



Helping the Cavernoma Community

## CAUK SAFEGUARDING POLICY

**Version 29 May 2020, revised from Version 19 February 2020; to be revised annually**

**The CAUK designated person responsible for dealing with allegations or suspicions of abuse is: Joanne Noakes ([Joanne@cavernoma.org.uk](mailto:Joanne@cavernoma.org.uk) 07464 213447).**

CAUK SAFEGUARDING POLICY.....	1
SECTION 1 INTRODUCTION .....	2
Introduction to our safeguarding policy .....	2
Ethical principles that underpin all of our work with children, young people and vulnerable adults.....	3
SECTION 2: WHAT IS SAFEGUARDING?.....	5
What does safeguarding and child protection mean?.....	5
Definitions of Abuse .....	5
Signs and indicators of abuse.....	7
Reasons why children and young people may not tell anyone might be: .....	10
The reason adults do not share their concerns may be:.....	10
SECTION 3: EMBEDDING SAFEGUARDING WITHIN CAVERNOMA ALLIANCE UK.....	11
Staff recruitment process .....	11
Maintaining vigilance through line management and peers:.....	12
Training requirements and expectations.....	12
Information sharing and confidentiality .....	12
Working with other organisations.....	15
SECTION 4: SAFE WORKING PRACTICES / WORKING IN A SAFE WAY WITH CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS.....	16
Staff Code of Conduct.....	16
Process for addressing / raising any identified concerns or risk relating to new initiatives or events .....	17
Working with children, young people or vulnerable adults – the assessment of risk.....	18
SECTION 5: WHAT TO DO IF YOU HAVE A SAFEGUARDING CONCERN .....	22
Reporting child protection concerns: Procedure for responding to a child or young person making an allegation of abuse .....	22
Reporting concerns relating to vulnerable adults.....	23
Role of the Designated Safeguarding Person.....	24
Secure storage of concern/referral data: .....	25
Appendix 1 SAFEGUARDING DECLARATION FORM.....	26

## SECTION 1 INTRODUCTION

Cavernoma Alliance UK supports children, young people <sup>1</sup>, vulnerable adults <sup>2</sup> and adults who are affected by cavernoma through promoting and protecting the physical and mental health of sufferers of cavernoma. This support is achieved through providing education, research and practical advice. Cavernoma Alliance UK also aims to advance the education of the general public in all areas relating to cavernoma.

Reference to 'staff' in this policy, includes all paid and non paid staff, volunteers, trustees and anyone who is representing Cavernoma Alliance UK.

The Designated Safeguarding Person for the purposes of this policy is Joanne Noakes.

### Introduction to our safeguarding policy

Cavernoma Alliance UK is committed to working with all who may be affected by cavernoma to create an environment where they feel that they will be listened to and their concerns about their welfare will be taken seriously. We also take seriously our commitment to working in partnership with the general public to deliver our work. Therefore it is essential that we equip and empower people to use our services in a way which does not put them or their peers at risk of harm or abuse.

It would be negligent for any organisation not to take their responsibility towards the safety of children, young people and vulnerable adults seriously. For us not to do so would be a serious failure of trust, and a breach of our public and professional responsibilities to those we are here to assist. Therefore, this policy is written with a view to safeguarding children, young people and vulnerable adults who Cavernoma Alliance UK may come into contact with through its work.

We will therefore protect children, young people and vulnerable adults by:

- Respecting and promoting their rights, wishes and feelings
- Listening to them and providing clear complaints procedures
- Building trust in order to encourage them to discuss issues of concern
- Recruiting staff safely, ensuring all necessary steps are taken and checks are made
- Understanding the inequality of power between adults and children, young people and vulnerable adults which can either empower or disempower them Taking seriously all suspicions and/or allegations of abuse of, or risk to, children, young

---

<sup>1</sup> The Children Act 1989 defines a child as someone who has not yet reached their 18th birthday. The terms young person / young people are used as a courtesy.

<sup>2</sup> The Safeguarding Vulnerable Group Act 2006 defines a vulnerable adult as a person who is aged 18 years or older and:

- is living in residential accommodation, such as a care home or a residential special school;
- is living in sheltered housing;
- is receiving domiciliary care in his or her own home;
- is receiving any form of health care;
- is detained in a prison, remand centre, young offender institution, secure training centre or attendance centre or under the powers of the Immigration and Asylum Act 1999;
- is in contact with probation services;
- is receiving a welfare service of a description to be prescribed in regulations;
- is receiving a service or participating in an activity which is specifically targeted at people with age-related needs, disabilities or prescribed physical or mental health conditions or expectant or nursing mothers living in residential care (age-related needs includes needs associated with frailty, illness, disability or mental capacity);
- is receiving direct payments from a local authority/HSS body in lieu of social care services; or requires assistance in the conduct of his or her own affairs

people and vulnerable adults and responding to these swiftly and appropriately through the provision of effective procedures

- Requiring that all our partners and contractors adhere to best practice in safeguarding children, young people and vulnerable adults
- Sharing information about concerns with the relevant agencies which have a legal duty to act, and involving parents and carers where appropriate
- Ensuring all Cavernoma Alliance UK activities are planned and organised with safety as a priority
- Training and supervising all staff to adopt best practice procedures to protect children, young people and vulnerable adults from abuse
- Providing support to staff and, if and where appropriate, to children, young people and vulnerable adults, when situations and allegations are disclosed Supporting peer leaders and peer facilitators who work with us and making sure they understand our policies and procedures
- Storing children, young people and vulnerable adults contact information and correspondence securely
- Ensuring staff are aware of these procedures and existing resources so that they can signpost children and young people to support organisations such as ChildLine (0800 111111).

### **Ethical principles that underpin all of our work with children, young people and vulnerable adults**

To ensure we take an ethical approach to all of our work with children, young people and vulnerable adults, the following principles should underpin all Cavernoma Alliance UK work and project proposals:

#### ***Respect the rights of children, young people and vulnerable adults***

- Our work should support, promote and strengthen their rights

#### ***Listen to and involve children, young people and vulnerable adults***

- They have a right to be listened to and should be involved in deciding what we do and how we do it. Empowerment is a core Cavernoma Alliance UK value.

#### ***Avoid doing harm***

- Ensure the possible risks (emotional, mental, physical) have been thought through and wherever possible avoided

#### ***Informed consent***

- Make sure you give children, young people and vulnerable adults the information they need, (in a way they can understand) to decide if they want to do something (whether it is to get involved, use their photo or publish their work)

#### ***Confidentiality***

- Respect children, young people and vulnerable adult's privacy. Don't publish people's names if they don't consent. Don't pass on information about children, young people and vulnerable adults unless you have their consent or they or another child, young person or vulnerable adult is at risk of harm. Don't gossip.

***Voluntary participation***

- Children, young people and vulnerable adults should be involved because they want to be and not because they feel obliged, pressurised or guilty

***Equality and diversity***

- Make sure that people have an equal opportunity to get involved and that they are not discriminated against because of their ability, race, belief, gender, age, sexual orientation or economic position

***Integrity and courage***

- We should always strive to maintain our integrity and have the courage to speak out on behalf of others.

## **SECTION 2: WHAT IS SAFEGUARDING?**

- What does safeguarding and child protection mean?
- Definitions of abuse
- Signs and indicators of abuse
- Reasons why children and young people may not tell anyone
- The reasons why adults do not share their concerns
- Different types of concerns likely to be raised with Cavernoma Alliance UK

### **What does safeguarding and child protection mean?**

Safeguarding children and young people is defined as protecting them from maltreatment, preventing impairment of their health and/or development, and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care, and undertaking that role so as to enable those children and young people to have optimum life chances and to enter adulthood successfully.

Child protection is defined as part of safeguarding and refers to activity that is undertaken to protect specific children and young people who are suffering, or at risk of suffering, significant harm.

A significant proportion of Cavernoma Alliance UK activities require robust safeguards to be in place in order to reduce the likelihood of harm occurring; however there may be situations where we will be faced with the need to take more immediate steps to protect children and young people from significant harm.

To understand and identify significant harm, it is necessary to consider:

- The nature of harm, in terms of maltreatment or failure to provide adequate care
- The impact on their health and development within the context of their family and wider environment
- Any support requirements, such as a medical condition, communication impairment or disability, that may affect the person's development and support needs
- The capacity of parent/carer to adequately meet their needs.

It is not the role or responsibility of Cavernoma Alliance UK staff to become experts at identifying abuse or to make judgments about whether abuse may have already occurred or there is a risk of it occurring. Our role and responsibility is to act if we have concerns about a child or vulnerable adults' welfare.

If staff become aware of what is known as 'historical abuse' i.e. abuse which occurred in the past must discuss this information with the Designated Safeguarding Person if the alleged abuser is still alive, and therefore possibly posing a risk to others.

Staff becoming aware of any issues relating to the welfare or well-being of a child, young person or vulnerable adult which they feel is, or should become a matter for concern should raise these concerns to the Designated Safeguarding Person. This will then be discussed by the trustees of Cavernoma Alliance UK as necessary and a decision reached as to whether, and if so how, to take the concern forward with the appropriate authorities.

### **Definitions of Abuse**

The term "abuse" can be subject to wide interpretation. The starting point for a definition is the following statement:

*“Abuse is a violation of an individual’s human and civil rights by any other person or persons” (Definitions of abuse relating to vulnerable adults (No Secrets, DoH 2000))*

Consideration needs to be given to a number of factors; abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. This makes it important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm. Some instances of abuse will constitute a criminal offence. In this respect vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. In addition, statutory offences have been created which specifically protect those who may be incapacitated in various ways.

Examples of actions which may constitute criminal offences are assault, whether physical or psychological, sexual assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds.

Alleged criminal offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action invariably rests with the state in the form of the police and the Crown Prosecution Service (private prosecutions are theoretically possible but wholly exceptional in practice). Accordingly, when complaints about alleged abuse suggest that a criminal offence may have been committed it is imperative that reference should be made to the police as a matter of urgency. Criminal investigation by the police takes priority over all other lines of enquiry.

The following are defined according to Definitions of abuse relating to children (Working Together to Safeguard Children 2010). Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

### ***Physical abuse***

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### ***Psychological abuse***

Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

### ***Emotional abuse***

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may 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 the 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. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### ***Financial or material abuse***

Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

### ***Sexual abuse***

Sexual abuse involves 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. The activities may involve physical contact, including assault by penetration or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. 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 (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.

### ***Discriminatory abuse***

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

### ***Neglect***

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs and includes acts of omission, likely to result in the serious impairment of the person'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 or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Signs and indicators of abuse**

Children and young people who are being abused may show a number of physical and emotional changes. But remember that these signs do not always mean that a child is being abused - there may be other explanations. The behavioural indicators described here are generic signs of a troubled child, not necessarily an abused child.

## **Physical abuse**

### **PHYSICAL SIGNS**

- Bruises, black eyes and broken bones are obvious signs of physical abuse, but they are not the only ones.
- Other signs include:
- Injuries that the child cannot explain or explains unconvincingly
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back,
  - abdomen
- Bruising which looks like hand or finger marks
- Cigarette burns, human bites
- Scalds and burns

### **BEHAVIOURAL SIGNS**

- Sometimes if a child is being physically abused they may show changes in behaviour, such as:
- Becoming sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or being disruptive
- Showing fear of certain adults
- Showing lack of confidence and low self-esteem
- Using drugs or alcohol

## **Sexual abuse**

### **PHYSICAL SIGNS**

- Pain, itching, bruising or bleeding in the genital or anal areas
- Genital discharge or urinary tract infections
- Stomach pains or discomfort walking or sitting

### **BEHAVIOURAL SIGNS**

- A marked change in the child's general behaviour. For example, they may become
- unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical

## **Emotional abuse**

### **PHYSICAL SIGNS**

- Speech disorders
- Delayed physical development
- Substance abuse
- Ulcers, severe allergies

### **BEHAVIOURAL SIGNS**

- Habit disorder (sucking, rocking, biting) Antisocial, destructive
- Neurotic traits (sleep disorders, inhibition of play) Passive and aggressive - behavioural extremes Delinquent behaviour
- (especially adolescents)
- Developmentally delayed

## **Neglect**

### **PHYSICAL SIGNS**

- Abandonment
- Unattended medical needs
- Consistent lack of supervision

### **BEHAVIOURAL SIGNS**

- Regularly displays fatigue or listlessness, falls asleep in class
- Steals food, begs from classmates



- Consistent hunger, inappropriate dress, poor hygiene
- Lice, distended stomach, emaciated
- Inadequate nutrition
- Reports that there is no carer at home
- Frequently absent or late
- Self-destructive
- School dropout (adolescents)
- Extreme loneliness and need for affection

### **Reasons why children and young people may not tell anyone might be:**

Many people commonly believe that a child or young person would resist abuse at all costs and if unable to do so would tell another grown-up at the earliest opportunity. This assumption is inaccurate and is based on a lack of awareness about the power relationships between adults and children and young people as well as an underestimation about the deliberate and skilled targeting of victims by abusers.

A number of common barriers exist that prevent children and young people from telling or, if they do, often lead to them retracting their statement. Children and young people often don't tell because they:

- Are scared because they have been threatened
- Believe they will be taken away from home and put in care
- Believe they are to blame
- Think it is what happens to all children
- Feel embarrassed and guilty
- Don't want the abuser to get into trouble
- Have communication or learning difficulties
- May not have the vocabulary for what happened Are afraid they won't be believed

### **The reason adults do not share their concerns may be:**

All of us have a natural revulsion upon hearing that someone has deliberately harmed a child, young person or vulnerable adult. Sometimes we:

- Find it hard to believe what we are hearing
- Cannot believe the suspicion that may be about someone we know
- Fear we might 'get it wrong' or make it worse
- Fear the consequences of getting it wrong – for the child, young person or vulnerable adult, their family and/or for ourselves
- Simply 'don't want to be involved'
- Believe we do not have the information on what to do or who to contact.

In order to protect a child, young person or vulnerable adult it is essential that we recognise these blocks and overcome them through the use of our procedures as outlined in Section 5.

## **SECTION 3: EMBEDDING SAFEGUARDING WITHIN CAVERNOMA ALLIANCE UK**

- Staff recruitment process
- Maintaining vigilance through line management and peers
- Training requirements and expectations
- Information sharing and confidentiality
- Working with other organisations

### **Staff recruitment process**

#### ***Recruitment***

Most people who apply to work for the Cavernoma Alliance UK will have the best motives for doing so. However, a small number of individuals who want to abuse children, young people or vulnerable adults do sometimes target organisations as a way of gaining access to them. Others, although they do not deliberately set out to harm them, may hold unsuitable attitudes or behave in a way that harms them. Our recruitment processes have been designed to deter these people from applying and will also help to identify those unsuitable people that might apply.

#### ***The importance of a job description***

All Cavernoma Alliance UK posts (including volunteer posts) should have an agreed job description and person specification to assist in the recruitment of suitably qualified and experienced staff.

The job description and person specification will make clear the boundaries of the role and the expectations of a person in that role. The job description will also specify their responsibilities for protecting children, young people or vulnerable adults, and the supervision that will be put in place for the post to ensure safety and standards are met.

#### ***Advertising and selection process***

Advertisements for posts must clearly state the safeguarding position taken by the Cavernoma Alliance UK in order to give a clear message to candidates about our commitment to protecting children, young people and vulnerable adults accessing our services. Our selection process will:

- Involve taking up references which comment on candidates suitability to work with children, young people or vulnerable adults, which will be followed up if there are any concerns
- Incorporate a face-to-face interview
- Ensure candidates' motives and attitudes to children, young people or vulnerable adults are probed as well as their skills and experiences
- Always involves consideration of criminal history information
- Always ensures candidates' IDs are properly checked
- Not place an over-reliance on the Criminal Record Bureau checks which will be carried out for all posts which involve coming into contact with children, young people or vulnerable adults.

#### ***Vetting***

All candidates should be asked to complete a self-declaration form at the time of application. Once a decision has been reached to offer them a position, this should be checked to

ensure no unsuitable person is offered a post. Any concerns raised by information on the form should be explored with the candidate.

All posts at the Cavernoma Alliance UK will require candidates to have a DBS check upon an offer being made, and once returned the disclosure should be compared to the self-declaration form and any inconsistencies explored with the candidate. Any concerns raised at this point, which the candidate is not able to offer an acceptable explanation for or that suggest the candidate is unsuitable to work with children, young people or vulnerable adults may mean that the provisional offer of employment will be withdrawn.

### **Maintaining vigilance through line management and peers:**

Having invested in a comprehensive recruitment, selection and vetting process we will create a culture of safety within the Cavernoma Alliance UK so that everyone keeps in mind their responsibilities for protecting the children, young people and vulnerable adults to whom we provide assistance.

Through supervision, managers are expected to ensure safeguarding remains a key part of our approach to working with, and for, children, young people and vulnerable adults.

### **Training requirements and expectations**

The Cavernoma Alliance UK will provide staff with regular and appropriate safeguarding training, relevant to their roles. In particular:

- all staff and/or volunteers who have contact with children and young people must have safeguarding training every two years.
- Our Designated Safeguarding Lead must undertake regular training every two years.
- all members of the governing body receive training on your organisation's safeguarding standards and procedures.

Also:

- all staff, members of the governing body and relevant volunteers must have Disclosure and Barring Service checks repeated annually.

### **Information sharing and confidentiality**

#### ***Sharing information disclosed by a child, young person or vulnerable adult with other professionals outside of the Cavernoma Alliance UK:***

Care must be taken to ensure that both adults and children's confidentiality is maintained and that information is handled and disseminated on a need to know basis only. Individuals must be confident that information held about them by the Cavernoma Alliance UK will only be disclosed to others either with their consent or when there is a legal duty to do so.

The principles of the General Data Protection Regulations 2018 must be adhered to when handling personal information, that is: personal information is obtained and processed fairly and lawfully; only disclosed in appropriate circumstances; accurate, relevant and not held for longer than necessary; and kept securely. The Act allows for the disclosure of personal information without consent of the subject in certain conditions, including for the purposes of the prevention and detection of a crime, for example where there is a child protection concern.

It is best practice to gain verbal or written consent, from a child, their parent/carer or vulnerable adult before any personal information relating to them is shared with another organisation (such as a Children's or Adult Services Department). However, you may not need to seek consent to share information if it might be unsafe to seek (e.g. seeking consent might increase the risk to them) or causes an unjustified delay or if it would prejudice the

prevention, detection or prosecution of a serious crime. When in doubt advice should always be sought from someone experienced in dealing with these issues, such as the local Children's Services or the NSPCC Helpline.

In all cases where information is shared the following information should be recorded:

- date and time
- summary of information shared
- who the information was shared with
- whether you are sharing with or without consent
- if sharing without consent, whether the child or vulnerable adult was informed
- how the information was shared and any receipt of it having been received

There are seven golden rules to support organisations in making decisions about when it is appropriate to share information with others, these are <sup>3</sup> :

1. **Remember that the Data Protection Act 1998 is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information, will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, the lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, 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 people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
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.

Government guidance <sup>4</sup> relating to both children and young people, and to vulnerable adults, stresses the importance of sharing information relating to concerns of possible harm with the appropriate statutory authorities as early as possible. In general terms, our procedures as set out above, support this principle through clarifying Cavernoma Alliance UK expectations that any member of staff with concerns should discuss these with the Cavernoma Alliance UK Designated Safeguarding Person.

The Cavernoma Alliance UK's position in relation to this is that where we become aware that someone is, or may be, a threat to the safety or well-being of a vulnerable client, whether a child or young adult, or to any other child or vulnerable adult, that information should be

---

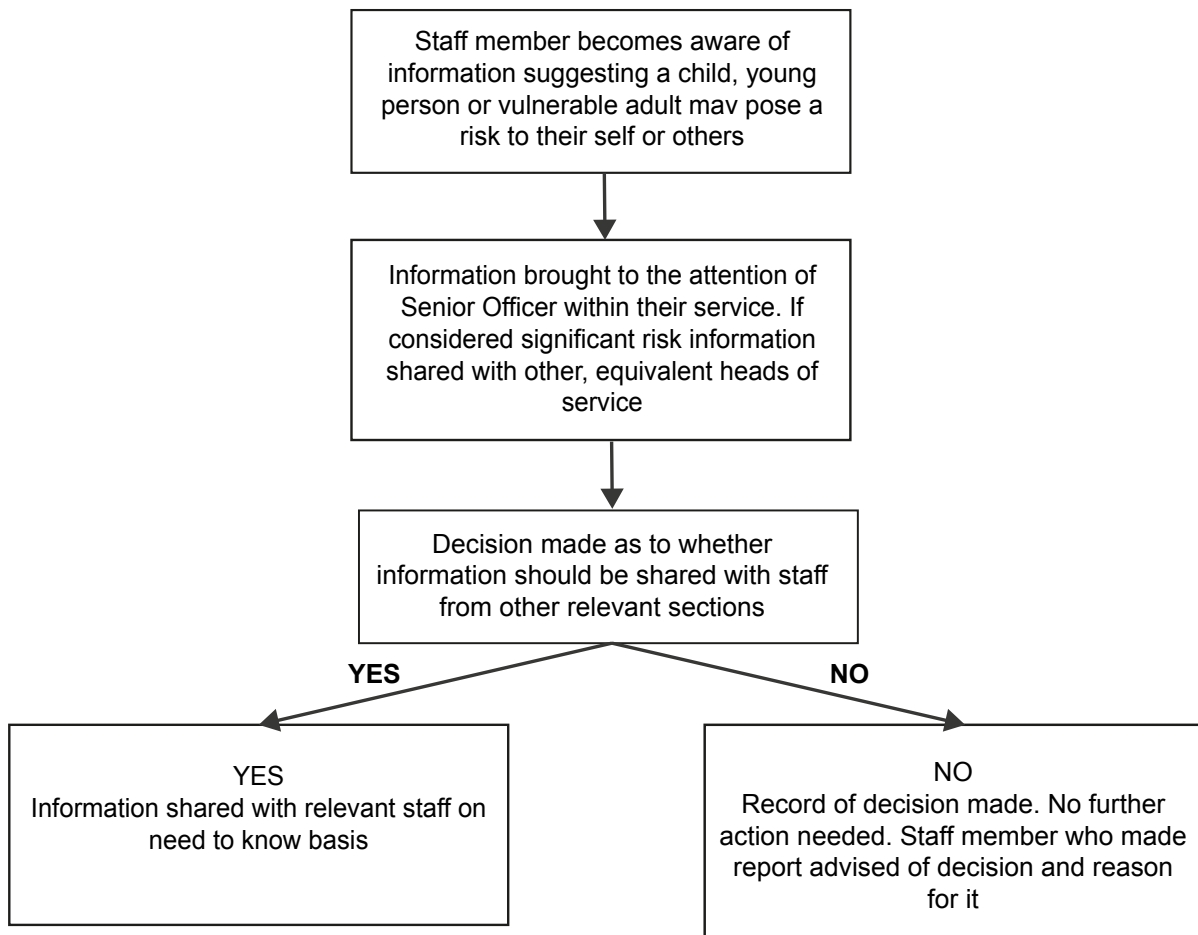
<sup>3</sup> HM Government Information Sharing: Guidance for practitioners and managers

<sup>4</sup> Working Together to Safeguard Children, DFE 2010 and No Secrets, DoH 2000

discussed with the designated person with a view to its being shared unless there are specific, and justifiable, grounds for not doing so.

***Protocol for sharing information between staff of the Cavernoma Alliance UK***

Information shared which suggests there may be a risk to their self or others (clients or staff) should be shared with those who need to know across the organisation. The rationale for this is firmly established within the 'Golden Rules' set out above and in the principle that 'information is shared with the Cavernoma Alliance UK as an organisation' and not with individual members of staff. The following protocol should be followed at all times.



### Working with other organisations

Much of Cavernoma Alliance UK partnership work would not be possible without the support of others. Whenever we are considering working with another organisation, whether it is for a long term relationship or for a one off event, staff should always ensure that the issue of safeguarding children, young people or vulnerable adults is addressed as a key part of the discussions.

There are a number of ways this can be broached, depending on the length and the nature of the work together:

- contract (where goods or services are being supplied to us)
- working together agreement (where there is a voluntary agreement between organisations to work together for a period of time)
- through sending pre-visit information in an e-mail or letter (for one off sessions, events or activities).

Whichever approach is appropriate we should, at a minimum and in writing, always ensure that the other organisation has:

- a safeguarding policy, including appropriate screening or vetting procedures for employing staff or volunteers
- a designated person for safeguarding and the means to contact them
- appropriate procedures for reporting concerns, and a decision reached as to which organisation's procedures will apply if necessary
- a code of practice relating to the behaviour of staff.

## **SECTION 4: SAFE WORKING PRACTICES / WORKING IN A SAFE WAY WITH CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS**

- Staff code of conduct
- Process for addressing / raising any identified concerns or risk relating to new initiatives or events
- Working with children, young people or vulnerable adults – the assessment of risk

### **Staff Code of Conduct**

This Code has been developed to provide you with advice which not only will help to protect children, young people and vulnerable adults, but will also help you and your colleagues identify any practices which could be mistakenly interpreted and perhaps lead to false allegations of abuse. Good practice will also protect Cavernoma Alliance UK through reducing the possibility of anyone using their role within the organisation to gain access to children, in order to abuse them.

This code applies to:

- employees
- volunteers
- supporters, campaigners, trustees, contractors, peer educators and facilitators - any Individual representing the Cavernoma Alliance UK who may come into contact with children, young people or vulnerable adults from time to time

Underpinning principles:

- the welfare of children, young people and vulnerable adults is paramount
- it is the responsibility of all staff working for Cavernoma Alliance UK to behave with integrity, maturity and good judgement
- all Cavernoma Alliance UK staff should work, and be seen to work, in an open and transparent way
- these professional standards should always be applied regardless of culture, disability, gender, language, ethnic origin, religious belief, sexual orientation or economic position

Wherever possible, you should be guided by the following advice.

- Treat all children, young people and vulnerable adults with respect, including respect for their difference
- Develop a culture in which staff, children, young people and vulnerable adults feel comfortable enough to point out inappropriate attitudes and behaviours to each other.
- Always avoid favouritism, singling out 'troublemakers' and gossiping about children, young people and vulnerable adults.
- Actively involve children, young people and vulnerable adults in planning activities wherever possible.
- Never let allegations by children, young people or vulnerable adults go unreported, including any made against you, or trivialise child abuse or its effects.



- The focus of your relationship with children, young people and vulnerable adults you have met through work should always remain on the work. The aim should never be, or become, to develop the relationship into a long term friendship.
- Be aware that children, young people and vulnerable adults can and do develop both heterosexual and homosexual infatuations towards adults working with them. If you become aware of this happening towards yourself, you should inform your manager and then respond to the situation in a way which maintains the dignity of all concerned.
- Consider your physical appearance at work. Adults working with children, young people and vulnerable adults should dress decently and appropriately for the task undertaken and the age group involved. If you are unsure what would count as 'decent and appropriate', please consult with your line manager.
- Do not take illegal drugs whilst at work. Do not drink alcohol prior to or during contact with children, young people and vulnerable adults, and do not smoke with or in front of them.
- Never steal, or condone someone else's stealing, regardless of the value of an item stolen.
- Ensure that whenever possible there is more than one adult present during activities with children, young people and vulnerable adults, unless there is a genuine occupational reason to work one to one e.g. Lawyers
- Make certain partnerships including projects where young people are involved in joint peer support/engagement work comply with Cavernoma Alliance UK safeguarding policy
- When presenting written material to a child, young person or vulnerable adult always make sure you fully explain key points, encouraging oral feedback to ensure important information has been fully understood
- Be aware that physical contact with a child, young person or vulnerable adult may be misinterpreted. Someone else might also misinterpret your actions, no matter how well intentioned
- Make best use of the training and development opportunities offered to you to ensure that your knowledge and skills are at a high enough level to allow you
- to contribute towards the protection and wellbeing of children, young people and vulnerable adults accessing Cavernoma Alliance UK services.

### **Process for addressing / raising any identified concerns or risk relating to new initiatives or events**

A safeguarding risk assessment should be conducted for each new piece of work or event. This should explore any risks children, young people or vulnerable adults might be exposed to through the initiative, the level of risk (i.e. high, medium or low) and what actions need to be put into place to minimise the risk. It should also ensure that appropriate steps are agreed which will be taken should something occur (or be alleged to have occurred).

As part of that risk assessment, if concerns are raised about a possible risk to children, young people or vulnerable adults, the member of staff responsible for the initiative should initially discuss their concern with their counterpart in the other organisation. This should help to clarify the concern and attempt to resolve it, unless it relates to what is believed to be a direct and deliberate risk posed to a child or children, young person or vulnerable adult by an adult, or through the unsafe working practices of an organisation. In these cases staff should follow the referral procedures outlined above.

If the member of staff is able to gain reassurance that the risk/s has/have been adequately addressed and resolved, they should proceed with the arrangements. Where doubt remains, they should discuss their concerns with their line manager before proceeding any further with the initiative.

## **Working with children, young people or vulnerable adults – the assessment of risk**

### ***Working in one to one situations***

For a member of staff working alone with children, young people or vulnerable adults, certain procedures and explicit safeguards must be in place. Staff will be offered training and guidance for the use of any areas of the workplace which may place themselves or children, young people or vulnerable adults in vulnerable situations. This would also include situations where staff work directly with children, young people or vulnerable adults in unsupervised environments and/or isolated areas within community settings or outreach-based projects.

There are occasions where staff will need to undertake a risk assessment in relation to the specific nature and implications of one to one work. These assessments should take into account the individual needs of the child/young person/vulnerable adult and the individual worker and any arrangements should be reviewed on a regular basis. Meetings with children and young people or vulnerable adults outside agreed working arrangements should not take place without the agreement of your line manager.

This means staff should:

- discuss the lone working proposal/arrangement with a relevant manager
- outline the purpose and outcome expected from the visit to a child/young person/vulnerable adult and gain permission for the meeting beforehand
- initiate a discussion with the relevant member of the legal team or key professionals working with the child/young person/vulnerable adult to identify any potential risks posed by the young person to staff, themselves or others
- discuss any identified risks with the relevant member of staff ensure a risk assessment is undertaken and a note made in the case file before a visit
- always report any situation/incident where a child/young person/vulnerable adult becomes distressed or angry to your line manager, designated safeguarding person or a senior colleague
- ensure that initial meetings with a child/young person/vulnerable adult are done jointly with a person known to them such as their legal representative or a professional working with them prior to any lone working taking place
- ensure that lone visits are always carried out in a public place and never in an isolated area
- when the meeting has concluded, inform the relevant member of staff that the meeting has ended, preferably by telephone or when this is not possible by text or email.

Lone working should never take place with individuals or groups of young people in custody, unless there is a genuine occupational reason to do so e.g. lawyers.

### ***Working in group work settings***

Prior to any new group work initiative being established, consideration should be given to the ethical principles as set out on Page 5 of this document to ensure all relevant factors have been taken into account.

Staff responsible for the group must then conduct a risk assessment to identify any risks to either staff or other members of the group associated with:

- The particular group of young people / vulnerable adults being considered
- The location and timing of the proposed meetings
- How the group is expected to perform / function

Should any risks be identified an action plan must be put into place to address the risks with a view to reducing these to an acceptable level. This should be discussed with and agreed by a senior manager, who will be responsible for ensuring the plan is actioned and completed prior to the group being established. The action plan must identify:

- What steps can be taken to mitigate against / reduce any identified risks
- Who will take responsibility for acting to mitigate against / reduce any identified risks.

### ***Behaviour management***

All children, young people and vulnerable adults have a right to be treated with respect and dignity even in those circumstances where they display difficult or challenging behaviour. Staff should not use any form of degrading treatment to punish a child, young person or vulnerable adult. The use of sarcasm, demeaning or insensitive comments towards a child, young person or vulnerable adult is not acceptable in any situation. Any sanctions or rewards used should be part of a behaviour management policy which is widely publicised and regularly reviewed.

This means staff should:

- not use force or sarcasm as a form of punishment
- try to defuse situations before they escalate
- be mindful of factors which may impact upon a child, young person or vulnerable adult's behaviour e.g. bullying, abuse and where necessary take appropriate action

### ***Home visits***

There are circumstances where home visits are an integral part of Cavernoma Alliance UK work. It is essential that appropriate policies and related risk assessments are in place to safeguard children, young people or vulnerable adult and the staff who work with them. A risk assessment should include an evaluation of any known factors regarding the child, young person or vulnerable adult, parents and others living in the household. Following an assessment, appropriate risk management measures should be in place before visits are agreed. Where little or no information is available, visits should not be made alone.

Under no circumstances should a member of staff visit a child, young person or vulnerable adult in their home outside agreed work arrangements or invite them to their own home or that of a family member, colleague or friend.

This means staff should:

- agree the purpose for any home visit with senior management, unless this is an acknowledged and integral part of their role
- adhere to agreed risk management strategies
- always make detailed records including times of arrival and departure and work undertaken
- ensure any behaviour or situation which gives rise to concern is discussed
- with their manager and, where appropriate action is taken

- always let a child, young person or vulnerable adult know when you are visiting or meeting them, setting a time and who is coming in advance
- always seek permission if you are bringing another person when meeting or visiting them.

### ***Children and young people in distress***

There will be occasions when individual staff will come across a distressed child, young person or vulnerable adult in need of comforting and reassurance which may involve physical contact. Younger children, in particular, may need immediate physical comfort, for example after a fall, separation from parent etc. Staff should use their professional judgement to comfort or reassure a child in an age-appropriate way whilst maintaining clear professional boundaries.

This means staff should:

- consider the way in which they offer comfort and reassurance to a distressed child, young person or vulnerable adult and do it in an age-appropriate way
- be circumspect in offering reassurance in one to one situations, but always
- record such actions in these circumstances
- follow professional guidance or codes of practice where available never touch a child, young person or vulnerable adult in a way which may be considered indecent
- record and report situations which may give rise to concern from either party not assume that all children, young people or vulnerable adults seek physical comfort if they are distressed

### ***Transporting children and young people***

There will be occasions when staff are expected or asked to transport a child, young person or vulnerable adult as part of their duties. Staff, who are expected to use their own vehicles, should ensure that the vehicle is roadworthy, appropriately insured and that the maximum capacity is not exceeded.

It is a legal requirement that all passengers should wear seat belts and it is the responsibility of the staff member to ensure that this requirement is met. Staff should also be aware of current legislation and adhere to the use of car seats for younger children. It is inappropriate for staff to offer lifts to a child, young person or vulnerable adult outside their normal working duties, unless this has been brought to the attention of your line manager. There may be occasions where a child, young person or vulnerable adult requires transport in an emergency. Such circumstances must always be recorded and reported to your senior manager.

This means staff should:

- ensure they are fit to drive and not under the influence of any drugs, alcohol or medicine which is likely to impair judgement and/ or ability to drive
- be aware that the safety and welfare of the child, young person or vulnerable adult is their responsibility until they are safely passed over to a parent/carer/responsible person
- record details of the journey in accordance with agreed procedures ensure that their behaviour is appropriate at all times
- ensure that there are proper arrangements in place to ensure vehicle,
- passenger and driver safety. This includes having proper and appropriate insurance for the type of vehicle being driven

- ensure that any impromptu or emergency arrangements are recorded and can be justified if questioned.

***Communication with children, young people and vulnerable adults (including the Use of Technology)***

All communication between children/young people/vulnerable adults and staff, by whatever method, should take place within clear and explicit professional boundaries,. This includes the wider use of technology such as mobile phones text messaging, e-mails, digital cameras, videos, web-cams, websites and blogs. Cavernoma Alliance UK staff should not share any personal information with a child, young person or vulnerable adult. They should not request, or respond to, any personal information from the child/young person/vulnerable adult, other than that which might be appropriate as part of their professional role. Staff should ensure that all communications are transparent and open to scrutiny.

This means staff should:

- not give their personal contact details to children, young people or vulnerable adults, including their address, personal e-mail account, mobile telephone number and/or details of any blogs or personal websites
- only use equipment e.g. mobile phones, provided by the Cavernoma Alliance UK to communicate with children, young people or vulnerable adults, making sure that line managers have given permission for this form of communication to be used
- only make contact with children, young people or vulnerable adults for professional reasons and in accordance with any Cavernoma Alliance UK policy
- recognise that text messaging is rarely an appropriate response to a child, young person or vulnerable adult in a crisis situation or at risk of harm. It should only be used as a last resort when other forms of communication are not possible
- not use internet or web-based communication channels to send personal messages to children, young people or vulnerable adults
- ensure that if a social networking site is used, details are not shared with children, young people or vulnerable adults and privacy settings are set at maximum. Do not accept children, young people or vulnerable adults as „friends.E

## SECTION 5: WHAT TO DO IF YOU HAVE A SAFEGUARDING CONCERN

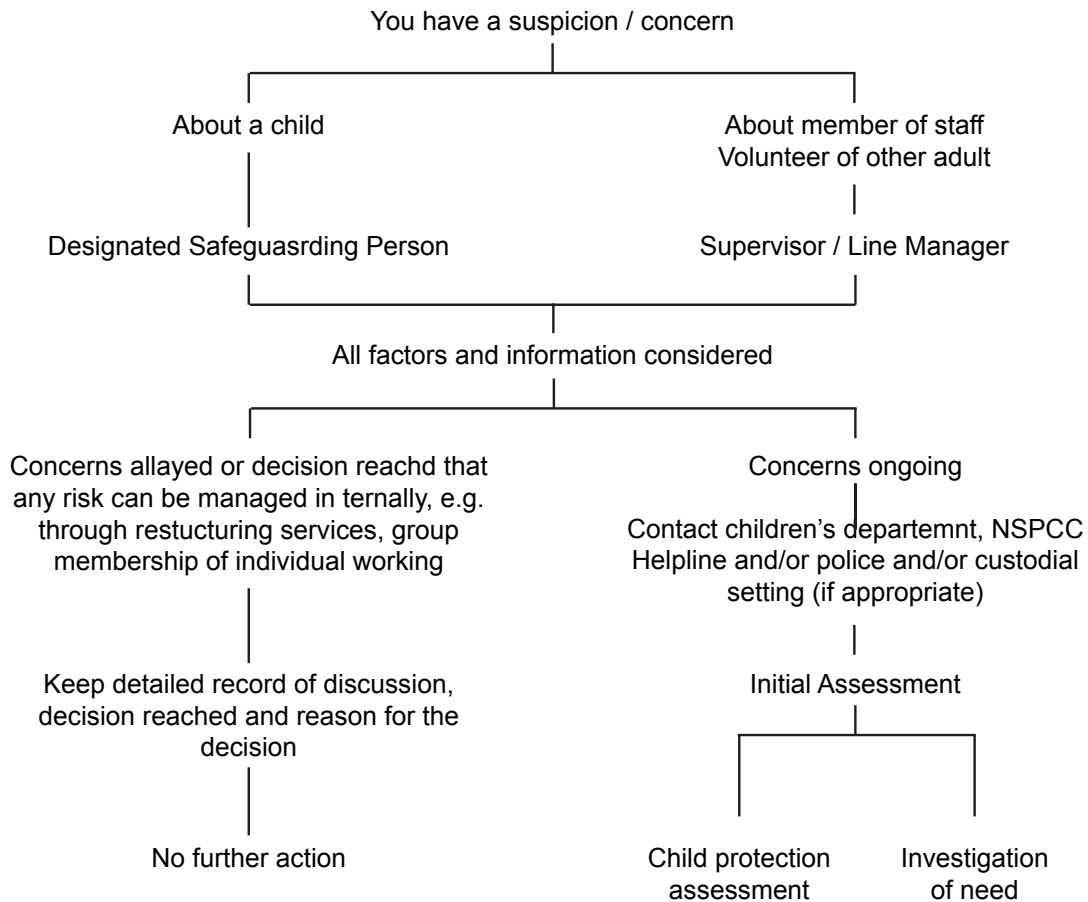
- Reporting child protection concerns: Procedure for responding to a child or young person making an allegation of abuse
- Reporting concerns relating to vulnerable adults
- Role of the designated safeguarding person
- Secure storage of concern/referral data

### Reporting child protection concerns: Procedure for responding to a child or young person making an allegation of abuse

- Stay calm
- Listen carefully to what is said
- Find appropriate opportunity to explain that it is likely that the information will need to be shared with others – Do not promise to keep secrets<sup>18</sup>
- Allow the young person to disclose at his/her pace
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer
- Reassure the young person that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using the young person's own words as soon as possible. Note the date, any names mentioned, to whom the information was given and ensure that the record is signed and dated
- Contact the Cavernoma Alliance UK Designated Safeguarding person.

HELPFUL THINGS TO SAY:	TRY TO AVOID:
I take what you say very seriously	What? Why? Who? When?
I am glad you told me	Are you sure?
What happened is wrong	I can't believe it
It's not your fault	Don't tell anyone
It's OK to tell	Why didn't you say before
I will try to help	

The diagram below illustrates the different stages leading to a child protection investigation or a needs assessment:



### Reporting concerns relating to vulnerable adults

The first priority should always be to ensure the safety and protection of vulnerable adults. To this end, it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to the Designated Safeguarding person who will discuss the concern with the Local Authority Adult Protection Team where the person usually resides and either make a referral or be reassured there is no need to follow up..

Exceptionally, the first notification may be made to the local police service, especially if the matter is very serious. The early involvement of the police may have benefits.

In particular:

- early referral or consultation with the police will enable them to establish
- whether a criminal act has been committed and this will give them the opportunity of determining if, and at what stage, they need to become involved;
- a higher standard of proof is required in criminal proceedings than in
- disciplinary or regulatory proceedings (where the test is the balance of probabilities);
- early involvement of the police will help ensure that forensic evidence is not lost or contaminated;
- police officers have considerable skill in investigating and interviewing and
- early involvement may prevent the abused adult being interviewed unnecessarily on subsequent occasions;
- police investigations should proceed alongside those dealing with the health and social care issues;



- guidance should include reference to support relating to criminal justice issues
- which is available locally from such organisations as Victim Support and court preparation schemes; and
- some witnesses will need protection.

This process may not always result in criminal proceedings. All those making a complaint or allegation or expressing concern, whether they be staff, service users, carers or members of the general public, should be reassured that:

- they will be taken seriously;
- their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk
- if service users, they will be given immediate protection from the risk of reprisals or intimidation;
- if staff, they will be given support and afforded protection if necessary, eg:
  - under the Public Interest Disclosure Act 1998;
- they will be dealt with in a fair and equitable manner; and they will be kept informed of action that has been taken and its outcome.

Information relating to alleged abuse will trigger these procedures to govern investigation and further work. The following processes will need to be co-ordinated and managed, in parallel where necessary: investigation of the complaint;

- assessment and care planning for the vulnerable person who has been
- abused;
- action with regard to criminal proceedings;
- action by employers, such as, suspension, disciplinary proceedings, use of
- complaints and grievance procedures, and action to remove the perpetrator from the professional register;
- arrangements for treatment or care of the abuser, if appropriate; and consideration of the implications relating to regulation, inspection and contract monitoring.<sup>5</sup>

### **Role of the Designated Safeguarding Person.**

The Cavernoma Alliance UK designated person responsible for dealing with allegations or suspicions of abuse is: Joanne Noakes ([Joanne@cavernoma.org.uk](mailto:Joanne@cavernoma.org.uk) 07464 213447).

All Cavernoma Alliance UK staff should know who this person is and how to contact them. In situations where contact is not possible, a line manager, senior colleague or Trustee. Any safeguarding concerns that arise must be reported to the designated person immediately.

The role of the designated safeguarding person is to:

- Receive information from staff, volunteers, young people, parents or carers who have safeguarding concerns and record it
- Assess the information promptly and carefully, clarify and obtain more information about the matter if necessary or appropriate

---

<sup>5</sup> This information is taken from No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. DoH, 2000



- Consult with a statutory child protection agency such as the local Children’s Services Department or NSPCC Helpline if advice is needed relating to a child/young person or with the local Adult Services Department if it relates to a vulnerable young adult as regards whether there is sufficient concerns to warrant a referral being made
- Make a formal referral to a Children’s/Adult’s Services / NSPCC Helpline or the Police without delay <sup>6</sup>. It is NOT the role of Cavernoma Alliance UK to decide whether there has been abuse or not. This is the task of the authorities who have the legal responsibility to ensure that concerns are shared and appropriate actions taken. <sup>7</sup>
- Staff with concerns relating to alleged abuse or actual risk posed by an adult or organisation will share those concerns with their designated person as outlined above. The designated person will help to clarify the cause or nature of the concern and decide the appropriate course of action. The Cavernoma Alliance UK designated person retains overall responsibility for ensuring safeguarding procedures are understood and acted upon when necessary.

### **Secure storage of concern/referral data:**

Whatever the outcome of the discussion, a record must be made detailing the nature of the concern first raised, by whom and when, who it related to i.e. a specific child, vulnerable adult or organisation, the points discussed with and by the designated person, by whom and when the discussion occurred, and the decision reached and reason for it. Confidentiality should apply throughout the process and information should only be shared on a need to know basis.

It is important that we keep a clear and comprehensive summary of any allegations made against someone working for or on behalf of Cavernoma Alliance UK, including details of how the allegations were followed up and resolved, and of any action taken and decisions reached. These should be kept in a person’s confidential personnel file and a copy should be given to the individual. Such information should be retained on file, including for people who leave Cavernoma Alliance UK, at least until the person reaches normal retirement age, or for 10 years if that is longer. The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future DBS Disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. It will also prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time.

---

<sup>6</sup> Concerns relating to current harm or risk of harm to a child, young person or vulnerable adult within a custodial / secure setting will be referred to the authorities as above. However, they will also share this information with the person within the establishment responsible for welfare and/or protection from harm at the same time, unless, in their opinion, to do so might risk further harm or possible interference in any future investigation

<sup>7</sup> Should the referral not be accepted by the Local Authority, and the Cavernoma Alliance UK continues to have concerns, these should be expressed in writing to the Director of Children’s Services of that Authority. The Cavernoma Alliance UK may also consider legal action.

## Appendix 1 SAFEGUARDING DECLARATION FORM

United Kingdom legislation and guidance relating to the welfare of vulnerable children or adults has at its core, the principle that their welfare must be the paramount consideration. Cavernoma Alliance UK fully support this principle and therefore, we require that everyone applying for any post which will bring them into contact with children or vulnerable adults or their personal details complete and sign this declaration. This record will be compared to the Criminal Record Bureau disclosure check prior to appointments being confirmed.

Has any Social Service Department, the NSPCC or Police Service ever conducted an enquiry or investigation about any allegations or concerns that you may pose an actual or potential risk to children, young people or vulnerable adults?

Yes                      No

Have you ever been convicted of any offence relating to children, young people or vulnerable adults?

Yes                      No

Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children, young people or vulnerable adults?

Yes                      No

This declaration must be signed and returned in a sealed envelope to Human Resources at the Cavernoma Alliance UK with your application.

I confirm that the above information given by me is correct and that I consent to my personal data being processed and kept for the purpose described above in accordance with the Data Protection Act 1998

Name .....

Designation .....

Signature .....

Date .....