SAFEGUARDING CHILDREN AND VULNERABLE ADULTS POLICY

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Reviewed by all Directors and management team

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1. POLICY STATEMENT

In implementing this policy, The Swansea Wellbeing Centre Staff, Individual Practitioners, and Volunteers working at the Centre are fully committed to safeguarding and promoting the welfare of children, young people and adults. All those affiliated with the Centre recognise their responsibilities to take all reasonable steps to promote safe practices to safeguard and protect others from harm, abuse and exploitation (including emotional, physical, sexual, financial abuse and neglect). We at the Centre believe that each child and adult has a basic right to be free from harm, whether from external sources or from anyone working at or visiting the Centre, regardless of age, gender, ability or disability, gender reassignment, race, religion or belief, identity or sexual orientation, or socio-economic background.

It is recognised that whilst all efforts are made to ensure everyone's safety regardless of age, the specific needs of children, children's development, and best interest are paramount at the Centre. It is considered a part of our culture to ensure that we offer opportunities for each child to be safe from harm and to reach their full potential. Additionally, our collective approach to safeguarding all the users of the Centre is heavily influenced by the principles of Empowerment, Prevention, Proportionality, Protection, Partnership, and Accountability.

As such, we aim to ensure that our safeguarding policy and procedures are the forefront of our day-to-day operations and practices. We ensure that Safeguarding is on the agenda to be discussed in each quarterly meeting for the Swansea Wellbeing Staff, Practitioners and Volunteers. The Centre will ensure that these individuals, who are equally responsible for safeguarding, will have access to up-to-date safeguarding and relevant training. Additionally, each Registered Practitioner must also abide by their own safeguarding procedures as outlined by their individual governing bodies. All Staff and Volunteers are encouraged in quarterly meetings to reflect on and discuss issues of safeguarding as they may occur in routine practice and activity.

These procedures will also be reviewed following any situation where they have needed to be used. This is part of best practice, in order to reflect on the effectiveness of the processes, identify any issues, and develop proactive steps to resolve them. Amendments and updates will also occur at any time in response to changes in legislation or new information.

Should any situation arise that would warrant these safeguarding procedures being followed, there is a Quick Reference Flow Chart at the end of this document, to ensure clarity for each member of Staff, Practitioner and Volunteer at the Centre, on how to raise any concerns. As a part of this process, if it is suspected or discovered that a child or adult is suffering from harm, we will notify the Social Services Department and / or the Police in order that they can be protected if necessary.

2. DEFINITION OF TERMS USED IN THIS POLICY.

In order to make sure that this policy is clear and understandable, key definitions are outlined here:

Child – Any individual under the age of 18.

Adult – Anyone above the age of 18.

Adults at risk/Vulnerable adults – Social Services and Well-being (Wales) Act 2014 indicates that this as any adult "who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse". They adult be vulnerable due to a mental health problem, a disability, a sensory impairment, as a result of old age and frailty, or some other form of illness. As a consequence, the individual may be in receipt of a care service in their own home, in the community, or be resident in a residential care home, nursing home, or other institutional setting.

Adult safeguarding – This means protecting a person's rights to live safely, free from abuse and neglect.

Abuse – Abuse can be deliberate and done with intent, and also can be a failure to act and/or provide care for someone by those responsible for doing so. It is important to consider that the definitions of the types of abuse in this policy are a guide, and abuse may take other forms not indicated here. It is important that those responsible for safeguarding both children and adults considers each individual case differently, and be aware that any potential abuse may take an unfamiliar form. Abuse can include (but not exclusively): Emotional, Physical, Sexual, Neglect, and Financial.

Support or Care Provider – This is someone who provides care for a person with care and support needs. If a carer is being abused or harmed, intentionally or unintentionally, by the adult they care for then a safeguarding process must be followed.

3. RELEVANT LEGISLATION AND GUIDANCE USED TO INFORM THIS POLICY.

- West Glamorgan Safeguarding Board - www.wgsb.wales/
- Wales Safeguarding Procedures (WSP) – https://safeguarding.wales/
- The Right Way: A children's rights approach in Wales. Children's commissioner for Wales.
- 6 Principles of Safeguarding – Department of Health 2011(now embedded in the Social Services and Well-being (Wales) Act 2014)
- Social Services and Well-being (Wales) Act 2014 - www.legislation.gov.uk/ukpga/2014/23
- Strategy for dealing with safeguarding issues in charities (2017) - www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities/strategy-for-dealing-with-safeguarding-issues-in-charities
- For guidance with definitions, examples and indicators of abuse: https://www.gwentsafeguarding.org.uk/en/Children/Professionals/What-is-abuse/What-is-abuse.aspx
- https://safeguarding.wales/chi/c2/c2.p16.html?highlight=consent

4. WHO IS RESPONSIBLE FOR SAFEGUARDING & DESIGNATED SAFEGUARDING PERSONS (DSP)

At the Swansea Wellbeing Centre the Designated Safeguarding Persons are:

- For any issues around **safeguarding children**: Emma Evans (Swansea Wellbeing Centre Director).
- For any issues around **safeguarding vulnerable adults**: Jodi Dilly (management team at the Swansea Wellbeing Centre).
- All safeguarding concerns must also be reported to Rachel Parkyn (Swansea Wellbeing Centre Director) as a part of the reporting process.
- All safeguarding issues are managed as a team at the Centre- the safeguarding team includes Jodi Dilly, Emma Evans, Rachel Parkyn David Trick
- When managing safe guarding concerns decisions are made within this team

These identified individuals will be responsible for acting as a source of advice on matters of safeguarding children and adults at risk, for coordinating action within the organization, and ensuring that the appropriate procedures are followed, including liaising with the relevant Health & Social Care Trusts and other agencies in reporting any potential or occurring safeguarding issues.

5. SAFE RECRUITMENT, SELECTION, TRAINING AND SUPPORT.

Prior to recruitment, check will always be carried out, including conducting a documented risk assessment to establish the status of the work to by undertaken, as well as evaluating the roles and responsibilities of the practitioner or volunteer. This is with specific reference to safeguarding children legislation. Should the work or role involve routine contact with children, then a DBS check would be deemed to be necessary. It is the responsibility of the Centre to ensure these checks are completed. Additionally, if a practitioner is routinely involved with adults at risk, the need for a DBS check will also be considered.

Any potential staff, practitioner and volunteers (including in a voluntary capacity) working at the Swansea Wellbeing Centre are be subject to interview, to assist in assessing the suitability of the potential candidate. All SWC team are expected and required to attend safeguarding training.

References will be requested from any selected candidates and will need to be submitted prior to commencement of the role or piece of work.

All staff, practitioners and volunteers are encouraged and expected to demonstrate exemplary behaviour in order to promote a safe environment free from potential abusive practice, or the possibility of false allegation. The following are a guide for staff, practitioners and volunteers for their daily conduct at the centre, particularly when involving any contact with children:

- Always work in an open environment where possible and appropriate to do so (e.g. avoid private unobserved situations that are not in context of the role or task, encourage an open environment, with no secrets).
- Always put the welfare of each child first. This is paramount.
- Maintain a safe and appropriate distance with children, unless the task or role requires otherwise. In which case, clarity of what is involved should be discussed openly and consent sought from the accompanying responsible adult and the child.
- Make activities enjoyable and promote fair play when involving children.
- Involve the parent/carer/responsible adult wherever possible (e.g. to take responsibility for their children in changing areas).
- Give enthusiastic and constructive feedback rather than negative criticism.
- Treat all children and adults with respect and dignity at all times.

The Swansea Wellbeing Centre makes it clear to all staff, practitioners and volunteers at the centre that they should never:

- Allow or engage in any inappropriate touching of any form.
- Make any sexually suggestive comments.
- Engage in sexually provocative activity.
- Engage in any rough physical activity.
- Let any allegation go unrecorded or responded to.
- Do anything of a personal nature for any child or adult at risk that they could do for themselves.

In terms of training for staff, practitioners and volunteers, this safeguarding policy is a part of the induction training at the Centre. During the induction, each individual is informed what actions to take when faced with suspected or alleged abuse. A copy of the policy is provided in the induction pack. It is recommended at the Centre that for good practice, all staff, practitioners and volunteers revisit the safeguarding training and policies every two years.

Outside of specific training, staff and volunteers at the Swansea Wellbeing Centre are provided with regular planned supervision, as well as use of peer supervision and access to at least one of the Designated Safeguarding Persons (as named in this document) at all times. Within supervision, supervisees are encouraged to engage in discussion around the safeguarding policy and the relevant processes. In particular, supervision is geared towards reflecting on how it is used in practice. Additionally, each Registered Practitioner must also abide by their own safeguarding procedures as outlined by their individual governing bodies

Information and videos on safeguarding are readily available to use within training and supervision. Any additional training needs can be discussed and agreed in supervision. Staff and volunteers are encouraged to network with other organisations to improve and keep their knowledge up to date. The quarterly meetings for staff, practitioner and volunteer also have an agenda to discuss safeguarding policy and practice, as well as sharing any knowledge gathered through external networks.

Should any staff member, practitioner or volunteer be involved in any reporting of suspected or alleged abuse, the Centre recognises that it could potentially be highly distressing. Support will be offered should it be needed by the person.

6. WHISTLEBLOWING.

Should any member of staff, practitioner or volunteer at the Swansea Wellbeing Centre suspect any wrongdoing by any other staff member, practitioner, or volunteer at the Centre (or suspect abuse my be occurring outside the Centre by one of these individuals), they are able to make a 'qualifying disclosure', which is any information disclosed by the person making the allegation that they reasonably believe is in the public interest.

If any individual is concerned about any suspected behaviour, danger or risk at the Centre, which could affect the rights and interests of a child or adult-at-risk, they are encouraged to inform the Designated Safeguarding Person at the Centre in the first instance, so that it can be dealt with on site, and safeguarding measures can be activated with immediate effect.

However, if any staff member, practitioner or volunteer does not feel comfortable for whatever to report the issue internally, they are able to contact external organisations. An up to date list of organisations that can be contacted can be found through the government website:
https://gov.wales/welsh-revenue-authority/whistleblowing
whistleblowing@wra.gov.wales or call 03000 254 000 and ask to speak to a whistleblowing nominated officer. If you want to remain anonymous, let us know when raising your concern. We may not be able to maintain your anonymity if we're later required to disclose it by law.

7. RECOGNISING ABUSE AND DEFINITIONS.

As a guide, some of the most notable types of abuse are discussed here. It is important to recognise that this list is not exclusive, as abuse can occur in many varied forms.

- **Emotional abuse** – Actual or likely persistent or significant emotional ill treatment or rejection resulting in severe adverse effects on the emotional, physical and/or behavioural development of a child, young person or adult. All abuse involves some emotional ill-treatment. This is where it is the main, or only form of abuse.

  Typical examples: (many of these can occur in person or via the internet and social media)
  - Verbal assault, e.g. shouting, screaming
  - Threats
  - Humiliation
  - Depriving a person of due respect
  - Denial of dignity and affection
  - Bullying/Instilling fear
  - Ridiculing/Name calling
  - Deprivation/loss of liberty
  - Denial of access to close relatives, friends, others
  - Blame
  - Insults
  - Deprivation of choice in decision making
  - Conditional 'love'
  - Denial of access to cultural or religious observances.

Possible indicators:

- High levels of anxiety/stress especially in response to certain individuals or circumstances, e.g. self-harm, head banging and hand biting
- Passivity
- Agitation
- Confusion
- Fear
- Signs of depression, such as suicidal thoughts and urges
- Sleep disturbances
- Changes in appetite
- Loss of interest in pursuing social contact
- An air of silence when the alleged abuser is present
- Cowering or recoiling, particularly from the physical approach of carers
- Excessive and inappropriate craving for affection
- Helplessness or resignation
- Isolation in a room in a house
- Inappropriately or improperly dressed
- Overly anxious to please
- Denial
- Running away or not wanting to go home

- **Physical abuse** – Actual or likely deliberate physical injury to a child/adult, or wilful or neglectful failure to prevent physical injury or suffering to a child.

Typical examples:

- Hitting, slapping, punching and pushing, hair pulling, pinching, beating
- Unreasonable physical restraint
- Physical intimidation
- Physically forcing people to do something against their will
- Too hot or cold an environment including being 'put outside'
- Rough handling/dragging/pulling
- Deprivation, withholding food, water, medication or bathing
- Use of injurious procedures or substances, deliberate exposure to risk or danger
- Under or over medication/Forced medication
- Female Genital Mutilation (FGM)
- Modern Day Slavery

Possible indicators:

- Injury incompatible with its explanation
- Injury which has not been properly cared for (injuries are sometimes hidden on areas of the body normally covered by clothes)
- Cuts, scratches and lacerations
- Puncture wounds (particularly on parts of the body which do not normally sustain such injuries)
- Bruises and discoloration
- Sprains
- Bite marks
- Fingertip and pinching marks
- Burns and scalds, including friction burns

- Signs of hair pulling such as hair loss in one area
- Any fracture without a satisfactory explanation of accident
- Poor skin condition and hygiene
- Untreated pressure sores
- Ulcers, bedsores, and being left in wet clothing
- Dehydration and/or malnutrition without illness related cause, and when not living alone
- Significant weight loss
- Hypothermia
- Uncharacteristic behaviour
- Asks not "to be hurt"
- Flinches at physical contact
- Fearfulness
- Low self esteem
- Unexplained paranoia
- Excessive repeated prescriptions or under use or over use of medication
- Excessive drowsiness
- Accounts of injury by carer varying over time or inconsistent with the nature of the injury
- A mobile person not being able to get up from their bed or chair for various reasons, e.g., being tied in
- Use of furniture or special chairs to prevent movement, removal of walking aid or specialist equipment
- Carpet burns (due to falling) increasing immobility

- **Child sexual abuse**– Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

- **Adult sexual abuse -** Adult sexual abuse refers to the direct or indirect involvement of a vulnerable adult in sexual activity to which they are unwilling or unable to give informed consent, or which they do not fully comprehend, or which violates the social taboos of family roles, e.g., incest.

  Typical examples: (many of these can occur in person or via the internet and social media)
  - Rape
  - Sexual exploitation of a minor or a vulnerable adult
  - Actual or threatened sexual assault
  - Denial of a person's right to enjoy privacy
  - Abuse of power to gain sexual satisfaction
  - Inappropriate use of explicit sexual language which causes offence
  - Involvement of adults in sexual activities which they do not understand or to which they have not given their consent
  - Non-contact abuse - looking, photography, indecent exposure, harassment, sexual teasing or innuendo, online sexual grooming or coercion
  - Contact abuse - touching, e.g. of breast, genitals, anus, mouth,
  - Masturbation of either or both persons

- Penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers or other object.

Possible indicators:
- Emotional distress and/or Mood changes
- Difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Pain or itching in genital area
- Bruises or bleeding in external genitalia, vagina or anal area
- Recurring urinary tract infection
- Semen staining on clothing
- Torn penile frenulum
- Tissue tearing
- Over-affectionate displays
- Incestuous relationships
- Inappropriate physical contact in terms of amount of contact or lack of contact
- Change in usual behaviour
- Feeling of guilt or shame
- Withdrawal
- Untypical changes, i.e., bedwetting, aggressiveness, self injury
- Overt sexual behaviour/language by the person
- Love bites
- Disturbed sleep pattern
- Bruising on the inner thighs
- Pregnancy

- **Neglect** - This is the actual or likely persistent or significant neglect of a child or failure to protect a child or adult from exposure to danger including cold or starvation. It can also be the persistent failure to carry out important aspects of care, resulting in significant impairment of the individual's health or development, including non-organic failure to thrive and wellbeing.

Typical examples:
- Failure to assist in personal hygiene or the provision of food, shelter and clothing
- Failure to provide or access medical intervention for physical and mental health needs this does not include instances in which a person refuses treatment)
- Failure to protect from health and safety hazards
- A lack of personal care and/or lack of management of continence
- Malnutrition
- Confining to a room on their own
- Restricting or preventing social contact with friends or relatives
- Denying access to services.

Possible indicators:
- A lack of personal care and/or lack of management of continence
- General deterioration of health
- Excessive dirt or other health hazards in vulnerable adult's living environment
- Unsuitable clothing for weather conditions
- Untreated medical condition
- Rashes, sores, lice

- Loss of weight
- Malnutrition
- Dehydration
- Misuse of medication
- Failure to obtain/ facilitate use of necessary prosthetic devices dentures, glasses, hearing aids, or durable surgical equipment
- Pressure sores
- Home environment not conducive to basic health needs, e.g. inadequate heating
- Consistent lack of supervision, either at home or during activities which hold danger for them
- Lack of lighting
- Poor furnishings compared to the rest of the house
- Dishevelled appearance
- Lack of appropriate bedding

- **Financial** – Financial or material abuse is any theft or misuse of a child or adult's money, property or resources by a person in a position of, or expectation of, trust to that person. Common forms of financial abuse are misuse by others of a vulnerable adult's state benefits or undue pressure to change wills. Financial/material abuse can also be occur between one vulnerable adult and another.

  Typical examples: **(**many of these can occur in person or via the internet and social media)
  - Theft
  - Misuse of money, including state benefits, property, possessions and insurance
  - Gaining money or possession by threat, persuasion, or exploitation
  - Blocking access to assets
  - Extortion
  - Falsifying records
  - Coerced property transfer

  Possible indicators:
  - Pension is cashed but the individual has no money, particularly when it is unusual for that person to spend money without assistance
  - Unexplained or inappropriate withdrawals from bank accounts
  - Unpaid bills or overdue rent when someone is supposed to be undertaking this responsibility for paying bills
  - Enduring Power of Attorney given or recent changes or creation of a Will when the person is incapable of making such decisions
  - The individual requires residential/nursing care but is prevented by relatives from entering a residential/nursing home because the client owns their own property and there are concerns about the inevitable depletion of their estate
  - Deliberate isolation by carer (informal/formal of a vulnerable adult) from friends or family resulting in carers having total control
  - The unexplained disappearance of financial documents, e.g. building society books, and bank statements, payments or order books.
  - Signatures on cheques which do not resemble the vulnerable adult's signature or signed when this person cannot write
  - Unusual concern by carer that an excessive amount of money is being expended on the care of the vulnerable adult

- Lack of amenities such as TV, appropriate clothing, personal grooming items that the vulnerable adult can well afford
- Missing personal belongings such as silverware, jewellery, or other valuable item.

As a general approach at the Swansea Wellbeing Centre, in order to enhance the prevention of abuse of children and vulnerable adults, there are a number of steps that staff, practitioners and volunteers can take to reduce the risk of abuse occurring. It is important that each individual:

- Know what abuse is
- Understand some of the factors that lead to abuse
- Be alert to possible indicators of potential abuse
- Know the procedures for reporting concerns and poor practice
- Provide appropriate support through good assessment and care planning.

At a Service Provider Level, likely situations for abuse can be reduced through the following actions:

- Informing staff and volunteers of this policy at induction.
- Providing all staff, practitioners and volunteers with a copy of the policy in the induction pack.
- Identifying what actions to take when anyone suspects or alleges abuse.
- Encouraging staff to be vigilant and report all concerns.
- Promoting a culture of openness and transparency.
- Having clear service standards and policies and procedures.
- Ensuring users of the Centre's services have access to the Complaints Procedure.

8. CONFIDENTIALITY (WHAT THIS MEANS AND ITS LIMITATIONS)

It is essential to note that confidentiality may be overridden in situations where danger to life, risk of serious harm or disclosure required by law where safeguarding concerns are raised. Personal information may be shared without consent to protect vital interests -this includes data protection in line with UK GDPR and data protection act 2018

The Swansea Wellbeing Centre maintains confidentiality in that it does not share your personal information without your consent, and does not use it apart from the express purposes for which the information was shared. The Swansea Wellbeing Centre abides by the General Data Protection Regulation (which is a legal framework that sets guidelines for the collection and processing of personal information from individuals who live in the European Union (EU).

With regards to safeguarding children, the Centre's general approach is that any information about a child will not be collected or retained without the permission of the parents/carers, and they will have open access to their information if they wish. Information will only be shared with professionals with the formal permission of the parents/carers, by signature. However, each individual practitioner may have slightly varying boundaries on confidentiality, depending on the work or activity being undertaken and the individual governing bodies that they are registered with.

As a general approach, the Centre respects the following guidelines (as outlined by the Health and Care Professions Council):

- We take all reasonable steps to keep information about all Centre users safe.
- We make sure we have the service user's consent if we are passing on their information (unless there are good reasons not to, for example, it is necessary to protect public safety, prevent harm to other people or if we are legally required to pass on this information).
- We get express consent, in writing, if we are using identifiable information for reasons which are not related to providing care, treatment or other services for them.

- We only disclose identifiable information if it is necessary, and, when it is, only disclose the minimum amount necessary.
- We tell any Centre user when we have disclosed their information (if this is practical and possible).
- We keep appropriate records of disclosure.
- We keep up to date with relevant law and good practice.
- When appropriate, we ask for advice from colleagues, individual professional bodies, unions, and/or legal professionals.
- We continually strive to make reasonable and informed decisions about disclosure and provide rationale to justify them.

It is should be understood by the person disclosing their personal information, that identifiable data can sometimes be disclosed for a number of reasons. It can happen when a referral for someone is made or when signposting an individual to another health and care professional. This is often the case at the Centre, as practitioners can refer users of the Centre's services to other practitioners at the Centre. A good standard of conduct and ethical practice for such disclose of information is followed. At the Centre, we only disclose confidential information if:

- We have permission.
- It is in the service user's best interests.
- It is in the public interest (e.g. if it is necessary to protect public safety or prevent harm).
- The law and legislation indicate it (please refer to The Human Rights Act (1998); The Data Protection Act (1998) and GDPR (2017); The Mental Capacity Act (2005) for England and Wales; and The Crime and Disorder Act (1998) for further detail and guidance).

As such, on very rare occasions, confidentiality may may need to be overridden without consent, or when consent has been asked for but refused (e.g. if the person is physically unable to give consent in an emergency situation, or if despite information being confidential, there is a safeguarding concern and sharing information with external organizations is justified, or if a serious crime may be prevented and that public interest overshadows the public interest served by protecting confidentiality of the individual).

As good practice, it is advised that the staff and volunteers at the Centre should contact the Designated Safeguarding Persons to seek advice should this situation occur. Alternatively, each individual practitioner should follow the guidance as outlined by their individual professional bodies.

9. CONSENT AND THE REPORTING PROCEDURE.

Regarding consent, at the Swansea Wellbeing Centre the interests of any child or adult at risk of harm are the main consideration when making decisions as to whether to seek a child's and/or parents'/carers' consent, or the adults at risk's consent (where appropriate consent will be sort), prior to making a report.

Staff, practitioners, and volunteers at the Centre will always try to seek consent from the child's parents (when safeguarding issues involve a child), or the adult at risk (when safeguarding issues involve an adult) in the first instance, in order to promote effective working in partnership with the individuals involved, and their families where appropriate. This is likely to lead to more effective engagement with the safeguarding process and effective outcomes that are child-centred or centred on the vulnerable adult. It is important that the wishes of the child (particularly if the child is deemed competent that their consent can be considered) or the adult at risk are taken into

account as much as possible in order to keep them and their wellbeing at the centre of the whole process.

When working with children, the safety and welfare of the child is of paramount importance in terms of seeking consent. If anyone is unsure, staff, practitioners and volunteers are advised to seek advice from the identified Designated Safeguarding Person (DSP), or the local social services team can be contacted for advice.

Common Access Point 01792 636519

Address: Civic Centre, Swansea, Oystermouth Road, United Kingdom SA1 3SN

Swansea Single Point of Contact (SPOC) 01792 635700

Emergency Duty Team 01792 775501

- With regards to **consent and safeguarding children**:

If a report needed to be made without parental consent, documentation is vital. If the decision is made not to seek a parent's/carer's consent, the relevant information must be recorded, such as:

- The child being at greater risk of harm or silenced from speaking out.
- If important evidence would be lost or destroyed.
- The person identified to gain consent is the alleged abuser.
- If the child is deemed competent to make a decision on who they want involved, and they may not wish for their parent(s)/carers to be involved at the early stage.
- It may be in the wider public interest to act without parental consent.

If it is necessary to act without consent when safeguarding a child. The Centre will:

- Document the reason for proceeding without parental consent.
- Inform local social services team that the parent has not given their consent.
- Inform the parent(s)/carer(s) that a report has been made despite their wishes (unless by informing them the child would be at an increased risk of harm or further harm).

When reporting, a member staff from the Centre will ensure they inform the local social services team of the following:

- Whether consent has been given or withheld.
- Who was contacted to obtain consent, their response, wishes and desired outcomes.
- If the child is aware of the report and has given consent.
- If consent has been refused, the child and parent(s)/carer(s) have still been informed of the report.
- If no attempts have been made to seek consent, provide a clear rationale for the decision.

- With regards to **consent and adults at risk:**

Consent is a significant factor when deciding how to follow the safeguarding process when a suspicion or allegation is expressed. It is reasonable to consider that an adult with support needs may be able to keep themselves safe from harm and abuse, therefore an assumption that a person cannot protect themselves due to their support needs.

However, it may be the case that an adult's ability to protect themselves is affected by their support needs. These needs may also affect their ability to make and act on informed choices, free from pressure or duress. A person's mental capacity can affect their ability to make informed choices and

is specific to the particular decision to be made at the time. In order have capacity to make a decision an adult needs to:

- Understand the information relevant to the decision that must be made.
- Be able to retain the information long enough to make the decision.
- Be able to use or consider the information to make a choice.
- Be able to communicate their decision (by any means that they usual communicate).

In order to make a decision some adults at risk may need other support such as advocacy, simplified explanations, visual aids and longer time. They are entitled by law to have this support.

The adult at risk's best interests must always be at the forefront of any decision making with or without their consent. Therefore staff, practitioners, and volunteers are advised to seek support and advice from the Designated Safeguarding Person(s) in issues of acting on a person's best interest.

10. HOW TO RECORD AND GATHER INFORMATION.

Good record keeping is essential and underpins good practice. Accurate record keeping of all decisions and resulting actions is key to monitoring any potential situation of concern, assess the risks, and address any suspicions or behaviours proactively. All records relating to safeguarding will be stored securely and will include an audit trail of how each individual case is managed in relation to any concerns raised.

At the Centre we recognise that records must be kept in line with current regulations around record keeping, and as such these records may be called upon in any potential criminal proceedings. All staff, practitioners and volunteers at the Centre are informed of the importance of record keeping during induction and in individual supervisions. Additionally, each individual practitioner will have their own guidance around record keeping and disclosures, in accordance with legislation, within their individual governing bodies.

All safeguarding concerns will be documented as soon as possible, following the disclosure of any alleged safeguarding issue, or following the observation of potential safeguarding issues. Staff, practitioners and volunteers are required to complete a Disclosure/Observed Safeguarding Concerns Recording form (see Appendix **).

The recording form will be submitted immediately upon completion to the appropriate Designated Safeguarding Person (for Safeguarding Children contact Emma Evans; for Safeguarding Adults at Risk contact Jodi Dilly) as well as Rachel Parkyn (Director).

- When a **disclosure** is being made by a child or an adult at risk:

Staff, practitioners and volunteers at The Centre are encouraged to follow these steps in the event that a disclosure is made to them (the All Wales Child Protection Procedures can be referred to for guidance):

- Stay calm. Don't panic.
- Take what the person says as valid.
- Reassure the person that they have done the right thing in telling someone. Explain the reporting process and what will happen next.
- Discuss confidentiality, but do not guarantee confidentiality.
- Complete a Safeguarding Concern Disclosure/Observation Recording form as soon as possible.

- Do not ask for more details of the abuse, or make the person repeat the story unnecessarily.
- Report to the Designated Safeguarding Person (Emma Evans) and to Rachel Parkyn (Director) as soon as possible.

A verbal disclosure may not always be made directly, but abuse may be suspected. In these situations, staff, practitioners and volunteers must complete the same recording form as an actual disclosure of abuse. They must immediately report if:

- They have any concern or suspicion that a child or a vulnerable adult is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play or everyday life.
- Any explanation is given for the suspected signs of abuse that appear inconsistent or suspicious
- They observe any behaviours that cause concern or suspicion that a child or vulnerable adult may have suffered harm (e.g. worrying drawings or play, withdrawal or lack energy).
- They have any concerns that a child or vulnerable adult may be suffering from inadequate care, ill treatment, or emotional maltreatment, such as a child presenting with signs or symptoms of abuse or neglect.
- They notice any significant changes in a child or vulnerable adult's presentation, including non-attendance
- They observe any hint or disclosure of abuse from any person.
- They have any concerns regarding any person or persons (e.g. living in a household with children present) who may pose a risk to children.

- Anyone **completing the Safeguarding Concern Disclosure/Observation Recording** form, whether it is for a child or an adult at risk, is required to include:
  - Exactly what the person raising the concern says, being mindful of the specific words used (use quotation marks to capture their own words). Any opinions by the person writing the form should be clearly marked as such.
  - What the person would like done about the alleged safeguarding issue.
  - Observations made, paying attention to facts. Such observations could be relating to the alleged victim of abuse's appearance or behaviour).
  - The date, time, and place of any specific incident.
  - The names of any witnesses, and any information that they volunteer.
  - If any signs of physical abuse are observed, include on a body map as a part of the records to be kept (see appendix ***). Ensure that the size and location of any bruising or lacerations are included. Colour of bruising may also be helpful. Record the date and time it was observed. No items of clothing will be removed by anyone at the Centre to check for injury.

    If physical signs of abuse have been observed, the recording person must document who within the Swansea Wellbeing Centre they have informed and when, who else they may have informed and the rationale for doing so, and what measures were taken regarding the safety of the child or adult at risk. What the person has been told will happen next is also important to include.

All documentation regarding safeguarding will be kept securely for no less than a year after the person involved in the allegation no longer use the Wellbeing Centre services. After this time, the documents will be disposed of securely.

Appendix 1: <u>Quick Reference Flow Chart.</u>

A Safeguarding Concern is disclosed to, or observed by, a member of staff, practitioner, or volunteer at the Centre

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The staff member, practitioner or volunteer must respond immediately, calmly and compassionately. Be reassuring, inform the person of confidentiality and the limits to this with a safeguarding disclosures – do not promise confidentiality. Inform them of the reporting process.

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As soon as it is appropriate, complete a **Safeguarding Concern Disclosure/Observation Recording form.** You could do this with the person who is disclosing, or after you have been with them - whichever is most appropriate, depending on what the person disclosing would prefer. It is important to complete it as soon as possible. Be as factual as possible (a guide to what to include in Section 10 of this policy).

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Anyone completing this form is to contact the appropriate **Designated Safeguarding Person (DSP)** and Rachel Parkyn (Director) as soon as possible following the disclosure/observation.

- For safeguarding **children**, contact: Emma Evans - 07825 269256
- For safeguarding **adults**, contact: Jodi Dilly - 07986 137410
- For all **safeguarding issues**: Rachel Parkyn - 07548 535724

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Once contact has been made, and the details passed on to the appropriate DSP, the DSP will take over the safeguarding process. It is important that the person recording the information forwards the written document to the DSP as soon as possible (the DSP will guide you on what to do with the document). The information must be kept safe and secure.

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The DSP and/or the Director will contact the appropriate agencies for advice if needed. The DSP and/or the Director will take the appropriate course of action depending on the disclosure and situation, along with any advice given, in-line with all legal and ethical requirements.

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The DSP and/or Rachel Parkyn will contact the appropriate local agencies, social services team, and the police if the safeguarding concern warrants such action.

Appendix 2: <u>Safeguarding Concern Disclosure/Observation Recording Form</u>

This form should be completed by any staff member, individual practitioner and volunteer at the Swansea Wellbeing Centre. Remember that detailed, specific and factual notes are essential, as safeguarding issues may result in legal action at a later date.

Complete this form as soon as possible following the disclosure or observation of safeguarding concern(s). Remember that it is not a witness statement, but a gathering of information to inform decision making around safeguarding. Be as factual as possible, use quotation marks when documenting the actual words used by the person disclosing, be reassuring and encouraging. You can discuss confidentiality in that the information will be kept secure and treated sensitively, but do not promise confidentiality, and do not anonymise the document. Use additional paper if necessary.

Name of the person recording	
Name of those involved in the disclosure/ observation	
Date and time of disclosure/observation	
Location of disclosure/ observation	
Alleged safeguarding disclosure/observation	
Detailed description of the disclosure/observation	
Body Map attached	Y / N

We welcome all feedback or any issues or concerns re this policy to be shared with SWC- for further information please email <u>centre@wellbeingswansea.co.uk</u>

This policy is reviewed annually

Appendix 3: <u>Body Map</u>

Name of person recording:
Name of person on map:
Date of birth of person on map:
Date and time of witnessing the injury:

