# Safeguarding Policy and Procedures 2020

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## Safeguarding Policy and Procedures 2020

### Part A - Policy statement

#### Introduction

This policy sets out the procedures for staff, volunteers and Directors of Vibe in relation to safeguarding   
and promoting the welfare of children and young people.

Vibe acknowledges its duty of care to safeguard and promote the welfare of children and is committed

to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies

with best practice.

These procedures ensure we follow a uniform approach to safeguarding across

Vibe, following the guidance listed in the ‘Working Together to Safeguard Children’ 2018 (HM Government)   
document located on the Vibe Safeguarding Hub.

Vibe interacts and provides services for children and young people and vulnerable adults, adults at risk   
through a variety of regulated activities as outlined below:

● Open Access Youth Centre Activities

● Personal Development activities

● Working in School settings

● Detached and Outreach

● Street Based Activities

● Outdoor Education Activities/Programmes

Targeted Projects, eg:

● Working with Young People aged 16-24 years old who have a disability

● NEET work with young people (Engaging with young people who are Not in Education, Employment &   
Training)

● Sexual Health work

● Me Time (Young Carers and compromised parenting)

● Targeted level 2,3 and 4 Programmes

These procedures are applicable to all Vibe staff, including sessional support

staff, volunteers, directors, and contractors. External groups that use the sites will be made aware of Vibe   
Safeguarding Policy, even though they may have their own organisational policy document.

Safeguarding is everyone’s responsibility, and all staff and volunteers are required to abide by this policy.   
All staff (paid or unpaid) have a responsibility to follow the guidance laid out in this policy and related   
policies, and to escalate any welfare concerns using the required procedures.

#### The aims of this policy are:

To ensure children, young people and adults who we work with are safe.

To inform and support Vibe staff and volunteers in making sure that the safety and welfare of **all** children,   
young people and vulnerable adults, adults at risk who access services is paramount

To raise the awareness of staff and volunteers of the need to safeguard children and of their responsibilities  
 in identifying and reporting possible cases of abuse.

To provide a systematic means of monitoring children/young people/vulnerable adults who are known, or  
 thought, to be at risk of harm.

To emphasise the need for good levels of communication between all members of staff.

To develop and promote effective working relationships with other agencies, especially the Police and   
Children’s Social Care.

To ensure safe recruitment and that all employees and volunteers within Vibe, who have access to   
children/young people, have had the necessary background/experience checks to verify their suitability.

**This policy will be reviewed regularly by Vibe SMT and Vibe Board of Directors.**

#### Values and Principles

* A child’s welfare is paramount. Each child has a right to be protected from harm and exploitation  
  and to have their welfare safeguarded.
* Every child, young person or adult at risk who participates in any activities organised by Vibe should   
  be able to take part at all times in an enjoyable and safe environment and be protected from all kinds  
  of abuse.
* Vibe is committed to creating and preserving the safest possible environment for children and   
  young people to participate in all programmes and forms of leisure and cultural and educational   
  activity.
* Each child is unique. Action taken by Vibe will be child centred taking account of a child’s cultural,   
  ethnic and religious background, their gender, their sexual orientation, their individual ability and   
  any special needs.
* Children, parents and other carers should be made aware of their responsibilities and their rights,   
  together with advice about the power of professionals to intervene in their family circumstances.

**A copy of this policy is available on Vibe website.**

* Individual family members must be involved in decisions affecting them. They must be treated with  
  courtesy and respect and with due regard given to working with them in a spirit of partnership in   
  safeguarding children’s welfare. However, it may not be appropriate to advise parents/carers   
  immediately about a referral depending on circumstances and the advice given by Children’s   
  Social Care. The welfare of the child is paramount in such situations.
* Each child has a right to be consulted about actions taken by others on his/her behalf in an age   
  appropriate way. The concerns of children and their families should be listened to and due   
  consideration given to their understanding, wishes and feelings. However, it may not always be   
  possible to respect a child/carer’s request for confidentiality. If a child may be at risk of   
  significant harm, there is a duty on Vibe as an organisation to share information with   
  Children’s Social Care. This will be explained to the child or family member and appropriate   
  reassurance given.
* Personal information is usually confidential. It should only be shared with the permission of   
  the individual concerned (and/or those with parental responsibility) unless the disclosure of   
  confidential information is necessary in order to protect a child or promote their welfare.   
  In all circumstances, information must be confined to those people directly involved in the   
  professional network of each individual child and on a strict ‘need to know basis’.
* Explanations by professionals to children, their families and other carers should be plainly stated   
  and jargon-free. Unavoidable technical and professional terminology should be explained in simple   
  terms.
* Sound professional practice is based upon positive inter-agency collaboration, evidence-based   
  research and effective supervision and evaluation.
* Early intervention is important to recognise and utilising the Early Help Assessment Framework   
  (this can be located on Vibe hub or in Vibe Safeguarding Procedures document) will support   
  professionals. This is an important principle of practice in multi-agency arrangements for   
  safeguarding the welfare of children.

#### Legal Framework

The policy is based on relevant legislation and guidance to protect children/young people & vulnerable adults.  
The key legislation is set out below:

* Children Act 1989
* Children Act 2004 (1a)
* Children Act 2014
* Working Together to Safeguard Children 2018
* Care Act 2014 (Care and Support Statutory Guidance)
* Safeguarding Vulnerable Groups Act 2006
* Every Child Matters 2004
* Sexual Offences Act 2003
* United Convention on the Rights of the Child 1991
* The Police Act – CRB 1997 NHS and Community Case Act 1990
* Public Interest Disclosure Act 1998
* Data Protection Act 2018 (GDPR, General Data Protection Regulation)
* Care Standard Act 2000
* Mental Health Act 2007
* Mental Capacity Act 2005
* Rehabilitation of Offenders Act 1974

#### Definitions

Working Together to Safeguard Children (HM Government, 2018), defined safeguarding as:

* protecting children from maltreatment
* preventing impairment of children’s health or development
* ensuring that children are growing up in circumstances consistent with the provision of safe   
  and effective care
* taking action to enable all children to have the best life chances and to enter adulthood successfully

##### Safeguarding

Safeguarding is about embedding practices throughout the organisation to ensure the protection of children,   
young people and / or vulnerable adults wherever possible.

##### Child

A child is anyone from pre-birth up to 18 years whatever their circumstances (including independent living,   
further education, in hospital, in custody, in the armed forces).

##### Vulnerable Groups

Whilst legally not classed as children, some especially vulnerable young people are entitled to services   
beyond the age of 18. This includes care leavers up to the age of 25 and young people with special needs  
and disabilities.

**The term ‘child’ is used throughout this document to refer to both children and young people.**

##### Adult at Risk

An ‘adult at risk’ is someone aged 18 or over who:

* has needs for care and support (whether or not the local authority is meeting any of those needs) and
* is experiencing, or is at risk of, abuse and neglect and
* 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 (Care Act 2014)

##### Parents and Carers

The parent is the person who has parental responsibility for the child. This is usually the mother of the child   
and the father of the child if the parents are married. If parents are not married, birth fathers can obtain   
parental responsibility through: jointly registering the birth of the child; parental responsibility agreement   
with the mother or applying through the Courts.

Other people can have parental responsibility through various routes including adoption, residence orders,   
emergency protection orders or they are appointed as guardians. Where children are subject to Care Orders,   
the Local Authority has (shared or full) parental responsibility. Children can be looked after by ‘carers’ such   
as foster parents, residential care staff, extended family or others acting in a parenting role.

##### Child protection

Child protection is part of safeguarding and promoting children’s welfare. It is an activity which is undertaken  
 to protect specific children who are suffering, or are likely to suffer, significant harm.

##### Significant harm

The Children Act 1989 introduced the concept of Significant Harm as the threshold that justifies   
compulsory intervention by Children’s Social Care in family life in the best interests of children.   
Under Section 47 of the Children Act 1989, where the local authority have reasonable cause to suspect   
that a child is suffering, or is likely to suffer, significant harm, the authority shall make such enquiries as   
they consider necessary to enable them to decide whether they should take any action to safeguard or   
promote the child’s welfare.

Decisions about significant harm are complex and should be informed by a careful assessment of the   
child's circumstances, including discussions between the statutory agencies and with the child and   
family where appropriate.

When judging what constitutes Significant Harm it is necessary to consider:

* The family context, including the family’s strengths and supports;
* The child’s/young person’s development within the context of the family and within the context of   
  the wider social and cultural environment.
* Any special needs, such as medical condition, communication difficulty or disability that may   
  affect the child’s development and care within the family.
* The nature of harm in terms of the ill treatment or failure to provide adequate care.
* The impact on the child’s health and development:
* The adequacy of parental care.

##### Child in need

The Children Act 1989 (S17) states that children in need are those whose vulnerability is such that they are   
unlikely to reach or maintain a satisfactory level of health and development or their health and development  
 will be significantly impaired, without the provision of services by the local authority, plus those who are  
 disabled. Critical factors in deciding whether a child is in need are:

* What will happen to a child's health and development without services being provided
* The likely effect the services will have on the child's standard of health and development.

##### Private fostering

Private fostering is when a child or young person (aged under 16, or under 18 if disabled) stays with   
someone other than a parent or close relative for a period of 28 days or more. The person could be   
extended family (e.g. a cousin or great aunt), a family friend or another non-relative.   
Close relatives (where private fostering does not apply) are defined as:

* Grandparents
* Siblings
* Uncles / aunts (full blood / half blood or by marriage)
* Step parents

Private foster carers are required to inform the local authority of the arrangement in advance and again   
when the arrangement begins.

#### Vulnerable Children

Some children may be at increased risk of harm or abuse. All staff must therefore give particular   
consideration and attention to children who:

* Have disabilities or special educational needs
* Live in a known domestic abuse situation
* Are affected by parental substance misuse
* Have parents with learning difficulties or disabilities
* Have parents with mental health issues
* Are asylum seekers
* Live away from home, including in local authority, foster care or private fostering arrangements
* Have chaotic home situations or a transient lifestyle
* Are Young Carers
* Are vulnerable to discrimination on the grounds of ethnicity, religion, or sexuality
* Have English as an additional language

This list is not exhaustive

#### What is child abuse?

Child abuse is maltreatment of a child. Someone may abuse a child either by directly inflicting harm, or   
by failing to act to prevent harm. Child abuse occurs in family, institutional and community settings.   
Children could be abused by an adult or adults, or by another child or children.

The four types of abuse are described below, along with signs and indicators for each type.   
Recognising abuse is not straightforward and it is not your responsibility to decide whether or not a   
child has been or is at risk of being abused. However you do have a responsibility to act on concerns, to   
enable appropriate investigations to take place and actions to be taken to protect children. If in any doubt   
you should always seek advice from your line manager in the first instance and the safeguard lead and   
refer to Children’s Social Care.

##### Physical abuse

Physical abuse is actual or likely physical injury to a child, or failure to prevent physical injury or suffering   
to a child. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning,   
suffocation or otherwise causing physical harm to a child. Physical injury may also be caused when a   
parent feigns the symptoms of, or deliberately causes ill health to a child they are looking after.

###### Signs and indicators

Physical injuries should always be interpreted in light of the child’s medical and social history, stage   
of development, and the explanation given. Accidental bruises are generally seen on the bony parts of   
the body and often on the front, so bruising or injuries on soft parts such as cheeks, abdomen, back or   
buttocks may be a cause for concern. A delay in seeking medical treatment is also a cause for concern   
although you should bear in mind with burns that blistering may not develop immediately.

Physical signs of abuse may include:

* Bruising, marks or injuries anywhere on the body which are unexplained or inconsistent with an   
  explanation given
* Clusters of bruises, often on the upper arm or outside of the thigh
* Cigarette burns
* Human bite marks
* Broken bones
* Scalds with upward splash marks
* Multiple burns with clearly demarcated edges.

Behavioural signs may include:

* Fear of parents being approached for an explanation
* Aggressive behaviour or severe temper outbursts
* Flinching when approached or touched
* Reluctance to get changed, for example in hot weather
* Depression
* Withdrawn behaviour
* Running away from home.

##### Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child so as to cause severe and   
persistent adverse effects on the child’s emotional development. It may involve conveying to a child   
that they are worthless or unloved, inadequate, or valued only insofar as they only meet the needs of   
another person. It may include not giving the child opportunities to express their views, deliberately   
silencing them or making fun of what they say or how they communicate. It may feature age or   
developmentally inappropriate expectations being imposed, including interactions beyond the   
child’s capability, overprotection or limitation, or preventing normal social interaction. It may involve   
serious bullying (including cyber bullying) causing children to frequently feel frightened or in danger, or   
the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill   
treatment of a child, though it may also occur alone.

###### Signs and indicators

Emotional abuse can be very difficult to detect, as there are often no physical signs. There may be a   
developmental delay due to a failure to thrive and grow, although this may not be evident unless, for   
example, the child gains weight in other circumstances away from their parent’s care. Emotional abuse   
can also take the form of not being allowed to mix or play with other children.

Behavioural indicators may include:

* Neurotic behaviour, e.g. sulking, hair twisting, rocking
* Being unable to play
* Fear of making mistakes
* Sudden speech disorders
* Self-harm
* Fear of parent being approached about their behaviour

##### Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the   
child is aware of what is happening. The activities may involve physical contact, including penetration   
(e.g. rape or buggery) and non- penetrative acts such as kissing and touching. They may involve   
non-contact activities such as involving children in looking at, or in the production of pornographic   
materials or watching sexual activities, encouraging children to behave in sexually inappropriate ways,   
or grooming a child in preparation for abuse, including via the internet.   
Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse,   
as can other children.

###### Signs and indicators

In most cases, it will be behavioural rather than physical signs which cause you to become concerned.   
Remember that it is not only adult men who sexually abuse: there are increasing numbers of allegations   
against women and children. In all cases, a child disclosing sexual abuse does so because they want it   
to stop, so they must always be listened to and taken seriously.

Physical signs may include:

* Pain or itching in the genital area
* Bruising or bleeding near the genital area
* Sexually transmitted disease
* Vaginal discharge or infection
* Stomach pains
* Discomfort when walking or sitting down
* Pregnancy

Behavioural signs may include:

* Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
* Fear of being left with a specific person or group of people
* Having nightmares
* Running away from home
* Sexual knowledge beyond a child’s age or stage of development
* Sexual drawings or language
* Bed wetting
* Eating disorders such as anorexia
* Self-harm or suicide attempts
* A child saying they have secrets they cannot share
* Substance misuse
* Having unexplained money or possessions
* Not being allowed to have friends
* Sexualised behaviour towards adults.

##### Neglect

Neglect is the persistent failure to meet a child’s basic physical and / or psychological needs, likely to   
result in the impairment of the child’s health or development. It may occur during pregnancy due to   
maternal substance misuse. It may involve a parent failing to provide adequate food, shelter and clothing,   
failing to protect a child or young person from physical or emotional harm or danger, failing to ensure   
adequate supervision, or failing to ensure access to the appropriate medical care or treatment. It may   
also include neglect of or unresponsiveness to a child’s basic emotional needs.

###### Signs and indicators

Neglect can be very difficult to recognise, yet may have some of the most lasting and damaging effects   
on children.

Physical signs may include:

* Constant hunger, stealing food
* Constantly dirty or smelly
* Loss of weight or being underweight
* Inappropriate clothing for the conditions.

Behavioural signs may include:

* Complaining of being tired all the time
* Not requesting medical assistance, and/or failing to attend appointments
* Having few friends
* Mentioning being left alone or unsupervised.

#### Child Exploitation

**Child Sexual Exploitation** Child Sexual Exploitation is a form of child sexual abuse. It occurs where   
an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a   
child under the age of 18 into sexual activity:

(a) In exchange for something the victim needs or wants, and/or

(b) For the financial advantage or increased status of the perpetrator or facilitator. The victim may have   
been sexually exploited even if the sexual activity appears consensual. Child Sexual Exploitation does   
not always involve physical contact; it can also occur through the use of technology. (Home Office 2017)

##### Child Criminal Exploitation

Child Criminal Exploitation occurs where an individual or group takes advantage of a person under the   
age of 18 and may coerce, manipulate or deceive a child under that age into any activity

(a) In exchange for something the victim needs or wants, and/or

(b) For the financial advantage or increased status of the perpetrator or facilitator and/or

(c) Through violence or the threat of violence.

The victim may be exploited even if the activity appears consensual (i.e. moving drugs or the proceeds   
of drugs from one place to another). Child Criminal Exploitation does not always involve physical   
contact; it can also occur through the use of technology. (Home Office 2018)

##### County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting   
illegal drugs into one or more importing areas (within the UK), using dedicated mobile phone lines or   
other form of “deal line”. They are likely to exploit children and vulnerable adults to move (and store) the   
drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and   
weapons. (Home Office 2018)

County lines is a form of Child Exploitation (CE). It is a major, cross-cutting issue involving drugs, violence,   
gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons. The response   
to tackle it involves the Police, the NCA (National Crime Agency) and a wide range of Government   
departments, local government agencies and VCS (voluntary and community sector) organisations.   
County lines activity and the associated violence, drug dealing and exploitation have a devastating impact   
on children, vulnerable adults and local communities.

##### Cuckooing

Urban gangs establish a base in the market location, often by taking over the homes of local vulnerable   
adults by force and/or coercion, in a practice referred to as ‘cuckooing’. Urban gangs then use children and   
vulnerable people to move drugs and money.

#### Compromised Care/Toxic Trio

Sometimes children need to be safeguarded due to the impact of factors which reduce their parent   
or carer’s ability to care for them. This can have severe consequences for the child if it is not identified   
or no action is taken.

The term ‘Toxic Trio’ has been used to describe the issues of domestic abuse, mental ill health and   
substance misuse which have been identified as common features of families where harm to children   
has occurred. They are viewed as indicators of increased risk of harm to children and young people.   
  
Compromised care may arise due to:

##### Domestic Abuse

Domestic abuse and violence is 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. This can encompass but is not limited to the following   
types of abuse:

* psychological
* physical
* sexual
* financial
* emotional

##### Mental ill Health

Working Together, describes the wide range of conditions covered by the term mental ill health, including -   
depression and anxiety, and psychotic illnesses such as schizophrenia or bipolar disorder. Mental illness   
may be associated with alcohol or drug use, personality disorder and significant physical illness.

##### Drug or alcohol misuse of parent or carer

If a parent or carer misuses drugs or alcohol, this may impact on their parenting capacity but it is important  
 not to generalise or make assumptions in this respect. Some substances may induce behaviour that   
increases the risk of harm or neglect to the child. The child’s/young person’s safety may also be   
compromised in other ways. There is evidence that substance misuse in pregnancy can have a serious   
effect on the unborn child.

##### Other types of abuse

In addition to the above, there are other types of abuse which should also be considered. These are:

* Fabricated or induced illness (formerly known as Munchausen’s by proxy)
* Child trafficking / private fostering / forced marriage
* Female genital mutilation
* Peer abuse and bullying
* Abusive Images of Children
* Online Abuse

### Responsibilities and Accountabilities

The key responsibilities at various levels of the organisation are:

#### Vibe Board Members:

Vibe Board members have a responsibility to ensure that Vibe has an appropriate, accessible safeguarding   
policy and procedures in place and to ensure that sufficient resources are allocated so that the policy can   
be effectively implemented.

**The safeguarding policy will be reviewed regularly and the revised version presented to the board**.

#### Vibe Senior Management Team (SMT)

* Vibe SMT has a clear commitment to the importance of safeguarding and promoting children’s
* welfare – the safety of children and young people is paramount
* Vibe SMT is accountable to the Knowsley Safeguarding’s Children Board (KSCB) in adhering to   
  national guidance on safeguarding and child protection

Vibe SMT will:

* Ensure that there are clear priorities within the organisation for safeguarding and promoting the   
  welfare of children, explicitly stated in Vibe strategic policies and procedures
* Ensure that this safeguarding policy is reviewed and updated in line with statutory requirements and   
  policy changes
* Implement safe recruitment to take into account the need to safeguard and promote the welfare   
  of children and young people, including arrangements for appropriate checks on board members,   
  staff and volunteers
* Provide the appropriate training for board members, staff and volunteers so that everyone is   
  equipped to carry out their responsibilities effectively
* Provide appropriate supervision and challenge to board members, staff and volunteers
* Ensure that there are clear policies and procedures, including procedures for dealing with   
  allegations of abuse against members of staff and volunteers and whistle-blowing, promoting   
  a culture that enables issues about safeguarding to be addressed
* Ensure that there is appropriate sharing of information to safeguard and promote the welfare   
  of children
* Comply with Vibe Principles and Values: to promote a culture of listening to, engaging with   
  and seeking the views of children and young people
* Ensuring that there are adequate policies (and procedures as described above) for vulnerable adults

#### Safeguarding Roles

**Safeguarding - Responsibilities for Vibe staff**

##### Vibe Chief Executive Officer (CEO)

To reinforcing and supporting Vibe’s safeguarding policies and procedures so they are fully   
implemented and followed by all staff by ensuring;

* Sufficient time and resources are allocated to enable the designated lead and other   
  staff to discharge their responsibilities.
* All staff and volunteers feel able to raise concerns about poor or unsafe practice with   
  regard to children, and such concerns are addressed sensitively and effectively in a timely   
  manner in accordance with agreed whistle-blowing policies, where appropriate.

##### Designated Safeguarding Lead (DSL)

* The designated safeguarding lead should take lead responsibility for safeguarding and   
  child protection.
* Take part in strategy discussions and inter-agency meetings.
* Support to staff members in carrying out their safeguarding duties and who liaises with   
  other services, including children's social care and the police.
* Provides support to safeguarding officers in carrying out their safeguarding duties and   
  who liaises with other services, including children's social care and the police.
* Liaise with the CEO to inform them of issues especially on-going enquiries under   
  Section 47 of the Children Act 1989 and police investigations.
* As required, liaise with the case manager and designated officers at the local authority or   
  LADO for child protection concerns (all cases which concern an allegation made against a   
  staff member or volunteer).
* Liaise with staff on matters of safety and safeguarding and when deciding whether to   
  make a referral by liaising with relevant agencies. Act as a source of support, advice and   
  expertise for staff.
* Ensure the organisations’ policies are known, understood and used appropriately.
* All employees and volunteers complete safeguarding training to confirm they have received  
  and understood the policy and process. Extra support to be put in place where necessary.
* Ensure this policy is reviewed annually (as a minimum) and  
  the procedures and implementation are updated and reviewed regularly, and work with governing   
  bodies or proprietors regarding this.
* Ensure the child protection policy is available publicly and parents are aware of the fact  
  that referrals about suspected abuse or neglect may be made and the role of the organisation  
  (Vibe) in this.
* Link with the local LSCB to make sure staff are aware of training opportunities and   
  the latest local multi agency policies on safeguarding.
* The designated safeguarding lead (or Safeguarding Officers) should always be   
  available (during Vibe working hours) for staff in Vibe to discuss any safeguarding concerns.
* To arrange adequate and appropriate cover arrangements for any out of hours/weekend   
  activities so that they can be available in person, and on the telephone for lead workers   
  to contact them. All Vibe safeguarding leads have access to and manage a safeguarding   
  email.
* To attend relevant MASH strategic meetings and act as an advisory for Vibe

##### Safeguarding Officers

* Provides support to staff members in carrying out their safeguarding duties and who   
  liaises with other services, including children's social care and the police.
* Refer cases of suspected abuse to the local authority Children’s Social Care as required,   
  report to Safeguarding Lead.
* Support staff who make referrals to local authority children’s social care, report to   
  Safeguarding Lead.
* Refer cases to the Channel programme where there is a radicalisation concern as required,  
  report to Safeguarding Lead.
* Support staff who make referrals to the Channel programme, report to Safeguarding Lead.
* Refer cases where a person is dismissed or left due to risk/ harm to a child to the Disclosure  
  and Barring Service as required, report to Safeguarding Lead.
* Refer cases where a crime may have been committed to the Police as required, report to   
  Safeguarding Lead.
* The safeguarding lead or Safeguarding Officers should always be available (during Vibe   
  working hours) for staff in Vibe to discuss any safeguarding concerns.
* To arrange adequate and appropriate cover arrangements for any out of hours/weekend   
  activities so that they can be available in person, and on the telephone for lead workers to   
  contact them.
* As required, liaise with the case manager and designated officers at the local authority or   
  LADO for child protection concerns (all cases which concern an allegation made against a   
  staff member or volunteer). Report to safeguarding Lead
* Where necessary to contact the MASH team for guidance

##### Vibe Staff

* All staff (paid or unpaid) will be made aware of Vibe's Safeguarding Policy and procedures  
  through the induction process and or updated through regular training. As such, staff should   
  understand their responsibilities with regards to safeguarding children and young people.
* Safeguarding is everyone’s responsibility and all staff and volunteers are required to abide   
  by this policy. All staff have a responsibility to follow the guidance laid out in   
  this policy and related policies, and to pass on any welfare concerns using the required procedures.
* We expect all staff to promote good practice by being an excellent role model, contribute to   
  discussions about safeguarding and to positively involve people in developing safe practices.
* All staff should keep written records of concerns about a child even if there is no need  
  to make an immediate referral. Staff should ensure that all such records are kept confidentially  
  and securely.

### Part B - Safeguarding Procedures

#### Safeguarding Flowchart

(Available on the Vibe HUB or in the Safeguarding procedures document)

Staff and/or volunteers who are concerned about the safety or welfare of a child/young person or an

adult at risk should **ALWAYS** Seek appropriate advice and support from their line manager/lead worker   
and/or the Safeguarding Officers/Lead.

See Part B - Appendix 2 for contact details of Safeguarding Lead/Officers

Discuss concerns with the Safeguarding Lead/Officers; in any case this should always occur

within 24 hours.

Record concerns and actions on appropriate form (Part B - Appendix 4)

See Flowchart Part B – Appendix 3 which offers clear guidance in respect of the referral process;

this MUST be followed.

Make a referral to Children’s Social Care

Staff or volunteers should **NEVER**:

Do Nothing

Make assumptions about the actions of another professional or agency

Fail to discuss concerns with a Line Manager/Lead Worker and one of the Safeguarding

Lead/Officers (within 24 hours)

Attempt to resolve the matter themselves

#### What to do if you are concerned about a child/young person

##### Children/Young people making disclosures of abuse

It is recognised that a child/young person may seek you out to share information about

abuse or neglect, or talk spontaneously individually or in groups when you are present. In these

situations if a child/young person makes a disclosure to you, you **should:**

###### Follow the 5 R’s

**1. Receive**

* Listen to the child, young person, adult
* If you are shocked by what they are saying, try not to show it
* Take what they say seriously
* Accept what the child/young person/vulnerable adult says
* DO NOT ask for (other) information

**2. Reassure**

* Stay Calm and reassure the child/young person/vulnerable adult that they have done the right   
  thing in talking to you
* Be honest with the child/young person/vulnerable adult so do not make promises you can’t keep
* Do not promise confidentiality – you have a duty to refer the child/young person/vulnerable adult  
  who is at risk
* Acknowledge how hard it must have been for the child/young person/vulnerable adult to tell you  
  what happened

**3. React**

* React to the child/young person/vulnerable adult only as far as is necessary for you to establish   
  whether or not you need to refer this matter, **but do not** interrogate them for details
* Do not ask leading questions
* Make sure that they are no longer at immediate risk of harm – **if so then consider informing   
  emergency services**
* Explain what you have to do next and to whom you have to talk
* Explain and if possible seek agreement that you will have to discuss the situation with someone  
  else and will do so on a ‘need to know’ basis.

**4. Record**

* Make some brief notes at the time and write them up more fully as soon as possible – use Part B –   
  Appendix 4 - Reporting Document/Record of Concerns template )
* Take care to record dates, timing, setting and personnel as well as what was said
* Be objective in your recording – include statements and observable things rather than your   
  interpretations or assumptions and as far as possible recording the exact words   
  used by the child/young person/vulnerable adult.

**5. Refer**

There is an expected responsibility for all members of Vibe to respond to any suspected or actual

abuse of a child/young person or vulnerable adult in accordance with Vibe's procedures.

Discuss the matter with the Safeguarding representative immediately.

#### Procedure for raising concerns and reporting

Remember that where there are any concerns that a child/young person may have been and/or may

be at risk of abuse, the child’s needs must always come first and the priority must always be to safeguard

the child.

If you are concerned about a child/young person you must talk to one of the people designated as

responsible for safeguarding within your organisation. At Vibe these people are:

##### Lyn Pye

Senior Project Lead (Designated Safeguarding Lead)

Mobile: 07825 145 064

Direct Dial: 0151 673 0428

##### Charlotte Brookes

Operations Manager (Safeguarding Officer)

Mobile : 07810 053 363

Direct Dial: 0151 673 0427

##### Rachel McGowan

Operations Manager (Safeguarding Officer)

Mobile : 07810 054 119

Direct Dial: 0151 673 0424

Our dedicated Safeguarding inbox safeguard@vibeuk.org ensures a central place for all queries and   
referrals to be managed by the above individuals.

ALL concerns, suspicions or allegations of abuse **MUST** be reported to the appropriate Safeguarding   
Lead/Officer.

#### Immediate Action to Ensure Safety

Immediate action may be necessary at any stage in involvement with children and families.

**IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE**   
**CHILD/YOUNG PERSON OR ADULT AT RISK.**

For example: If emergency medical attention is required this can be secured by calling an ambulance   
(dial 999) or taking a child to the nearest A&E (Accident and Emergency) Department of the local hospital.

If a child/young person or vulnerable adult is in immediate danger the police should be contacted   
(dial 999) as they have the power to remove a child immediately if protection is necessary, via   
Police Protection Powers. Children’s Social Care must also be notified immediately.

#### Child/Young Person at immediate risk of significant harm

Contact Multi Agency Safeguarding Hub otherwise known as MASH (during working hours or OUT OF

HOURS) on 0151 443 2600 and Knowsley [Mash@knowsley.gcsx.gov.uk](mailto:Mash@knowsley.gcsx.gov.uk)

Follow the Vibe safeguarding flowchart (this can be located on Vibe hub or in Vibe Safeguarding Procedures   
document) that sets out the procedure to follow if you are concerned about the welfare of a child.   
Each Vibe setting holds a local copy of this flowchart. Further information is accessible through the Vibe   
safeguarding Hub.

The safeguarding internal reporting form to be used to report any concerns link can be found in

Appendix 4.

#### Parental Consent

A Vibe worker should inform parents prior to a referral being made. However, if the safety of the

child or any other party would be compromised by informing the parents, (for example if they

are suspected of being the abuser or being involved or complicit in the abuse), parents will not

be informed. We would seek advice from the MASH in this situation. This will then be the decision

of Children’s Social Care who are investigating the concern.

#### Record Keeping and Reporting

All staff must report and accurately record any safeguarding concerns,

Vibe will:

* Keep clear detailed written records of concerns about children (noting the date, time, incident and   
  action taken.
* In line with Working Together to Safeguard Children 2018 and KSCB Safeguarding Children   
  Procedures Manual available through Vibe safeguarding hub, ensure all records are kept, clearly   
  indicate statements of fact, opinion and second and third hand information.
* Ensure all paper records are kept secure and in locked locations.
* The ‘Report your concern/decision form’ (see Appendix 4) should be completed as soon as   
  practicable after the concern, suspicion or allegation is known. In completing this form, you should:
  + as far as possible use the exact words of the child - clearly indicate on the record statements   
    of fact, opinion and 2nd or 3rd hand information
  + record dates, times and decisions - be clear and concise - sign and date report
  + Send to Safeguarding Lead or Officer within 24 hours
* The results of any risk assessments must be updated and stored in line with any safeguarding   
  procedure changes.

**Follow Safeguarding flowchart located on the Vibe Safeguarding Hub**

### What to do if you are worried about a child being at risk of exploitation.

If a child is presenting with signs of being exploited then a Multi-Agency Referral Form (MARF) must be   
completed on line https://marf.knowsley.gov.uk/Home and a Child Exploitation 1 (CE1) also complete CSE   
1 Form (this can be located on VIBE hub or in VIBE Safeguarding Procedures document) all.   
Forms to be sent into Knowsley Multi-Agency Safeguarding Hub which is then screened in MASH and the   
CE 1 is forwarded to the Shield Team.

If a child is open to Knowsley Children Services then the social worker will screen the safeguarding   
referral/concerns. If the child is not open to Children Services then the MASH will screen the MARF.   
The DSL, in conjunction with LADO will make a decision on the level of presenting need and refer the   
child to the appropriate level of service if required, either:

* No further action
* Signposting
* Early Help
* S17 Initial assessment
* S47 Child Protection

#### All Child Exploitation Concerns

Also complete CSE 1 Form all available from the Vibe safeguarding Hub.

At all other times the Emergency Duty Team (EDT) acts as the ‘first point of contact’. EDT will only   
respond to Emergencies that cannot wait until the next working day. Telephone 0151 443 2600 or   
Police on 101.

For further information on CSE, please refer to the CSE Framework list appendix 7 available from the   
Vibe safeguarding Hub .

##### CSE

If a child is placed in Knowsley by another local authority and there are CSE concerns, the referrer will need   
‘to complete a MARF (multi agency referral form) and the CSE Form 1 and refer to the Knowsley MASH   
team. Refer to the ‘children not known’ flowchart in Appendix 7 available from the Vibe safeguarding Hub.

#### SHIELD Multi-Agency Child Exploitation Team

Knowsley have a dedicated multi-agency child sexual exploitation team known as the Shield CSE Team   
that have the primary purpose to safeguard and protect children from CSE, take action to disrupt any   
possible CSE activity and to pursue perpetrators to prosecution. In addition, the Shield team at KMBC   
can provide regular CSE training to all agencies in Knowsley.

The Shield team work with children under the age of 18. Dependent on the level of need each young   
person may be allocated an identified worker from the team to carry- out specific CSE work with the   
young person. If the child is open to children social care as a child in need, child protection or a looked   
after child there will always be an allocated social worker.

The identified worker for the young person within the Shield Team or a professional that knows the young   
person well, will be responsible for completing the Pan Merseyside Measurement Tool CSE2 and will draw  
up a multi-agency child sexual exploitation plan (MACSE Plan). The plan will identify how professionals   
and parents/carers (where appropriate) can offer ongoing support to the young person, prevent any   
further CSE, protect the young person from CSE and pursue perpetrators where possible.

#### POLICE - Intelligence and Information Gathering

In general terms any information that relates to an identifiable individual where CSE or vulnerability to CSE   
is a concern then a formal referral should be generated. The police can use this information to learn more  
about the enablers for CSE and identify how they can remove those enablers to enhance the safety of   
children and young people. Examples here may be:

* The use of a particular off-licence by young people to secure alcohol or where they go to consume it.
* It may be a website or social network platform they use to contact each other or have been contacted  
  on.
* a particular meeting location that is mentioned where the police can focus some engagement or   
  diversionary work.
* Any such information should be included within the referral to the Shield CSE team if it is linked to   
  an identified child or young person. If there is no such associated link then the information can be   
  provided on the Knowsley CSE Team Intelligence Form (Appendix 7) and forwarded via secure email   
  to Knowsley.vpu.referrals@merseyside.pnn.police.uk Please entitled ‘Subject: CSE Intelligence’

### What To Do If You Are Concerned About An Adult At Risk

Vibe may come into contact and/or work with adults who they deem may be at risk. They may be   
directly working with them as part of our family offer or indirectly whilst supporting a child/young person.   
Vibe still has a duty of care to raise any concerns in relation to adults who may be at risk. Vibe staff will   
follow Knowsley Safeguarding Adults Policy which is managed within a multi-agency framework.

There are three important multi –agency documents relating to Safeguarding Adults in

Knowsley:

* Safeguarding Adult Policy
* Safeguarding Adults Practice Guidelines
* Safeguarding Adults Procedures

(located on Vibe hub or in Vibe Safeguarding Procedures document)

All staff working with adults at risk may potentially identify incidences of abuse. Staff have a duty to   
report suspected or alleged abuse to a manager, whether the alleged abuser is another service user, a   
family member, an informal carer or a formal carer. Staff should report suspicions of abuse even if there   
is little actual evidence.

##### Reporting ‘Adult at Risk Concerns’

If there is a concern relating to an adult then raise it with the safeguard lead or officer/s.

The safeguarding lead/officer should then:

* Directly manage and support the staff involved in the situation
* Ensure that action taken is effective in providing immediate and ongoing protection to the adult at   
  risk
* Ensure that practical and emotional support is available according to need
* Report the incident to the KMBC Safeguarding Adults Incident Management Officer Duty officer   
  at MASH team, 01514432600.
* Communicating with the Incident Management Officer to ensure the procedure is correctly followed.

##### Ensuring immediate safety

* If an adult at risk is in immediate danger or in need of urgent medical attention, action should   
  be taken to ensure their safety and well-being. This may include alerting the appropriate emergency   
  service (e.g. police or ambulance).
* Action should be taken to ensure the safety and well-being of other potentially vulnerable people   
  in the same location as the person alleged to have been abused.
* If it is suspected that a crime has been committed, then the Police should be called immediately,   
  using 999.

##### Responding to a disclosure of abuse

* Always take any allegation seriously
* Try to stay calm, and try not to show shock, horror, anger or disgust.
* Listen carefully rather than asking questions directly.
* Be sympathetic and reassure the person.
* Explain that absolute confidentiality cannot be assured as allegations of abuse must be reported to   
  your line manager.
* Tell the person that:
  + You are treating the information seriously
  + They did the right thing in telling you what has happened
  + They are not to blame
  + You must inform the appropriate manager
  + With their consent the manager will contact the safeguarding Adults Incident Management   
    Officer/Access Team
  + The manager will contact the Incident Management Officer without their consent in certain   
    circumstances, but their wishes will be made clear throughout
  + If a referral is made and they are reluctant to have the incidents investigated, this fact will   
    be recorded and brought to the attention of the Incident Management Officer
  + (if appropriate) Vibe will take steps to protect and support them.
* Be aware of the possibility that medical and other forensic evidence might be needed
* Report to line managers outlined above as soon as possible
* Write down, as soon as possible and as far as you are able, what was said by the person disclosing.   
  Use Vibe reporting form later when you have time to complete.
* Where appropriate record on a body map the location of any bruises, cuts and/or abrasions.
* Ensure that the information is noted on Vibe reporting Form and in the case file.

#### What NOT TO DO if someone discloses abuse to you

* Press the person for details, although you will need enough information for an initial report   
  and assessment.
* Ask leading questions as these can result in the contamination of evidence.
* Stop someone who is freely recalling significant events as they may not tell you again.
* Promise to keep secrets – explain that the information will be kept confidential , that is information   
  will only be passed to those people with a ‘need to know’.
* Make promises that you cannot keep, for example, ‘this will not happen to you again’.
* Contact the alleged abuser or discuss the allegation with them.
* Be judgemental, for example asking why someone did not run away.
* Pass on information to anyone who does not have a need to know – do not gossip.

#### Preserving Evidence

Your first concern is the safety and welfare of the abused person. However, your efforts to preserve   
evidence may be vital. When Police involvement is required, they are likely to be on the scene quickly.   
Preservation of evidence is crucial if the Police investigation is to be effective. What you do or not do in   
the time whilst you are waiting for the Police to arrive may make all the difference.

#### Recording

You should make a written account of what has happened as soon as possible including:

* What you saw/heard/were told
* How the incident occurred – do not speculate.
* The time and date
* The Place
* The names of the people involved, including the potential witnesses
* Any obvious evidence, e.g. weapon, blood.
* The state of the clothing of the abused person and perpetrator.
* Any injuries that either the abused person or alleged perpetrator have received.
* The behaviour and attitudes of the people involved in the incident.
* When recording a disclosure or an allegation you should use Vibe reporting form to:
  + Record what the person has said, using the person’s own words and phrases
  + Describe the circumstances in which the disclosure came about
  + Where appropriate, use a body map to indicate the location of cuts, bruises and/or abrasions
  + Ensure that the information you write is factual (what you saw and what you heard). If you   
    include your own opinion or third party information, ensure that this is made clear.
* All records should be typed if possible. If this is not possible use a pen or biro with black ink so   
  that the report can be photocopied. Ensure the record is legible.
* Sign and date the report, and include the time when you completed it.
* Be aware that the report may be required later as part of legal action or a disciplinary procedure.

If you have any difficulties in recording a disclosure or an allegation you must tell the Safeguarding Lead   
or Officer as soon as possible.

### Early Help Assessment

As an organisation we would always rather adopt a preventative approach where at all possible.   
Most concerns can be addressed before they escalate by identifying additional needs at the earliest   
opportunity and identifying how children and families can be supported, including the services that are   
best placed to help. If there are concerns about a child’s/young person’s situation that do not amount to   
significant harm, but an identified need to safeguard and promote their welfare , this should be done by   
undertaking an assessment using the Early Help Assessment (EHA) Framework. The EHA is a standardised   
approach to conducting an assessment of a child’s additional needs and deciding how these needs should   
be met. It can be completed by anyone working with the child or their family. However, Vibe has   
designated trained staff (Lyn Pye Safeguarding Lead) who may arrange for an Early Help Assessment   
to take place to assess a child’s/young person’s needs for support. These champions will support all Vibe   
staff to complete an early Help Assessment if required. The parent or child must give their consent to share   
information. The EHA process is designed to promote more effective, earlier identification or additional  
 needs, particularly in universal services. The EHA will also help to improve integrated working by   
promoting coordinated service provision.

### Information Sharing

Information sharing is essential to enable early help and prevention work, for safeguarding and promoting   
the welfare of children, young people and vulnerable adults. Serious Case Reviews have repeatedly shown   
how a failure to share information has contributed to the death or serious harm of a child. Many factors   
influence information sharing practice and Vibe as an organisation will endeavour to ensure that guidance   
and training are supported by appropriate policies and processes which lead to effective information sharing.   
All staff have a professional duty to share information with other agencies in order to safeguard children,   
young people and vulnerable adults if they believe that they are suffering or likely to suffer significant harm.

Early sharing of information is the key to providing effective early help where there are emerging problems.   
Vibe will share information about concerns with relevant agencies and ensure that parents, children,   
young people and vulnerable adults are kept informed and participate in decision making as appropriate.

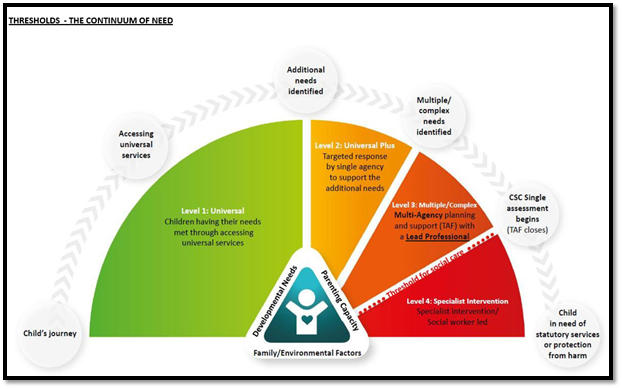
All data must be shared under the Data Protection Act 2018 (GDPR)

Information which you might need to share could include information about:

* Children and their health, development and exposure to possible significant harm
* Parents who may not be able to care adequately and safely for children
* Individuals who may present a risk to children.

#### Consent

You must seek consent before sharing any information. Gaining consent from parent/carer or the   
young person where appropriate is essential at lower levels of need and is good practice at level 4.



**Where consent is not obtained, professionals need to make an informed judgement as to whether**   
**gaining consent will place the child or young person at increased risk of harm If this is the case then**   
**any referral to Children’s Social Care must state that consent has not been obtained and the rationale**   
**for this decision.**

Confidential information be shared without consent under the following circumstances:

* If there is evidence or reasonable cause to believe that a child is suffering or at risk of suffering   
  significant harm, or of causing significant harm to another child or serious harm to an adult
* To prevent significant harm to children

Please see Government guidance on Information Sharing as set out in:

**Part B – Appendix 5:** Seven Golden Rules for Information Sharing

You must record your concerns/decisions to share information using the ‘Record Your Concerns/Decision   
Form’ available located on Vibe hub or in Vibe Safeguarding Procedures document. This form is to be   
completed in instances where external/internal agencies/individuals ask Vibe staff for information and   
also in instances where Vibe staff contact external/Internal agencies/individuals for information about   
young people.

### Policies

The scope of this Safeguarding Policy is broad ranging and in practice, it will be implemented via a range   
of policies and procedures within the organisation. These include, Whistleblowing and Allegations   
management policy. (located on Vibe hub or in Vibe Safeguarding Procedures document)

#### Whistleblowing – ability to inform on other staff/ practices within the organisation.

We recognise that children, young people or vulnerable adults cannot be expected to raise concerns in   
an environment where staff fail to do so. Whistleblowing or public interest disclosure is when a worker   
reports a concern about the improper actions or omissions of their colleagues or their employer which   
may cause harm to others or to the organisation. Obvious examples of such improper actions include   
theft and breaches of health & safety.

All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions   
of colleagues. Although this can be difficult, this is particularly important where the welfare of children,   
young people or vulnerable adults may be at risk.

It is often the most vulnerable children or young people/adults who are targeted and these children and   
young people/adults need others to safeguard their welfare.

Vibe takes the safeguarding of children, young people and vulnerable adults very seriously. We will   
ensure any allegations are fully investigated.

Any suspicion or allegation should be reported to a Safeguarding Officer. In the event of this not being   
possible, staff should refer to the Chief Executive Officer, Paul Oginsky or the Chair of Vibe Board.

Vibe will not take any action against any staff if their concern proves to be unfounded and was raised   
in good faith. However, malicious allegations could be considered a disciplinary offence.

##### Allegations Management

Vibe staff have a duty to promote and safeguard the welfare of children who they work with.

Governing bodies and proprietors should ensure there are procedures in place to manage concerns/  
allegations, against staff (including volunteers) that might indicate they would pose a risk of harm to   
children.

The procedure documented within on the Safeguarding Hub **must** be followed in any case where it is   
alleged that a worker or other member of staff or a volunteer 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; or
* Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to   
  children.

###### Keeping Children Safe in Education, September 2018

All staff members will be made aware of Allegations policy as part of their induction.

##### How concerns arise

Concerns about possible abuse of children by staff will usually arise in one of two ways, either;

* A direct allegation by a service user or third party, for example a parent
* An observation by a member of staff that the behaviour of a colleague is inappropriate or   
  potentially or actually abusive.

In either case the concern must be recorded and reported to the appropriate Safeguard Officer   
immediately. (Record your concern/decision form available from the Vibe safeguarding Hub)

As this is a statutory duty, it is expected that all members of staff, where they have concerns, will report   
them in accordance with policies.

Staff should also consider the Vibe **Safeguarding Procedures** and if a child has been harmed a referral  
 should be made into the MASH. The Allegations policy may also be used in conjunction with the   
disciplinary policy in terms of investigating and managing any allegations.

Once an allegation is made, the Allegations Management Process should be followed.   
(See Allegations Management Process located on Vibe hub or in Vibe Safeguarding Procedures document)

For further information on the referral process for the LADO you should refer to the Knowsley   
Safeguarding Children Board Procedures Manual which can be found via the following link:

[**http://knowsleyscb.proceduresonline.com/chapters/contents.html**](http://knowsleyscb.proceduresonline.com/chapters/contents.html)

#### Other associated policies and/or statements

Other policies in place which link with the safeguarding policy and demonstrates how safeguarding is   
embedded within the organisation include:

* Safer Recruitment
* Grievance and disciplinary procedures
* Health and Safety policy, including lone working procedures, Home working
* Equal Opportunities policy– ensuring safeguarding procedures are in line with this policy,   
  in particular around discriminatory abuse and ensuring that the safeguarding policy and   
  procedures are not discriminatory.
* Data Protection Policy
* IT & Communications Policy (E-safety)
* Code of Conduct
* Allegations Management – Guidance for Safer Working Practice for Adults who Work with Children   
  and Young People.
* Conflict of interests Policy
* Comments, Compliments and Complaints Policy
* Volunteering
* Covid-19 and virtual/online sessions – Safeguarding guidance
* Safeguarding 7 minute briefing
* Supervision

### Training and Support for Staff

Vibe will ensure staff and volunteers who work with children and young people are able to access   
training on Safeguarding procedures. Vibe commits resources for induction, training of staff effective   
communications and support mechanisms in relation to Safeguarding.

#### Induction will include:

* Information and contact details of Vibe's Designated Safeguarding Lead and Officers .
* An overview of Vibe's safeguarding commitment and discussion of the Safeguarding Policy.
* Discussion of other relevant policies.
* An outline and familiarity of the procedures and reporting processes to be followed if anyone  
  has any concerns about a Child's safety or welfare.
* Staff responsibilities, role of Line Manager/Senior Project Lead, Designated Safeguarding Lead   
  and Safeguarding officers.
* Initial training on safeguarding including: safe working practices, safe recruitment, understanding  
  child protection and the alerter guide (located on Vibe hub or in Vibe Safeguarding Procedures   
  document) for adult Safeguarding

##### Training

All staff who, through their role, are in contact with children, young people and /or   
vulnerable adults will have access to essential safeguarding training at an appropriate level. The training  
/activities may be targeted at different levels of staff/volunteers/directors depending on their safeguarding  
roles and responsibilities.

##### Support

We recognise that involvement in situations where there is risk or actual harm can be stressful for staff  
concerned. The mechanisms in place to support staff include:

* Supervision – all staff receive regular supervision. The frequency of supervision is determined   
  by the role; at least every 4-6 weeks. Safeguarding is a mandatory agenda item in supervision   
  sessions. This provides an opportunity to raise concerns, although staff should be clear that   
  they can speak to their line manager about safeguarding issues at any time and should not   
  wait for a safeguarding session to do so. The supervision session also provides an opportunity   
  to reflect on safeguarding practice and identify ways to improve individual performance in this area.
* Debriefing support which will provide an opportunity to talk through their anxieties with the   
  designated manager and to reflect on the issues they have dealt with.
* Seeking further support as appropriate e.g. access to counselling.
* Staff who have initiated protection concerns will be contacted by line manager/ Designated   
  Safeguarding Officer.

##### Communications and discussion of safeguarding issues

Commitment to the following communication methods will ensure effective communication of safeguarding   
issues and practice.

Safeguarding will be included as a regular agenda item across:

● Team meetings.

● Leadership meetings

● Board meetings

● One to One meetings (formal or informal),

● Open discussion will be encouraged (e.g. during supervision and team meetings) to identify and barriers   
to reporting so that they can be addressed.

● Vibe key staff will participate in multi-agency safeguarding procedures and meetings in order to be   
involved in child/ adult protection procedures

● Vibe staff will have involvement in the Early Help Assessment process.

● Provision of a clear and effective reporting procedure which encourages reporting of concerns.

### Monitoring and Reviewing The Policy

This policy will be reviewed by the Designated Safeguarding Lead & Officers and the SMT a year   
after its development and then every three years or in the following circumstances:

* When there are changes in legislation and/or government guidance.
* As required by the Local Safeguarding Children Board
* As a result of any other significant change or event the organisation will monitor the following   
  Safeguarding aspects:
* Safe recruitment practices
* DBS checks undertaken
* References applied for new staff
* Records made and kept of supervision sessions
* Training – register/ record of staff training on child/ vulnerable adult protection
* Monitoring whether concerns are being reported and actioned
* Checking that policies are up to date and relevant
* Reviewing the current reporting procedure in place Vibe will make clients aware of the   
  Safeguarding Policy through the following means:
  + A Policy Statement to stakeholders about safeguarding arrangements will be displayed on   
    the Vibe website.
  + Young People (members) will be informed via an information session in Youth Clubs of   
    Vibe's safeguarding arrangements (statement of duty of care shared in sessions, both   
    1-2-1 targeted and open access. Poster Vibes version of reporting safeguarding concerns.
  + A copy of Vibe’s Complaints Policy/Procedure (check in tomorrow) will be available at   
    Youth Club level and this outlines how clients and/or service users can make complaints   
    about the service

## Appendices

### Part A - Appendix 1: Legislation

All professionals working with children should be familiar with the core standards set out in   
Working Together to Safeguard Children (HM Government, March 2018).

The policy will reflect all current relevant legislation and guidance that seeks to protect children/  
young people & vulnerable adults, namely:

* Children Act 1989
* Children Act 2004 (1a)
* Children Act 2014
* Working Together to Safeguard Children 2018
* Care Act 2014 (Care and Support Statutory Guidance)
* Safeguarding Vulnerable Groups Act 2006
* Every Child Matters 2004
* Sexual Offences Act 2003
* United Convention on the Rights of the Child 1991
* The Police Act – CRB 1997 NHS and Community Case Act 1990
* Public Interest Disclosure Act 1998
* Care Standard Act 2000
* Mental Health Act 2007
* Mental Capacity Act 2005
* Rehabilitation of Offenders Act 1974
* Data Protection Act 2018

### Part B - Appendix 2

#### Contact details to manage Safeguarding

**NAME** Paul Oginsky

**POSITION** Vibe CEO

**CONTACT** Mobile 07786 854 543 | 0151 673 0422

**E-MAIL** paul.oginsky@vibeuk.org

#### Contact details Vibe Safeguarding Lead and Officers

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**POSITION** Operations Manager (Safeguarding Lead)

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### Part B - Appendix 3

**Vibe Safeguarding Flowchart is accessible from Vibe safeguarding**

**Part B - Appendix 4**

**(All forms accessible from Vibe safeguarding Hub)**

**Vibe Record your concerns/decision form**

**Safeguarding Children and young people**

### Part B - Appendix 5

#### Seven Golden Rules for Information Sharing Information sharing

(Home Office: Information sharing: Advice for practitioners providing safeguarding services: July 2018)

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human   
rights law are not barriers to justified information sharing, but provide a framework to ensure that personal   
information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about   
why, what, how and with whom the information will, or could be shared, and seek their agreement, unless   
it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about   
sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who   
do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you   
may share information without consent if, in your judgement, there is a lawful basis to do so, such as   
where safety may be at risk. You will need to base your judgement on the facts of the case. When you   
are sharing or requesting personal information from someone, be clear of the basis upon which you are  
 doing so. Where you do not have consent, be mindful that an individual might not expect information to

be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the   
safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information   
you share is necessary for the purpose for which you are sharing it, is shared only with those individuals   
who need to have it, is accurate and up-to-date, is shared in a timely fashion,   
and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you   
decide to share, then record what you have shared, with whom and for what purpose.

### Part B - Appendix 5a

##### Data sharing checklist – one off requests

Scenario: You are asked to share personal data relating   
to an individual in ‘one off’ circumstances

##### Is the sharing justified?

Key points to consider:

* Do you think you should share the information?
* Have you assessed the potential benefits and risks to individuals and/or society of sharing or   
  not sharing?
* Do you have concerns that an individual is at risk of serious harm?
* Do you need to consider an exemption in the Data Protection Act to share?

##### Do you have the power to share?

Key points to consider:

* The type of organisation you work for.
* Any relevant functions or powers of your organisation.
* The nature of the information you have been asked to share (for example was it given in confidence?).
* Any legal obligation to share information (for example a statutory requirement or a court order).

###### If you decide to share

Key points to consider:

* What information do you need to share?
* Only share what is necessary. o Distinguish fact from opinion.
* How should the information be shared?
* Information must be shared securely. o Ensure you are giving information to the right person.
* Consider whether it is appropriate/safe to inform the individual that you have shared their   
  information.

##### Record your data sharing decision and your reasoning – whether or not you shared the information.

If you share information you should record:

* What information was shared and for what purpose.
* Who it was shared with.
* When it was shared.
* Your justification for sharing
* Whether the information was shared with or without consent

### Appendix 6

##### Early Help

###### Early Help Assessment

Vibe is fully committed to the use of EHA as a key element of integrated frontline service delivery and   
Vibe staff will work with and be supported by Knowsley Metropolitan Borough Council’s Early Help Team   
in initiating any EHA’s.

###### When to use an EHA:

The EHA should be used at universal to complex, primarily as a holistic assessment of need to support   
multi-agency work. It should be used whenever there is a concern about a child or young person’s   
well-being and the cause and appropriate response are not clear.

###### Some of the reasons why you might use an EHA are noted below:

* You are concerned about how the child/young person is progressing, in terms of their health, welfare,   
  behaviour, learning, or any other aspect of their well-being
* You receive a request from the child/young person or parent/carer for more support
* You are concerned about the child/young person’s appearance or behaviour, but their needs are   
  unclear or are broader than your service alone can address

###### When not to use an EHA:

There is no need to do an assessment for every child you work with. Children who are progressing well or   
have needs that are already being met do not need one.

You don’t need to do an assessment where you have identified the needs of the child and your service alone  
 can meet them e.g. when the child/young person is:

* Already has an active referral open with children’s social care
* Is a looked after child or has a child protection plan
* Or their parent/carer does not give consent; the assessment is voluntary

Vibe has designated trained staff who may arrange for an Early Help Assessment to take place to assess a  
 child’s/young person’s needs for support. This is a separate process from taking action to safeguard a   
child from abuse or harm. EHA is included in the safeguarding pathway as a way of identifying preventative   
action to reduce any need for action to protect children/young people.

The Safeguarding Lead/Officers and specific nominated staff at Senior Youth Worker level and Full Time   
Youth Worker level have received full training in Early Help Assessment and are competent in assessing   
a child’s/young person’s needs.

##### Using the Continuum of Need Thresholds to assess and escalate concerns

A referrer, in consultation with line manager/lead or senior worker will use the attached ‘Knowsley Model of   
Children in Need guidance to assess needs against the thresholds in order to enable the referrer to escalate   
the concern.

It is important that staff know how to use the ‘tier based’ model approach to understanding children’s needs.   
This assessment will support professional decision making about interventions and will help to identify those  
 children most at risk or suffering harm and in need of protection. Designated Vibe staff using this framework   
will have attended the requisite Early Help Assessment Training. and will *understand the thresholds for*   
*intervention and therefore be competent in following the procedures.*

###### Figure 1: Knowsley Model of Children in Need Continuum of Need If you have identified that a child/young person may need Early Help

Contact Early Help Team on 0151 443 4707 to discuss concerns and ascertain if an Early Help Assessment  
 (EHA) has already been completed on the individual concerned and if any other service is involved with   
the child/young person/family.

The Early Help Team will act in a supportive or advisory role and will advise on the best course of action.   
The Early Help IT system will identify whether an EHA is already in place.

* Consent should be obtained where possible from individuals and families as a matter of   
  good practice.

There are certain circumstances where information will be shared even though consent has not been given,  
 where the circumstances of the case justify it. For example, there is a public safety issue, there is actual or   
likely suffering of harm by a child, vulnerable adult, carer, family member or a member of the public,  
 or there are mental or physical health concerns or factors which require sharing of information.

###### If an EHA is already in place?

EHA Team will advise who the Lead Practitioner is and designated staff member will contact Lead   
Practitioner to make them aware of concerns and be included in any Team around the Family meetings

**If an EHA is not in place and one is required you must follow the guidance for the Early Help**   
**Assessment process and:**

* Complete Early Help Assessment form
* Initiate an Early Help Assessment and consider support required see Appendix 2 contact list
* You, as initiator of the concern, may need to act as a Lead Practitioner (initially) and set time and   
  date for Team Around the Family (TAF) meeting. A Lead Practitioner will be identified at the meeting if you are not the appropriate person.

Early Help Assessment Rating Guidance Document is available by clicking the link below:

Remember The Early Help Team will support and guide you through this process.

### Appendix 7

#### CHILD SEXUAL EXPLOITATION (CSE)

List (ALL forms and information can be found on the Vibe safeguarding HUB)

* CSE Framework
* CSE1 Form
* CSE Referral Pathway for Child not known to CSC
* CSE Referral Pathway for Open Cases to CSC

### Appendix 8 Adults Safeguarding Policy List

(ALL forms and information can be found on the Vibe safeguarding HUB)

* Safeguarding Adults Alert Form
* Adults Safeguarding Policy
* Adults Guidance on Thresholds
* Adults Safeguarding Procedures
* Care Concern Alert Form