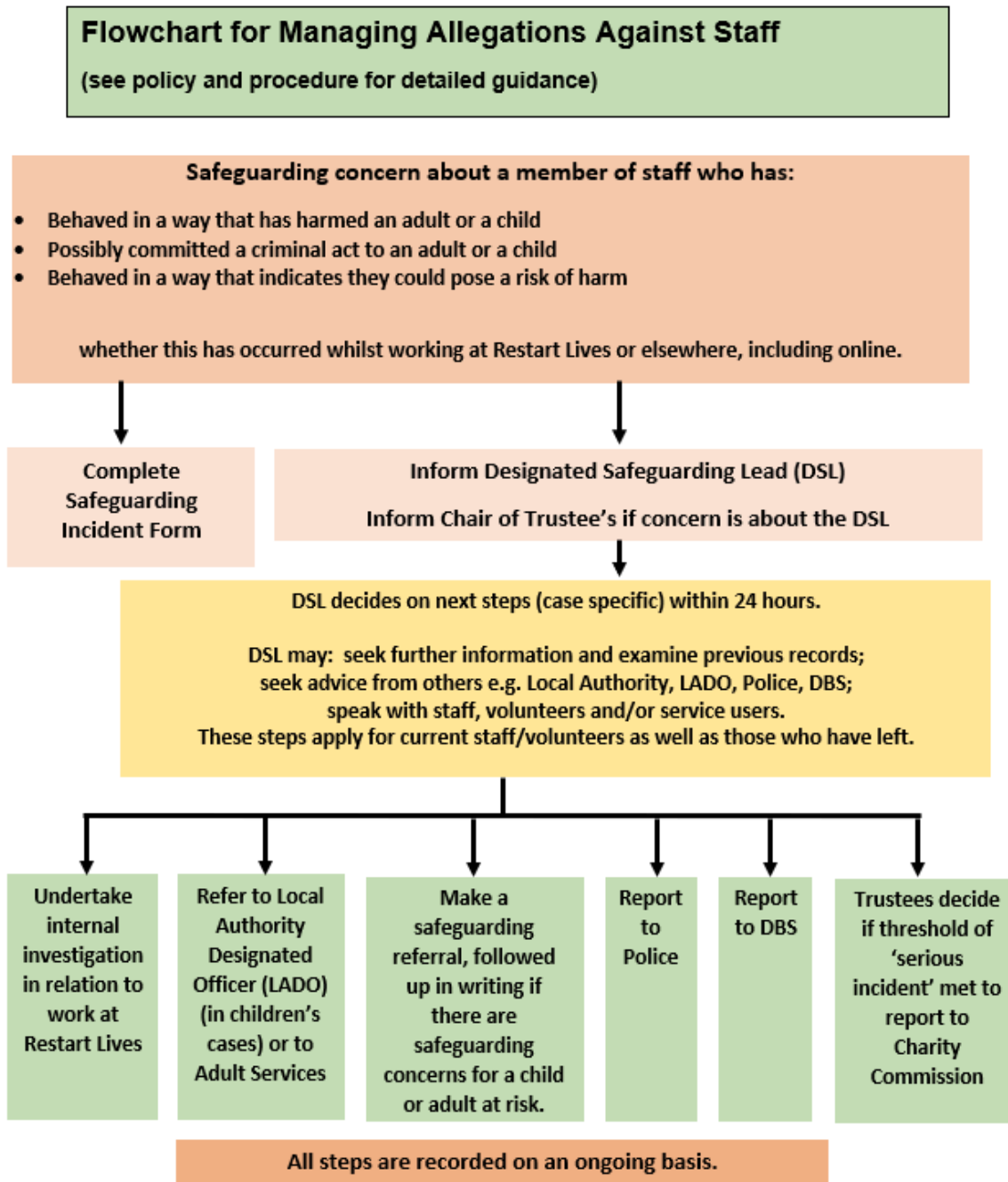
Flowchart for Managing Safeguarding Concerns

(see policy and procedure for detailed guidance)

Appendix 5



Appendix 6



Appendix 7

CONFIRMATION OF HAVING READ, UNDERSTOOD AND AGREEMENT TO APPLY SAFEGUARDING POLICY AND PROCEDURE BY STAFF & VOLUNTEERS

To be completed during induction and within two weeks of new policy and procedure being issued annually.

NAME:

DATE OF APPOINTMENT:

DATE POLICY AND PROCEDURE DISCUSSED IN SUPERVISION:

I have read and I understand the Safeguarding Policy and Procedure. I agree to adhere to the requirements of it during my work at Restart Lives.

YES/NO (circle as applicable)

I have had the opportunity to discuss the Safeguarding Policy and Procedure in supervision.

YES/NO (circle as applicable)

NAME OF WORKER:

SIGNATURE OF WORKER:

DATE:

NAME OF MANAGER:

SIGNATURE OF MANAGER:

DATE:

Appendix 8

Types of abuse and neglect & their signs and indicators

Abuse and neglect can take many forms and it is important that when working with people, we are alert to any concerns about their wellbeing and safety. The categories of abuse and neglect given below are not an exhaustive list of the ways people may be harmed (the first ten are named in the Care and Support Statutory Guidance, 2023). Signs and indicators are given, and these are also not exhaustive, some people may show many signs, and some may not show any.

Category of Harm	Possible Signs & Indicators
Physical Abuse	
<ul style="list-style-type: none"> • assaults: e.g. hitting, slapping, pushing, • misuse of medication • inappropriate restraint • inappropriate physical sanctions 	<ul style="list-style-type: none"> • bruising, cuts, burns and/or marks on the body, clumps of hair loss • frequent injuries, unexplained falls • inconsistent or no explanation for injury • subdued or noticeable change in behaviour • signs of malnutrition • failure to seek medical treatment
Sexual Abuse	
<ul style="list-style-type: none"> • rape • indecent exposure • sexual harassment • sexual teasing or innuendo • sexual photography • subject to seeing pornography or sexual acts • sexual assault • sexual acts to which the adult has not consented or was pressured to consent 	<ul style="list-style-type: none"> • bruising or injuries, particularly to areas such as thighs, buttocks, genital area • torn, stained or bloody underclothing • difficulty walking or sitting • infections or sexually transmitted diseases • changes in sexual behaviour or attitude • self-harming • poor concentration, withdrawal from others, sleep disturbance • excessive fear of certain relationships
Neglect	
<ul style="list-style-type: none"> • ignoring emotional or physical needs such as food, water, shelter, guidance • failure to provide access to appropriate medical, health, care and support or educational services • withholding life's necessities, such as medication, adequate nutrition and heating 	<ul style="list-style-type: none"> • unkempt appearance • poor personal hygiene • malnutrition and dehydration • infections • illness
Psychological Abuse	
<ul style="list-style-type: none"> • emotional abuse • threats of harm or abandonment • deprivation of contact, isolation • humiliation, blaming, controlling • coercion, harassment, intimidation • cyber bullying • unreasonable withdrawal of services or support networks 	<ul style="list-style-type: none"> • air of silence when an individual is present • withdrawal or change in the behaviour and temperament of the person • uncooperative and aggressive behaviour • signs of distress: tearfulness, anger • low self-esteem • insomnia • change of appetite, weight loss or gain
Financial or Material Abuse	
<ul style="list-style-type: none"> • theft, fraud, internet scamming • coercion about finances including about wills, property, inheritance or financial transactions • misuse or theft of property, possessions or benefits 	<ul style="list-style-type: none"> • fear of particular people • unable to make reasonable purchases • in debt (without reason) • unable to pay bills • unkempt looking

<ul style="list-style-type: none"> ● move into a person's home without consent 	<ul style="list-style-type: none"> ● hungry
Domestic Abuse	
<p>Domestic abuse covers physical abuse; psychological abuse; sexual abuse; financial abuse; emotional abuse; so called 'honour' based violence. <i>'Honour-based' violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.</i>" (CPS and Home Office definition).</p> <p>Coercion and control often underpins domestic abuse: what can seem like agreement from one party could be false representation due to the power another individual can gain.</p>	<ul style="list-style-type: none"> ● low self-esteem ● self-blame for events outside of their control ● injuries ● hearing derogatory or intimidating comments about self ● fear of an individual ● isolation – not seeing friends and family, partaking in activities ● limited access to money, without reason
Modern Slavery	
<ul style="list-style-type: none"> ● slavery ● human trafficking ● forced labour and domestic servitude, sexual exploitation, debt bondage 	<ul style="list-style-type: none"> ● physical, emotional abuse or sexual abuse signs as above ● malnourishment ● withdrawn and / or fearful of others ● poor living or work conditions ● lack of identification documents ● fear of police or authorities
Discriminatory Abuse	
<ul style="list-style-type: none"> ● harassment ● hate crimes ● slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion 	<ul style="list-style-type: none"> ● withdrawn and isolated ● anger, frustration ● fear or anxiety ● self-harm
Organisational	
<ul style="list-style-type: none"> ● neglect and poor practices in organisations and care settings, including care provided in own home. ● ranging from one off incidents to ongoing ill-treatment. ● arising from neglect or poor professional practices 	<ul style="list-style-type: none"> ● lack of policy, procedure, supervision and management ● low numbers of staff or poorly trained staff ● denial of basic needs, eg food, water ● disrespectful or abusive attitudes to service users and families ● poor practices tolerated, allegations mis-managed.
Self-neglect	
<p>Covers a wide range of behaviour in which a person neglects to care for own hygiene, health or surroundings and includes behaviour such as hoarding.</p>	<ul style="list-style-type: none"> ● unsanitary conditions that pose risk ● hoarding ● non-attendance at health appointments ● not taking prescribed and recommended medication.
Grooming	
<p>Building a relationship of trust with a person to manipulate, exploit and abuse them. Groomers may pretend to have romantic, educative or friendly relationships with the person. They may use tactics like pretending to be someone else, showing care, or buying gifts. They may isolate the victim from family and friends, create dependency, use threats to control and frighten the victim. People who are groomed can be abused in many ways – e.g. sexually, financially, through organised crime. Grooming can take place over a short or long time, online, in person or both. Other people (e.g. family,</p>	<ul style="list-style-type: none"> ● secretive about where they go ● unexplained money or items ● drinking or drug taking ● upset, withdrawn, distressed ● concerning behavioural change ● going missing <p>Groomer</p> <ul style="list-style-type: none"> ● sexualised talk, 'jokes', 'banter', images ● uninvited physical contact e.g. touching ● not respecting privacy ● spend excessive time with victim; giving special attention or favouritism. ● not adhering to rules or social mores

<p>friends, professionals) can also be groomed so that the groomer seems trustworthy to them.</p> <p>People may not realise they have been groomed and may feel loyalty, admiration or love towards their abuser.</p>	<ul style="list-style-type: none"> ● giving money or gifts (inappropriate) ● inappropriate relationships e.g. treating a client as a friend, peer or spouse. ● isolating victim from others, encouraging silence, secrets or lies.
Criminal Exploitation	
<p>Victims are manipulated and coerced, through violence or grooming into committing crimes and being placed in dangerous situations. It may involve gang related activity and be part of wider organised crime including 'county lines'.</p>	<ul style="list-style-type: none"> ● Missing or absent ● excessive travel, found out of area. ● unexplained access to money or various mobile phones ● signs of drug or alcohol abuse ● excessive use of internet, social media, texts, phone calls ● relationships with controlling people or groups; gang-association and/or isolation from peers/social networks ● signs of physical assault ● carrying weapons or drugs ● self-harm or significant behaviour changes
Human Trafficking	
<p>A crime that involves the movement of people by the use of force, fraud, coercion or deception, with the aim of exploiting them. It is a form of modern slavery. It involves transporting people across nations as well as trafficking around the UK. It can be for commercial, sexual and bonded labour.</p> <p>Three elements form part of trafficking:</p> <ul style="list-style-type: none"> ● The act of recruiting, transporting, transfer, harbouring or receiving persons ● Use of the means of force, fraud, coercion, deception ● The purpose of exploitation. 	<ul style="list-style-type: none"> ● acts as if instructed by another. ● signs of physical, sexual, psychological abuse or neglect. ● untreated medical conditions ● money deducted from wages. ● little or no contact with family or loved ones. ● doesn't have own legal papers. ● seems held in the employer's home/workplace. ● works in excess of normal hours. ● appears frightened, withdrawn or confused. ● with a group of workers of a similar nationality, age, gender ● speaks as if 'coached'.
Radicalisation and Extremism	
<p>Radicalisation involves a person becoming drawn into terrorism by being groomed (online or in person), exploited, exposed to violent material, manipulated, harmed or threatened. Anyone can be radicalised, but some people may be more vulnerable to being influenced.</p> <p>Extremism is defined as the vocal or active opposition to the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs and the calls for the death of members of our armed forces. Extremism can involve targeting vulnerable people by seeking to sow division between communities on the basis of race, faith or denomination; or argue against the primacy of democracy and the rule of law in society.</p>	<ul style="list-style-type: none"> ● isolating self, low self esteem ● change in emotions and behaviour. ● change in routines, appearance. ● online activities. ● fixated on an ideology, belief or cause. ● intolerant of difference such as race, faith, culture, gender or sexuality. ● justifying violence to others. ● change in language or use of words; closed to new ideas; 'scripted' speech. ● materials or symbols to do with the cause ● events, rallies etc of an extremist nature ● sense of grievance (e.g. anti-West, anti-Muslim); sense of 'them and us' ● conflict with family/friends or lose interest in people who do not have same beliefs. ● try to recruit others to join the 'cause'.

Online Harm	
<p>Technology can be used to groom and harm people through sexual exploitation, radicalisation, cyber-bullying, criminal exploitation, financial abuse etc. Abusers can adopt an identity to befriend victim's and manipulate them to share information and images.</p> <p>Online harm can fall into these areas of risk: content: illegal, inappropriate or harmful material e.g. sexual or violent material, material serving to breed hatred, fabricated news, radical and extremist views. contact: harmful online interaction with other users e.g. adults posing as children or as 'friends', excessive or inappropriate commercial advertising. conduct: personal online behaviour that causes harm such as trolling, making, sending and receiving explicit images or online bullying. contract: identity theft, online scams, security risks, phishing.</p>	<ul style="list-style-type: none"> ● meeting up with new friends they've met online ● receiving gifts or money ● withdrawn and secretive ● new phone or more than one phone ● receiving large numbers of calls or messages ● worried about being away from their phone. ● excessive time on phone or online.
Female Genital Mutilation	
<p>A range of procedures where a female's genitals are cut, removed or changed without a medical reason, carried out without medicines, sterile equipment or medical training. FGM is carried out on females of any age, from new-borns to older teenagers and adult women.</p> <p>FGM occurs in certain parts of the world and in the UK from those communities that practice it. It is illegal in the UK and in many other countries. It is done for cultural reasons, but causes extreme pain, infection, and life-long physical and psychological damage.</p>	<ul style="list-style-type: none"> ● long visit abroad or relative or 'cutter' visiting from abroad. ● female relative being cut. ● prolonged absence. ● difficulty walking, standing or sitting. ● spend longer in the toilet. ● pain urinating or menstruating. ● appear withdrawn, anxious or depressed. ● reluctant to have normal medical exams ● severe pain, shock, bleeding, infections, organ damage, blood loss. ● psychological or mental health problems.