CARITAS
DIOCESE OF SHREWSBURY
CHILDREN | FAMILIES | COMMUNITY

SAFEGUARDING, PROMOTING WELFARE, CHILD & ADULT PROTECTION PROCEDURES

Caritas Diocese of Shrewsbury is committed to Safeguarding and promoting the welfare of Children and Vulnerable Adults and expects all staff and volunteers to share this commitment.

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1. GENERAL INTRODUCTION

Safeguarding Lead

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- The Safeguarding Leads alongside Service Managers are responsible for disseminating information regarding local and national updates, serious case reviews, safeguarding adult reviews, changes in procedures and for promoting best practice.

- All staff and volunteers will adhere to these policies which will be complemented by service specific procedures.

- Training will take place at induction and through regular refresher training.

- In following these procedures staff consult with their line manager or directly with the designated person as necessary.

- Each project will document and report all safeguarding concerns and referrals completed on a monthly basis. These will be reviewed by the designated person.

- Caritas Safeguarding Policy is completed in conjunction with the guidance produced by relevant Local Authorities and the policy has been submitted to Wirral's Safeguarding Board, the Board of Trustees and the Diocesan Safeguarding Coordinator for scrutiny.

- Safeguarding updates will be issued as they are received.

Introduction

Caritas, in accordance with its mission and values statement, has developed the following Policy to safeguard children under 18 and adults over 18 receiving a service from Caritas. This policy contributes to the Caritas Mission by creating a framework within which safeguarding and adult and child protection concerns will be carefully assessed and considered in a manner which respects the dignity, the rights and the confidentiality of each person involved in the process, whilst promoting the welfare of children and adults as the paramount concerns. This policy is based on the right of all persons (children and adults), to live a life free from abuse or neglect. All staff and volunteers will follow this safeguarding policy and will participate in annual updated training relevant to their service. Additionally, expectations regarding safeguarding will appear within the Staff Handbook and any subsequent policies/documents pertaining to staff conduct, client safeguarding, and work practice.

Child refers to anyone who has not yet reached their 18th birthday.

Safeguarding and Promoting the welfare of Children is defined by Working Together to Protect Children 2015

- Protecting children from mistreatment
- Preventing impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care

Safeguarding Adults is based on the definition of adults as those whom independence and wellbeing is at risk due to abuse or neglect. The phrase "Vulnerable Adult" is now recognised as contentious – this is because it can appear to locate the cause with the victim rather than placing the responsibility with the actions or omissions of others. The terminology now used is:

'Adults at risk of harm'

An adult in this category is defined as someone in receipt of 'regulated activity' which includes the following:

- Provision of relevant social work
- Day to day assistance – paying bills, shopping or managing the persons cash
- Transportation of individuals

While adults may be regarded by service providers as vulnerable due to a range of factors, there is also an understanding that vulnerability may not be a fixed or permanent feature in an adult's life. The Care Act 2014 sets out a clear framework of how local authorities should protect adults at risk of abuse or neglect and Make Safeguarding Personal (MSP). This is particularly pertinent where adults may lack mental capacity and decisions may be taken for them by others.

Policy Statement

Caritas recognises that central to all of its work with children and adults, is the principle that every person has the right to live free from harm or any form of abuse. It is the responsibility of any person who does work on behalf of Caritas to ensure that the rights of children and adults at risk of harm are protected and upheld at all times. Caritas will consult, co-operate and co-ordinate its activities with other agencies in order to achieve the best possible outcomes for children and adults.

This policy supports the safeguarding procedures as devised by the Safeguarding Board in each Local Authority area and should be applied in conjunction with such procedures, taking into account the home Local Authority and also the Local Authority within which any suspected abuse occurs. Caritas systems will seek to protect and safeguard adults and children, ensure justice to staff and maintain the professional integrity of Caritas.

General Principles

- The welfare of the child is paramount and will be safeguarded and protected at all times.

- Adults at risk of harm must be safeguarded and protected at all times.

- Relevant national legislation and Local Safeguarding Board guidance will be adhered to at all times.

- Caritas will work in partnership with other agencies to safeguard and promote the welfare of children and adults with whom it provides a service or is in contact.

- Caritas has a duty to its workers to provide a clear structure of consultation, of line management/supervision and professional support when any safeguarding issues arise.

- Confidentiality must be observed and sensitive matters of safeguarding will be shared on a need-to-know basis. Please refer to Caritas Policy on Information Sharing. Caritas will adhere to the Information Sharing protocol of the Local Safeguarding Board (LSB). Caritas takes confidentiality very seriously and has created a number of policies to ensure the organisation's commitment to confidentiality meets the General Data Protection Regulation 2018 (GDPR). This includes only collecting necessary personal information, secure storage of data and only sharing information as required. Data protection and confidentiality measures and procedures can be found in the following policies which should be read in conjunction with this policy; Confidentiality Agreement and Policy, ▫ Data Protection Policy and Procedure, ▫ Equal Opportunities Policy Statement, Staff Handbook.

- Caritas aims to safeguard those who may face inequality or harassment due of the 'protected characteristics'.[1]

- **Equality Act Update – Biological Sex Clarification**
  In light of the 2025 UK Supreme Court ruling, Caritas acknowledges that the term "sex" within the Equality Act 2010 refers to biological sex at birth. Caritas continues to deliver services in a way that protects all individuals from discrimination, while ensuring safeguarding decisions remain respectful, lawful, and informed by national legislation and Diocesan guidance. Staff should refer to the Equal Opportunities Policy in the Staff Handbook for further context.

  This is further outlined in the Equal Opportunities Policy Statement in the Staff Handbook.

- The proper recording of safeguarding concerns is mandatory. Recording of any safeguarding matters must be contemporaneous, clear and accurate in matters of fact and must be non-judgemental.

- Good safeguarding work depends on good communication.

- Caritas workers and their Managers involved with children and adults should know how to recognise and act upon indicators of abuse or potential abuse. Caritas workers will be familiar with the threshold of the LSB and seek advice from statutory colleagues when necessary.

- Promote wellbeing in the delivery of services to adult service users.

[1] age, disability, sex, sexual orientation, race, religion or belief, gender reassignment, marriage or civil partnership, pregnancy or maternity

A failure by Caritas staff members to report safeguarding concerns or an allegation of abuse may be dealt with under disciplinary procedures. (Cross reference with Caritas Whistle Blowing Policy).

This Safeguarding Policy will be reviewed at least annually and revised as necessary to reflect changes to the business activities and any changes to legislation. Any changes to the Policy will be brought to the attention of all employees and volunteers.

Signed: ..... **Dated:** **15th May 2025**

Position: **Chair of the Board of Trustees**

CHILDREN

2. SAFEGUARDING & CHILD PROTECTION CONCERNS FOR CHILDREN IN THE COMMUNITY

Introduction

Caritas provides services to children across a range of settings. Some are children within the Looked After Children system who are already known to Children's Services and/or are subject to Court Orders or Child Protection Plans. It is important that Caritas works within the Local Authority procedures which are relevant to each child.

Caritas strive to provide services which are preventative and responsive to the needs of the communities we serve. An Early Help approach is key to supporting children, young people, families and communities to help themselves whenever possible.

As part of this agenda we will strive to ensure that all services quickly identify children, young people or families who might need extra help from them in addition to ensuring all staff and volunteers act quickly as soon as they know help is needed.

Early Help is intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person's life.

Across all services staff teams are expected to be aware of the 5 key outcomes embedded in every Child Matters agenda:

- Staying safe: being protected from harm and neglect and growing up able to look after themselves.
- Being healthy: enjoying good physical and mental health and living a healthy lifestyle.
- Enjoying and achieving: getting the most out of life and developing broad skills for adulthood.
- Making a positive contribution to the community and to society and not engaging in anti-social or offending behaviour.
- Economic well-being: overcoming socio-economic disadvantages to achieve their full potential in life.

Achieving these outcomes for children requires all those with responsibility for assessment and the provision of services to work together according to an agreed plan of action. Effective collaboration requires staff to be clear about:

- Their role and responsibilities for safeguarding and promoting the welfare of children.
- The purpose of that activity, what decisions are required at each stage of the process and what the intended outcomes are for the child and their family members.
- The legislative basis for the work.

- The protocols and procedures to be followed, including the way in which information will be shared and recorded.

- Which agency, team or professional has lead responsibility and the precise roles of everyone else who is involved, including the way in which children and other family members will be involved.

- Timescales set down in regulations or guidance which govern the completion of assessments, making of plans and timing of reviews.

All who come into contact with children and families in their everyday work, including workers who do not have a specific role in relation to safeguarding, have a duty to safeguard and promote the welfare of children. You may be involved in three main ways:

- You may have concerns about a child and refer those concerns to Children's Services or the Police.

- You may be approached by Children's Services or the Police and asked to provide information about a child/family or to be involved in an assessment.

- You may be asked to provide help or a specific service to the child or a member of their family as part of an agreed plan and contribute to the reviewing of the child's progress.

All staff working with children and families should:

- Be familiar with Caritas procedures for promoting and safeguarding the welfare of children in your area of work and know who to contact in Caritas to express concerns about a child's welfare.

- Be able to respond appropriately to a disclosure of abuse by reflecting back to a child what they have said, completing a Body Map if required, recording the information succinctly and accurately and explaining that the information has to be acted upon.

- Remember that an allegation of child abuse or neglect may lead to a criminal investigation and avoid asking leading questions which might jeopardise a Police investigation.

- Consult your Line Manager and other relevant professionals and agree what will happen next within relevant timescales (see flowchart). Concerns should be recorded on the Safeguarding Concern/Referral Form (Appendix 1) in addition to any other requirements the local authority may request when a referral is being made. Where the local authority referral duplicates the information then the Caritas Concern/Referral Form should be attached, held centrally within the team.

- In each service all concerns/referrals must be logged and returned monthly for monitoring purposes on the bespoke form (Appendix 6).

2.1 WHAT IS A CONCERN?

A concern may be easy to identify when faced with a situation which has clearly caused a child harm but more usually it will create an uneasiness, a niggling worry, an uncomfortable feeling, anxiety about the child's well-being.

- Your concern may be about actual or likely abuse or neglect of a child by someone having contact with children, e.g. a family member, a friend, a stranger, another child, a professional, a volunteer, a colleague, someone using/producing pornography, an offender identified as presenting a continuing risk, or potential risk, of harm to children (Working Together 2015).

- Your concern may be about what a child is experiencing or has experienced in the past i.e. historic concerns. Please note that current National Safeguarding Priorities are in bold for reference. This could include:

  - **A child living in a family where there is domestic violence**.
    This can include controlling or coercive behaviour in intimate or familial relationships. For advice please see guidance below:

    https://www.gov.uk/guidance/domestic-violence-and-abuse

  - **A child telling you they are being abused or neglected.**
    This could include Female Genital Mutilation.
    A girl who discloses that she has undergone an act of female genital mutilation (FGM) or you observe physical signs that an act of FGM may have been carried out on a girl under the age of 18.
    There is a mandatory duty for health and social care professionals, teachers and to make a report to the police if the above occur. For advice please see guidance below:
    https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/legislation-policy-and-guidance/

  - **A child involved in/exposed to sexual exploitation (CSE).** For further information, please see page 16 of this policy
  - **A child who is at risk of being drawn into terrorism or is involved with known risk groups or behaviours**. For advice please see;
    https://www.gov.uk/government/publications/prevent-duty-guidance

  - **A child who is being forced or coerced into marriage. For advice on Forced Marriage please see link**:
    https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf

  - A child who you think has been, or is at risk of being trafficked. This may mean a child has been recruited, moved or transported and then exploited, forced to work or sold. For advice please see; www.nspcc.org.uk/services-and-resources/services-for-children-and-families/child-trafficking-advice-centre-ctac/

For further information on modern slavery please see;
https://www.antislaverycommissioner.co.uk/media/1057/victims-of-modern-slavery-frontline-staff-guidance-v3.pdf

- The exploitation or corruption of a child including the suspected 'grooming' of a child.
- Someone else telling you a child is being abused or neglected.
- You witness a child being abused or neglected.
- A child shows signs of physical injury that cannot be explained or does not fit with the explanation given for how it happened.
- Suspected fictitious illness by proxy.
- Fabricated or induced illness.
- A child shows repeated signs of the same physical injury or of an injury to the same body area, regardless of any explanation given.
- A child displays through their actions or words a sexual knowledge that is not typical of their peers.
- A child goes missing or is repeatedly absent from home/school/care without authority.
- A child is not receiving the supervision they need to be safe, considering their age, stage of development, location and activity.
- A child has not been protected against a foreseeable risk of harm.
- A child's physical or emotional needs are not being met.
- A child living with/exposed to an adult who is misusing alcohol, drugs or other substances.
- A child whose welfare is affected by living with an adult who has a mental illness.
- A child misusing alcohol, drugs or other substances.
- A child who is self-harming
- A child who has demonstrable signs of physical neglect (e.g. chronic head lice, underweight, constantly tired, unkempt or dirty).

Neglect is defined in Working Together to Safeguard Children 2015 as "the persistent failure to meet a child's basic physical, emotional and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. When the child is born, neglect may involve the parents or carers failing to:

-Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
-Protect the 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.

Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years".

This list is not exhaustive and the Local Authority Procedures for Children in Specific Circumstances should be referenced.

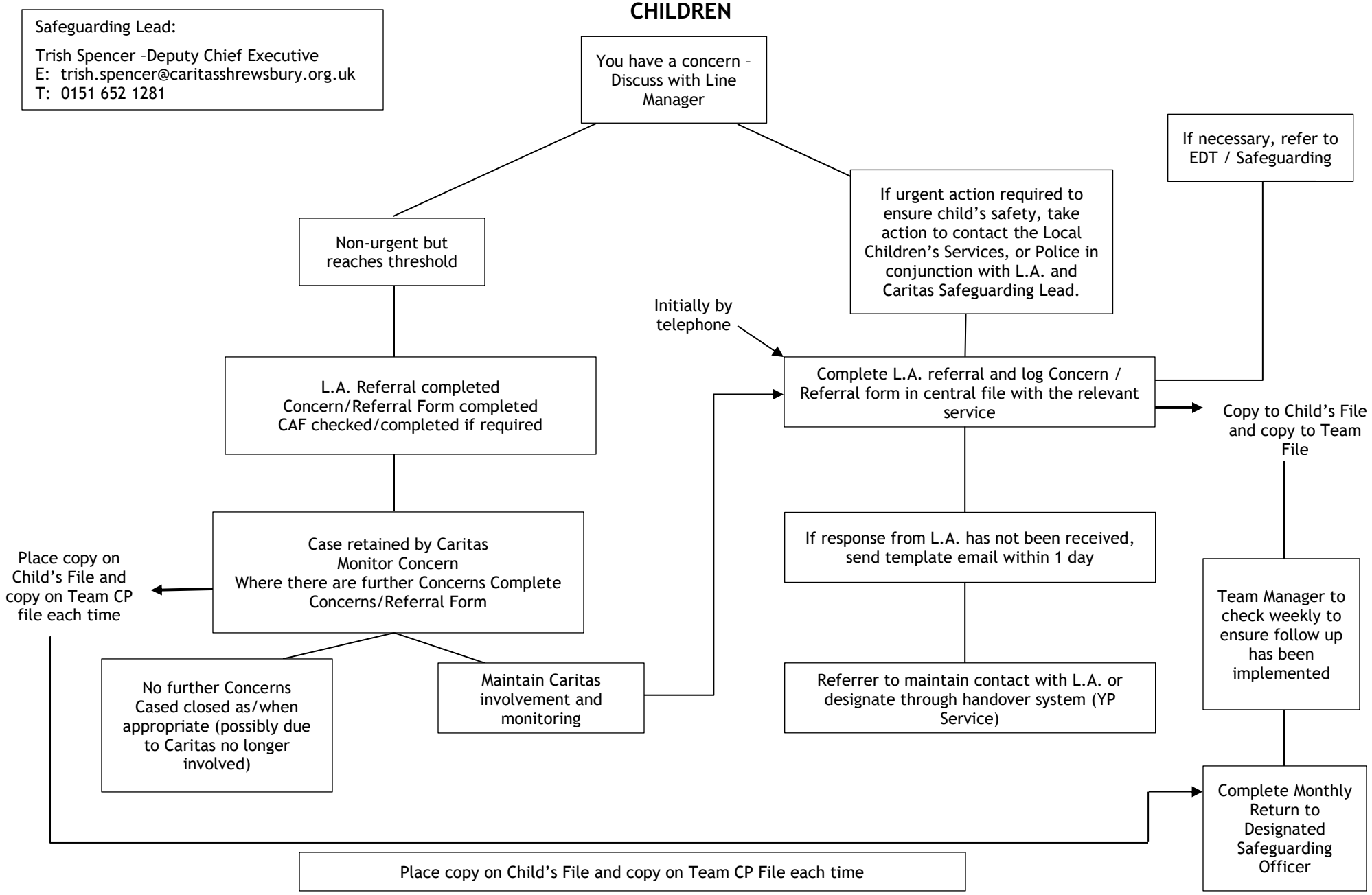
- Where a school is concerned about a pupil and consults the Caritas worker in that school, the schools procedures should still be followed with Caritas supporting staff to implement procedures.

- School based staff should also be familiar with the Education Act 2002 and the Keeping Children Safe in Schools Guidance 2016. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

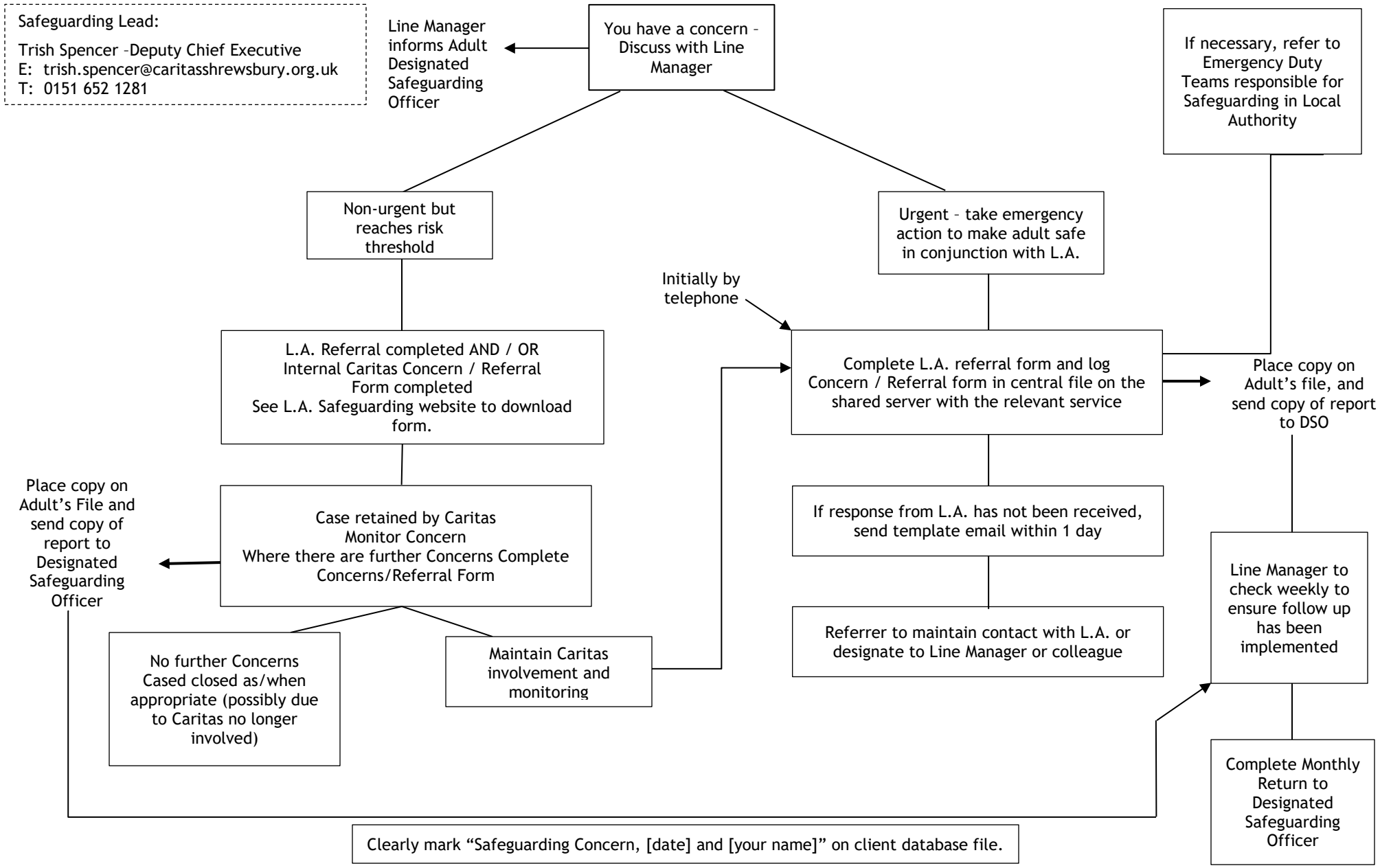
- Where a child divulges to a Caritas worker in a school an incident of abuse or neglect this will be referred directly by the Caritas worker in conjunction with the school. In all child protection concerns the Caritas worker must complete the pro-forma and alert their line manager within 24 hours.

- Where services are provided to pupils who have complex needs, staff must be able to use or access appropriate expertise in communication systems to ensure children are not disadvantaged or at additional risk as a result of their disability or learning difficulty.

SAFEGUARDING PROCEDURE
CHILDREN



SAFEGUARDING PROCEDURE ADULTS



2.2 DEALING WITH CONCERNS

Emergency Situations

If a child needs emergency medical attention, this must be sought immediately and directly from the emergency services. Parents/carers should be kept fully informed, unless any of the following circumstances apply when you must not discuss your concerns with them. Any of the situations identified below would normally be managed in conjunction with Children's Services in the respective Local Authority:

- Sexual abuse is suspected.
- Organised or multiple abuse is suspected. This involves either a number of abusers acting together to abuse, or recruit for abuse, one or more children; or one person abusing, or recruiting for abuse, a number of children across a number of families, within institutions or within the wider community.
- Fabricated or Induced Illness (previously known as Munchausen Syndrome by Proxy) is suspected. This occurs when significant harm is caused to a child by the actions of a parent/carer who deliberately fabricates symptoms or induces medical symptoms in a child which would not otherwise be present.
- Contact with parents/carers would place a child, yourself or others at risk.
- If you suspect either parents or carers as potential abusers.
- If you suspect Forced Marriage.

Once the child has been referred for medical attention, continue to follow these procedures. There may be other situations where a member of staff believes that a child is at immediate risk of serious harm in which case the Police/Children's Services must be alerted as a matter of urgency.

Other Safeguarding Concerns

In other situations, it may be difficult to know whether your concerns are justified and it is important to consult with your Manager. The purpose of the consultation is to discuss your concerns and decide what action is necessary. Where your concern relates to a long-standing situation, you should refer to the chronology of events and incidents at the front of the child's file/write a chronology to see if a pattern, indicative of abuse and/or neglect, emerges.

It is good professional practice to ask a child why they are upset or how a cut or bruise was caused and respond to a child who wants to talk to you. It helps to clarify what may have been vague concerns and is, therefore, likely to result in the appropriate action being taken.

Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for children with disabilities and for children whose preferred language is not English. The nature of the communication will also depend on the substance and seriousness of the concerns. It is important to speak to children without their parents being present. You may require advice from Children's Services or the Police to ensure that neither the safety of the child nor any subsequent investigation is jeopardised.

It is important to reassure the child, not to promise confidentiality and to ensure that workers do not ask children to repeat what has been said to another worker.

Disclosures

If a child discloses abuse or makes an allegation it is important to:

- Keep calm.
- Listen carefully.
- Allow the child to say what they need to say.
- Avoid asking leading questions.
- Reassure the child that they are right to tell you.
- Let the child know that you will be talking to other people in order to help keep them safe.
- Record what the child has said immediately, giving time and date and your name and signature.
- Report the matter to your Line Manager immediately and complete a record of the consultation.
- Let the child know what is going to happen next.

If you are concerned about a child, you should consider their need to be kept informed and supported.

Equally, it is expected practice to be as open and honest as possible with parents/carers about the concerns.

2.3 RECORDING / MAKING A REFERRAL

There are a number of processes relevant to each team /service but the principles of recording remain the same. Consultation with managers regarding concerns should be noted by the person referring – in format agreed within each service:

- Agree who will make the referral. Best Practice would suggest that this should be the person with first-hand knowledge of the concern.

- Recording for all instances of Safeguarding/Child protection must be completed clearly, noting full names, dates of birth, dates and times of incidents, the source of any relevant information and details of the person completing the record.

- For instances of physical abuse a Body Map should be used and attached to the referral.

- Local Authority bespoke forms should be used with accompanying guidance for all referrals where a child protection referral (which may follow a telephone referral) is being made by Caritas staff. Parents should be made aware that a referral is being made subject to the exemptions noted (Appendix 2 Making a referral).

- Completed concerns/referrals whether in Caritas format OR that of the L.A. must be maintained on a central file in each team in addition to being placed on the individuals file.

- This central file may be in electronic or paper form and will be audited.

- A monthly Safeguarding Monitoring form must be returned to Head Office – informed by the details in the central file.

- Central files must be stored securely both centrally and in individual services in line with Caritas policies (Appendix 7).

Following a Referral

Following a referral, Children's Services should let the referrer know what the next course of action will be:

- No further action may be taken and if this is the case, the referrer should be informed of this decision and the reasons why and the reasons for making it.

- The template email (Appendix 3) should follow the referral and the response should be filed with the referral.

    - If you disagree with the decision taken by the statutory authorities not to take any further action, discuss the case with your Manager. Use the management structure of Caritas to advocate for a child or family if you think that a child remains at risk of significant harm. You will need to refer to the relevant Local Safeguarding Board escalation procedures.

      If the child resides outside of the borough, please refer to the relevant Local Safeguarding Board escalation procedures.

- Children's Services may decide that an assessment is required. Caritas staff may be asked to be involved in the assessment process according to the agreed plan, including providing further information about the child and family and reaching a shared judgement about the necessity of further action.

- Children's Services should inform, in writing, all relevant agencies of decisions made following the completion of an investigation or an assessment; this duty to inform extends to the referrer.

- Caritas should receive a response within 24 hours of making a Safeguarding referral. If a response is not received, a follow-up email should be sent, and resent if necessary.

2.4 WORKING IN PARTNERSHIP

Caritas staff may be required to attend strategy meetings, Child Protection case conferences, core group meetings or contribute to the assessment process. It is important that staff are clear about their role and that managers are fully informed about the progress of the case. It is also important that information is shared with other professionals and further concerns are reported promptly.
At all times the safeguarding of children overrides the duty of confidentiality.

Caritas believes in working in partnership with parents/carers and being as honest and open as possible with them. Research shows that involving parents/carers leads to better outcomes for the child and their family.

3. CHILD-TO-CHILD ABUSE

Child-to-child abuse can take a number of forms. Children can abuse each other emotionally, physically or sexually. The abuse can take place in various settings: home, school, residential care homes and foster homes:

- All concerns about child-to-child sexual abuse should be referred to the relevant Manager using the Safeguarding Concern/Referral form.

- Children and young people who abuse other children should be held responsible for their abusive behaviour whilst being responded to in a way that recognises them as a child with needs as well as protecting other children. Caritas will retain a duty of care to the alleged perpetrator.

- For all children, when child-to-child abuse has been suspected or identified, Caritas must make a referral to the Local Authority where the child resides.

- The effects on the victim of child-to-child abuse can be as severe as for victims abused by adults. Caritas should take a pro-active part in working alongside other agencies to take a multi-agency approach to investigation, assessment and decision making.

- The Local Authority Initial Assessment will be the means of establishing whether there are concerns which will require further action under the relevant Authority's Safeguarding Procedures or whether assessment, intervention and support can be provided outside of these procedures. Such a determination will need to be made in respect of both the victim and the alleged abuser.

- Caritas staff should familiarise themselves with the relevant Local Authority Safeguarding Procedures and question if these are not followed, escalating any unresolved concerns through the line management structure.

4. CHILD SEXUAL EXPLOITATION

Sexual exploitation of children is a reality in British society and involves children in a world of organised crime, drugs, pornography and abusive images via the Internet. Young people who have had damaging life experiences through child abuse within the family are particularly susceptible to adults who seek out children for reasons of exploitation. An awareness of the vulnerability of asylum seekers should also be recognised.

The involvement of children in sexual exploitation concerns both boys and girls. Legally consent to sexual activity can be given by those over the age of 16, although the Children Act 1989 considers anyone under 18 to be children. Although the age of consent remains at 16, the law is not intended to prosecute mutually agreed teenage activity between two young people of similar age, unless it involves abuse or exploitation. However, staff have a duty to safeguard children and promote their welfare under Section 11 Children Act 2004.

Staff at Caritas should be aware and vigilant to the possibility that children can become involved in child sexual exploitation.

Children rarely self-report child sexual exploitation so it is important that practitioners are aware of potential indicators of risk, including:

- Acquisition of money, clothes, mobile phones etc. without plausible explanation.
- Gang-association and/or isolation from peers/social networks.
- Exclusion or unexplained absences from school, college or work.
- Leaving home/care without explanation and persistently going missing or returning late.
- Excessive receipt of texts/phone calls.
- Returning home under the influence of drugs/alcohol.
- Inappropriate sexualised behaviour for age/sexually transmitted infections.
- Evidence of/suspicions of physical or sexual assault.
- Relationships with controlling or significantly older individuals or groups.
- Multiple callers (unknown adults or peers).
- Frequenting areas known for sex work.
- Concerning use of internet or other social media.
- Increasing secretiveness around behaviours.
- Self-harm or significant changes in emotional well-being.
- Persistent periods of being missing, in particular returning from these absences looking well cared for but without any obvious explanation. (Cross reference with relevant services missing from Home Procedures and L.A. protocols for Child who go missing from Home and Care).

How are children sexually exploited?

Child sexual exploitation takes many different forms. It can include contact and non-contact sexual activities and can occur online or in person, or a combination of each. The following illustrative examples, although very different in nature and potentially involving different sexual or other offences, could all fall under the definition of child sexual exploitation:

- A 44 year old female posing as a 17 year old female online and persuading a 12 year old male to send her a sexual image and then threatening to tell his parents if he doesn't continue to send more explicit images.
- A 14 year old male giving a 17 year old male oral sex because the older male has threatened to tell his parents he is gay if he refuses.
- A 14 year old female having sex with a 16 year old gang member and his two friends in return for the protection of the gang.
- A 13 year old female offering and giving an adult male taxi driver sexual intercourse in return for a taxi fare home.
- A 21 year old male persuading his 17 year old 'girlfriend' to have sex with his friends to pay off a drug debt.
- A mother letting other adults abuse her 8 year old child in return for money.
- A group of men bringing two 17 year old females to a hotel in another town and charging others to have sex with them.
- Three 15 year old females being taken to a house party and given 'free' alcohol and drugs, then made to have sex with six adult males to pay for this.

These examples are not exhaustive: other forms of child sexual exploitation occur and new forms continue to develop. Nor are they mutually exclusive – some children will suffer abuse across a range of scenarios, either simultaneously or in succession.

When any member of staff has a concern that a child may be involved in harmful sexual activity or any form of sexual exploitation they should discuss this concern at the earliest opportunity with their Manager/Supervisor. Where the child is 'looked after' by a Local Authority, this concern should also be discussed with the child's Social Worker and all actions agreed to address the concerns.

Local authorities will often have dedicated teams who respond when child sexual exploitation is suspected or confirmed – names of these services vary in different local authorities.

The staff member and Manager should make a formal referral to the relevant Children's Services, so invoking the Local Authority and Police procedural guidance with regard to child sexual exploitation. **For further guidance please see;**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Contact details for Local Authorities across which we work:

The latest Greater Manchester Safeguarding Contacts can be found on this website:
http://greatermanchesterscb.proceduresonline.com/chapters/pr_contacts.html

CHESHIRE EAST:
Social Care Referrals: 0300 123 5012
Out of Hours: 0300 123 5022
LADO (Local Authority Designated Officer): 01606 288931
Website: www.cheshireeastlscb.org.uk

CEC Safeguarding Adult Board Website
Electronic referral forms can be found on CEC Live well site and the Safeguarding Adults Board website: www.stopadultabuse.org.uk

Modern Day Slavery and Human Trafficking
http://www.homeoffice.gov.uk/publications/crime/referral-formd-human/trafficking/

Death or Serious Injury of an adult at risk
SAR Form https://www.cheshireeast.gov.uk/Docs/SAR%20request%20form.doc

CHESHIRE WEST & CHESTER:
Gateway Team: accesswest@cheshirewestandchester.gov.uk
Tel: 0300 123 7034
Emergency Duty Team: 01244 977277 (out of office hours)
General safeguarding enquiries: 0300 123 7034
Children's Social Care Contact and Referral Team (CART): 01606 275099
Website: https://westcheshirelsab.co.uk/

HALTON:
Local Authority Designated Officer (LADO): 0151 511 7229
Children Social Care: Telephone: 0151 907 8305 (Mon-Thurs 9 am – 5 pm, Fri 9 am – 4.30 pm)
0345 050 0148 (out of office hours and throughout weekends)
Halton Safeguarding Adults Board: 0151 907 8306
Website: haltonsafeguarding.co.uk

MANCHESTER:
Social Care Referrals Manchester Contact Centre 0161 234 5001
Out of Hours: 0161 234 5001
LADO (Local Authority Designated Officer): 0161 234 1214
Website: www.manchesterscb.org.uk

SHROPSHIRE:
Children
SSCB General Enquiries: 01743 254 259
Safeguarding Concerns contact FPOC: 0345 678 9021
Website: http://www.safeguardingshropshireschildren.org.uk/

Adults
First Point of Contact Team: 03456 789044 (Monday to Thursday, 9am to 5pm, and Friday 9am to 4pm)
Emergency Social Work Duty Team: 0345 678 9040
Website: http://keepingadultssafeinshropshire.co.uk/

STOCKPORT:
Stockport Supporting Families Pathway (SFP) & Multi Agency Safeguarding & Support Hub (MASSH): 0161 217 6028
Out of Hours: 0161 718 2118
LADO (Local Authority Designated Officer): 0161 474 5657
Website: www.safeguardingchildreninstockport.org.uk

TAMESIDE:
Children's Social Care Referral & Assessment Team: 0161 342 4186 / 4199 / 4222
Out of Hours: 0161 342 2222
LADO (Local Authority Designated Officer): 0161 342 4111/ 0161 342 4398
Website: www.tamesidesafeguardingchildren.org.uk

TRAFFORD:
Multi Agency Referral and Assessment team (MARAT) 0161 912 5125
Out of Hours: 0161 912 2020
LADO (Local Authority Designated Officer): 0161 912 5024
Website: www.tscb.co.uk

WARRINGTON:
Assessment and Intervention Team: 01925 443400
Concerns about an adult, call Warrington Access to Social Care Team: 01925 444239
Out of Hours: 01925 444400
Website: http://warringtonlscb.org/
https://www.warrington.gov.uk/info/201189/warrington_safeguarding_adults_board_wsab/215/warrington_safeguarding_adults_board_wsab

WIRRAL:
Children
Wirral Integrated Front Door: 0151 606 2008 (9am – 5pm Monday to Friday)
Outside of these hours call 0151 677 6557.
Website: https://www.wirralsafeguarding.co.uk/

Adults
Central Advice and Duty Team: 0151 514 2222 (option 3) (Monday to Friday 8:50am to 5:00pm)
Call 0151 677 6557 all other times and on public holidays
Website: https://www.merseysidesafeguardingadultsboard.co.uk/

TELFORD & WREKIN:
Family Connect Team: 01952 385385 (Monday – Friday, 9am – 5pm)
Emergency Duty Service: 01952 676500 (Monday – Sunday after 5pm)
West Mercia Police: 0300 333 3000 or 101
Website: http://www.telfordsafeguardingboard.org.uk/
Website: http://www.telfordsafeguardingadultsboard.org/sab/

GM Police Public Protection Investigation Unit (PPIU): 0161 856 9314
Investigates cases of physical, sexual & domestic abuse; rape; the abuse of vulnerable adults & neglect of children. Facilitates action against the perpetrators so they can be held accountable through the criminal justice system.

Greater Manchester Police Safeguarding Vulnerable Persons Unit Tel: 0161 856 6411 / 0161 856 5017 / 0161 856 7484

6. GOVERNMENT'S 'PREVENT' STRATEGY

Prevent is about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.

https://www.gov.uk/government/publications/individuals-at-risk-of-being-drawn-into-serious-and-organised-crime-a-prevent-guide

Serious and organised crime is a threat to our national security and to our local communities.

It affects all of us and includes: trafficking and dealing in drugs, people, weapons and counterfeit goods; sophisticated theft and robbery; fraud; money laundering and other forms of financial crime; and cybercrime. It also includes Modern Slavery and child sexual exploitation.

Law enforcement estimates that over 39,000 people are engaged in serious and organised crime in this country, operating in more than 5,800 groups.

The UK Government estimates that the social and economic cost of organised crime is at least £24 billion each year and likely to be very much more.

Government, law enforcement and partners, both locally and nationally, work together to tackle this threat. A new national law enforcement organisation, the National Crime Agency (NCA), was launched in 2013 to lead the fight to cut serious and organised crime. At the same time the Government published a new strategy which aims to substantially reduce the level of serious and organised crime affecting the UK and its interests.

The Strategy has four objectives:

- PURSUE: prosecuting and disrupting people engaged in serious and organised criminality;
- PREVENT: preventing people from engaging in serious and organised crime;
- PROTECT: increasing protection against serious and organised crime;
- PREPARE: reducing the impact of this criminality where it takes place.

All Caritas Staff and volunteers and actively encouraged to undertake the e-learning training:

https://www.elearning.prevent.homeoffice.gov.uk

7. 'ADULTS AT RISK OF HARM' POLICY

Introduction

Every person regardless of age, race, cultural background, gender, disability or sexuality has the right to live free from abuse and neglect. In accordance with its mission and values statement, Caritas Diocese of Shrewsbury has developed this policy and guidance for all staff and volunteers who work with, or come into contact with adults at risk of harm.

Staff and volunteers work in a variety of settings including community projects and family homes. It is the responsibility of any person who does work for Caritas in a paid or voluntary capacity to be vigilant and proactive in the protection of adults accessing its services.

An adult is any person above the age of 18 years. The Caritas Safeguarding Children Procedures section should be used in relation to protection of children. The phrase "Vulnerable Adult" is now recognised as contentious and is replaced by Adults at risk of harm – (this change of terminology is based on the premise that vulnerable adult can appear to locate the cause with the victim rather than placing the responsibility with the actions or omissions of others).

Safeguarding of adults is based on the following principles:

EMPOWERMENT – The presumption of person led decisions and informed consent.
PROTECTION - Support and representation for those in greatest need.
PREVENTION – it is better to take action before harm occurs.
PROPORTIONALITY – Proportionate and least intrusive response appropriate to the risk presented.
PARTNERSHIP – Local solutions through services working with their community.
ACCOUNTABILITY – Accountability and transparency in delivering safeguarding.

Caritas Diocese of Shrewsbury regularly works in **unregulated activities** with many different groups of adults who may be vulnerable or at risk of harm such as:

- Asylum seekers and refugees.
- Older people.
- Homeless or at risk of homelessness.
- Adults with drug and alcohol dependency.
- Adults with health and mental health issues.
- Adults working in the sex industry.
- Ex-offenders.

Definition of 'Adults at risk of harm' (Protection of Freedoms Act 2012)

An adult in this category is defined as someone in receipt of 'regulated activity' which may include the following:

- Provision of relevant social work.
- Day to day assistance – paying bills, shopping or managing the persons cash.

While adults may be regarded or described by service providers as 'vulnerable' due to a range of factors, there is also an understanding that vulnerability may not be a fixed or permanent feature in an adult's life – this is particularly pertinent where adults may lack mental capacity and decisions may be taken for them by others.

Adults who present to homeless or Community services may be described as vulnerable but due to the limited information they may be willing to provide and the voluntary nature of the service offered there is considerable difficulty in determining if a particular individual should be deemed 'vulnerable'.

Where the service provided meets the definition of Regulated activity (e.g. Service for adults with a life limiting condition) the policies of that service will develop from this Caritas policy. Where the service provided does not come under the definition of regulated activity, the principles underpinning Safeguarding practice must be upheld but the practice of the service may not be deemed to be being delivered to 'Adults at risk of Harm'.

Staff and volunteers should be aware of the vulnerability of their service users but require more comprehensive knowledge to assess them as 'vulnerable' within the commonly understood definition of the term and the implications which exist e.g. for application of a 'mental capacity' test.

It must be remembered that vulnerability may be a permanent or temporary state and can be dictated by circumstances as well as disability.

The Mental Capacity Act 2005 identifies capacity by applying the Mental Capacity 'test' which identifies whether a person is unable to make a decision if they are unable to do one or more of the following:

- Understand the information relevant to the decision (despite appropriate explanation, use of simple language, visual aids etc.).
- Retain that information long enough to be able to make a decision.
- Weigh up that information available to make a decision.
- Communicate the decision by any means.

Assessing capacity – Test*

The test for assessing capacity is called the 'two-stage test' and is described in detail in chapter 4 of the Mental Capacity Act Code of Practice.

Stage 1 asks "Does the person have at material time an impairment of, or a disturbance in the functioning of, their mind or brain?"

Examples of 'impairment or disturbance of mind or brain' may include personality disorders, and temporary confused states caused by acute ill health e.g. Urinary Tract Infection. It may include discrete observations of the person's cognitive processes e.g. confusion, memory lost etc.).

If the answer is 'yes' then the assessor can proceed with Stage 2 (if the answer is 'No', then assessment stops and must conclude that person possesses capacity).

Stage 2 has 4 parts, and must be directed at a specific decision the decision-maker is contemplating. To possess capacity, the person must be able to do all four of the following:

1. Understand information about the decision to be made i.e. relevant information.
2. Retain that information long enough to use for decision making.
3. Use or weigh that information as part of the decision-making process.
4. Communicate their decision (verbally or non-verbally).

Only if the answer to stage 1 is 'yes' AND the person is unable to do 1 or more of stage 2, can the person be assessed as lacking capacity (for a specific decision).

The test does not necessarily have to be done by a doctor or psychiatrist. In following the philosophy of the Act, a person who has the best rapport or who can get the best out of the client, is best placed to assess the client.

(*Reference: Mental Capacity Act 2005:
http://www.manchester.gov.uk/info/100010/social_services/4870/mental_capacity_act)

Making decisions on behalf of clients who lack capacity

If, having taken all practical steps to assist someone, it is concluded that a decision should be made for them, that decision must be made in that person's best interests. You must also consider whether there's another way of making the decision which might not affect the person's rights and freedom of action as much (known as the 'least restrictive alternative' principle).

Best interests

The Mental Capacity Act sets out a checklist of things to consider when deciding what is in a person's best interests. You should:

- Not make assumptions on the basis of age, appearance, condition or behaviour.
- Consider all the relevant circumstances.
- Consider whether or when the person will have capacity to make the decision.
- Support the person's participation in any acts or decision made for them.
- Not make a decision about life sustaining treatment "motivated by a desire to bring about his (or her death)".
- Consider the person's expresses wishes and feelings, beliefs and values.
- Take into account the views of others with an interest in the person's welfare, their carers and those appointed to act on their behalf.

If you suspect a service user is unable to make a decision that puts them at risk of abuse or neglect, please make a safeguarding referral, following the agreed procedure within this policy. All capacity tests and decisions made should be recorded on the safeguarding referral form.

8. DEFINITION OF ABUSE

'A violation of an individual's human and civil rights' by any other person or persons

It may consist of a single act or repeated acts, it may be physical, verbal or psychological and it may be an act of neglect or omission. It can 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.

The following is a guide to the various types of abuse, giving examples and possible indicators. The presence of any of these signs does not establish abuse or neglect, but may indicate the possibility that abuse may exist. It should also be stressed that abuse may be occurring even though none of these possible indicators are present and that the list is not exhaustive.

Physical	Includes hitting, kicking, slapping, rough handling, misuse of medication, inappropriate sanctions or unlawful / inappropriate restraint.
Psychological	Includes threats of harm or abandonment, humiliation, blaming, controlling, coercion, harassment, verbal abuse.
Financial & Material	Includes theft of money or possessions, misuse of someone's benefits or finances, exploitation, fraud, pressure in connection with financial matters.
Sexual	A sexual act without consent, non-contact or contact (may include use of the Internet). Compelling, inciting or facilitating a person with impaired capacity for choice to engage in sexual activity without consent (this is an offence under the Sexual Offences Act 2003).
Neglect and acts of omission	Such as a carer not meeting a person's physical or health needs or the withholding of necessities, such as medication and adequate nutrition.
Organisational	Mistreatment or abuse by a regime of individuals within an institution including physical, psychological, sexual abuse or neglect within the institution.
Discriminatory	Racist or sexist abuse, abuse based on a person's disability, other forms of harassment, slurs or similar treatments.
Domestic Abuse	Is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse… by someone who is or has been an intimate partner or family member regardless of sexuality.

Modern slavery	Includes human trafficking, forced labour and domestic servitude.
Organisational Abuse	Where any of these forms of abuse, or poor practice are caused by the way an organisation practices, this is called organisational or institutional abuse.
Self-Neglect	includes situations where a person is declining support with their care needs, hygiene, health or their environment, and this is having a significant impact on their overall wellbeing.

Some of the Indicators

Type of Abuse	**Signs to look out for**
Physical abuse	◆ History of unexplained falls or minor injuries. ◆ Bruising - particularly in well protected areas, bilaterally on soft parts of the body, or clustered as from repeated striking. ◆ Finger marks. ◆ Burns – in unusual places or of an unusual nature. ◆ Slap marks. ◆ Kick marks. ◆ Cuts/lacerations/injuries, especially to head, face or scalp. ◆ Injury shape similar to an object. ◆ Weight loss due to malnutrition when not living alone. ◆ Drowsiness (due to medication). ◆ Lack of medication – causing recurring crises/forced hospital admissions. ◆ Ulcers and/or bed sores.
Psychological abuse	◆ Isolation (e.g. vulnerable person may be confined to one room and denied social contact. ◆ Change in appetite – unusual weight gain/loss. ◆ Appearing unkempt; unwashed smell of urine/faeces; being left in dirty clothing. ◆ Unexplained paranoia, excessive fears. ◆ Ambivalence, confusion, resignation, agitation. ◆ Being inappropriately/improperly dressed. ◆ Insomnia/sleep deprivation or excessive need for sleep.
Sexual abuse	◆ Self-inflicted injury. ◆ Disturbed sleep pattern. ◆ Recent difficulty in walking or sitting. ◆ Torn, stained, bloody underclothes. ◆ ‘Love’ bites. ◆ Bleeding. ◆ Torn rectal or vaginal area. ◆ A change in usual behaviour.

	◆ Withdrawal – choosing to spend the majority of time alone. ◆ Overt sexual behaviour/language from the vulnerable person. ◆ Pregnancy. ◆ Sexually transmitted diseases.
Financial abuse	◆ Unexplained or sudden inability to pay bills. ◆ Unexplained or sudden withdrawal of money from accounts. ◆ Disparity between assets and satisfactory living conditions. ◆ Excessive interest by family members and other people in the vulnerable person's assets.
Organisational abuse	◆ Poor care standards. ◆ Lack of positive responses to complex care needs ◆ Rigid routines. ◆ Inadequate staffing or an insufficient knowledge base within the service.
Discriminatory abuse	◆ Discriminatory or oppressive attitudes towards a person, motivated by race, gender, disability, religion, culture or sexual orientation, which results in any of the other forms of abuse.

8.1 Reporting Abuse/Suspected Abuse

Whatever your role within Caritas you are responsible for reporting any suspicion you may have that abuse of an adult at risk of harm. You must therefore be familiar with the possible indicators of abuse and make a record of your concern as soon as possible.

Good Practice Guidelines

- Get urgent medical attention for the person if necessary – contact the emergency services via 999. Tell the emergency service(s) the person is 'vulnerable' and that their records may be required for future evidence.

- Actively listen but do not ask leading questions or indicate any judgement about the alleged perpetrator. If a person discloses do not indicate your possible distaste, ask leading questions or indicate any judgement about the alleged perpetrator.

- Do not promise to 'keep secrets' but explain information will only be passed to those who 'need to know'.

- Reassure the person they were right to tell you and it was not their fault.

- Tell the person you are treating their information seriously.

- Explain who you will be consulting and informing.
- Assess whether the person is likely to be in imminent danger – the return of the alleged perpetrator for example.
- Record what you have seen or have been told.
- Complete the Caritas Safeguarding Concern/referral form (Appendix 1) - Clearly record full name, DOB, address, nature of incident, date and time of incident or disclosure, legibly and with the full name of the referrer clearly recorded.
- Complete a Body Map if physical injuries present.
- Consult with the manager and record outcome of discussion.
- Consult with the local Contact Centre e.g. (Merseyside Police 0151 709 6010).
- Complete the Protection of Vulnerable Adults Concern Record.
- Follow the guidance of the Adult Safeguarding Department regarding medical examination, police consultation.
- Inform CQC in line with regulations.

Caritas Staff / volunteers should not:

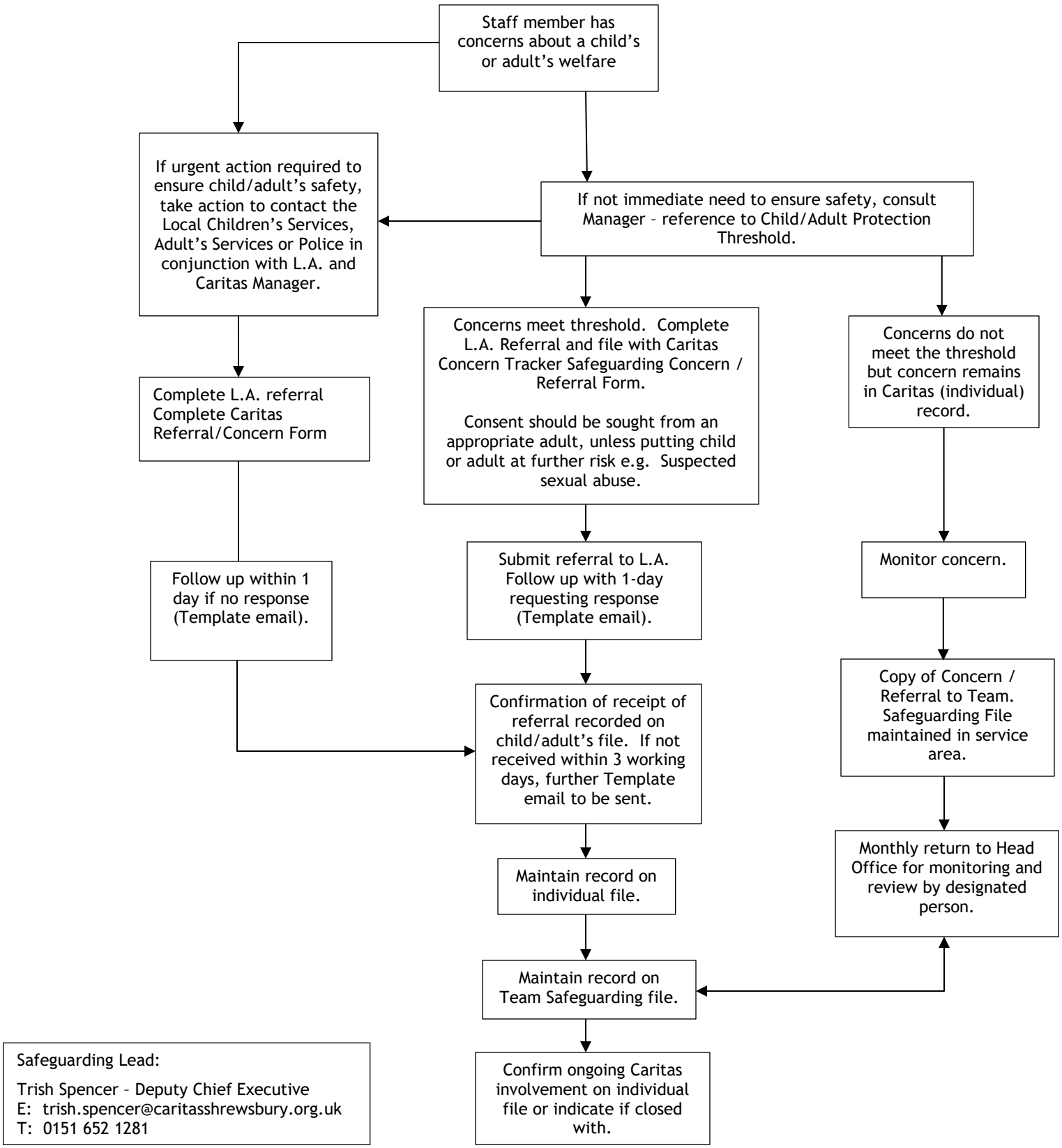
- Press the person for more details (be aware of contamination of evidence which may be required in a police investigation).
- Stop someone freely recalling significant events, as they may not tell anyone again.
- Make promises you cannot keep, e.g. 'this will not happen to you again'.
- Contact the alleged abuser, or anyone who might be in touch with him/her.
- Be judgemental about the perpetrator or the victim.
- Tell anyone who does not need to know.

As a voluntary agency it is our responsibility to ALERT the relevant Local Authority to any concern with regard the possible abuse of adult at risk of harm. A decision will then be made as to whether or not to investigate further. You may be required to complete the relevant local Adult Protection Multi-Agency Alert Form.

Responsibility for the implementation of this policy/procedure lies with the Director of Caritas via the Service Managers.

All staff, volunteers and students must follow the procedures fully.

PROCEDURE TO BE FOLLOWED IN THE EVENT OF CONCERN ABOUT A CHILD OR ADULT



Safeguarding Lead:

Trish Spencer – Deputy Chief Executive
E: trish.spencer@caritasshrewsbury.org.uk
T: 0151 652 1281

9. ABUSE BY PROFESSIONALS

9.1 DEFINITION OF A PROFESSIONAL (INCLUDES STAFF AND VOLUNTEERS)

When considering allegations of abuse made against a Caritas professional (whether paid or unpaid), the term "professional" is taken to mean a person:

- Who, as a member of an organisation or agency (whether religious or secular, voluntary, private or statutory), is entrusted with the care, support, welfare or education of children or adults or who has contact with them in the course of their work or role as a person in a position of trust (PIPOT).
- This policy should be cross referenced with the Whistle Blowing Policy, the Staff Handbook and the specific policies of each Caritas service.

An allegation or concern that any person who works with children or adults, in conjunction with his/her employment in either a paid or unpaid capacity, or voluntary activity has:

- Behaved in a way that has harmed or may have harmed a child or an adult at risk.
- Possibly committed a criminal offence against or related to a child or adult that is vulnerable and at risk of harm.
- Behaved towards a child or children or adult in a way that indicates they may pose a risk of harm to children or adults who are maybe vulnerable.

Introduction

Abuse can take place by adults and children in any and every setting. All allegations of abuse made against a professional, staff member or volunteer should be taken seriously and treated in accordance with the Safeguarding and Professional Abuse/Managing Allegations procedures of the relevant Local Authority.

It is recognised that allegations of professional abuse inevitably generate highly sensitive issues and anxieties for those involved and can potentially affect the careers of those accused. Whilst Caritas respects the rights of employees in terms of natural justice and recognises the vulnerability of staff and volunteers in certain positions and situations, where a conflict exists between the interests of the staff member and those of the child or adult at risk of harm then their interests must be paramount.

Each Local Authority has a professional abuse procedure and a Designated Manager **LADO** (**Local Authority Designated Officer**) and Managers for individual teams within Caritas must ensure that they have access to such procedures for the Local Authorities with whom they work. Where an allegation of professional abuse occurs, the appropriate procedure to follow is that of the Local Authority within whose geographical boundaries the alleged incident occurred (via referral to the LADO). If the victim is over 18 a PIPOT (Persons in Position of Trust) referral should be made to the relevant Adult Safeguarding Team.

Caritas is committed to ensuring an environment within which the basic safeguards to professional abuse exist. To this end Caritas will create a culture where:

- All service users feel valued, respected and their self- esteem is actively promoted.

- An openness is maintained with the external world i.e. regulating bodies, families, local authorities and other agencies.

- Staff and volunteers are trained in all aspects of safeguarding, are alert to vulnerabilities of service users and are knowledgeable about how to instigate and implement safeguarding procedures.

- Recruitment and selection procedures are rigorous. No person will begin work in regulated activities without statutory checks including an enhanced DBS check – with the relevant Barred Lists being checked - being fully completed. Arrangements for ensuring safe recruitment of staff and volunteers (including staff employed on a temporary basis or via an agency), include:
    - a formal application and interview process
    - obtaining and verifying suitable references
    - obtaining a satisfactory Disclosure and Barring Service (DBS) check at an appropriate level (*where applicable)*
    - Once DBS certificates are issued and registered with the Update Service, DBS certificate are checked on an annual basis (with the permission of the employee/volunteer)
    - in the case of DBS certificates not having been registered with the Update Service, a new check will be carried out after 3 years as necessary
    - an induction, training and review for new staff/ volunteers (including safeguarding training)

- Procedures exist and staff will be supported when raising concerns about the conduct of any staff member or volunteers.

- Measures exist in respect of lone-working. The Lone-Working Policy is found within the Staff Handbook which should be read in conjunction with this policy.

- Children have access to independent agencies and are able to make private contact with such agencies e.g. Inspection units, Childline, Children's Rights Service.

- There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability.

- Adults are provided with opportunities to report concerns to external agencies including the Police and local authority.

- During the client's initial assessment, they will be informed of the correct procedure to follow if they have cause for complaint regarding a Caritas member of staff or volunteer.

- A Complaints Procedure exists that is accessible to all and mechanisms exist to ensure that complaints are monitored and responded to effectively.

- There is effective support and supervision for all staff.

9.2 GENERAL PRINCIPLES

When an allegation arises against a professional in whatever context, Caritas will:

- Ensure that the paramount concern is the safety and welfare of the child/adult making the complaint.

- Co-operate fully with the statutory authorities and provide relevant documentary and verbal information.

- Give priority to the situation, attend meetings, respond to correspondence immediately and in all areas attempt to ensure the speedy resolution of the investigation.

- Ensure that independent support is provided to the member of staff/volunteer involved and staff colleagues who require it (the staff member will be entitled to Union representation or similar representation).

- Ensure that this policy and all related policies are made available to staff/volunteers as they are reviewed and updated. All updated policies and procedures will be made available to internal stakeholders of the organisation via the 'TEMPLATES' Drive, and distributed via email each time reviews of policies are complete. Staff will be requested to confirm they have read and understood the revised information contained therein. Safeguarding is also a standing agenda item at all staff meetings and supervisions (formal and informal), and Trustees meetings.

9.3 SAFEGUARDING CONCERNS IN RELATION TO ALL STAFF

Where actual or suspected abuse or a safeguarding concern, involving a professional, comes to the attention of any staff in Caritas, this information should immediately be shared with either the Children or Adult Designated Safeguarding Officer (contact details on page 3 of the policy).

The referrer should record the time, place and details of the allegation or suspicion and give this information, via the Safeguarding Concern/Referral record sheet, to the Line Manager (or his/her Manager if there are concerns about the Line Manager). The allegation or disclosure may refer to a current or an historical situation.

Care should be taken to reassure the complainant/whistle blower they were right to report the matter. They should be advised that their statement will be taken seriously but cannot be kept confidential as it will be necessary to investigate the allegations.

During office hours the Manager for the relevant services must be alerted immediately. It is the responsibility of the relevant manager in conjunction with the Service Manager to ensure that the following issues are addressed immediately:

- That the subject of a Child Protection Concern/Adult Protection Concern is clearly and immediately protected from harm and that their safety and welfare is the first and paramount consideration.

- That all the relevant information has been recorded.

- That the relevant Local Authority Designated Officer (LADO), and Person in a Position of Trust (PiPoT) are notified.

- Whether and how the member of staff will continue working in their current post/ be suspended as a neutral act (subject to a full and recorded risk assessment informing the decision).

The Manager should meet with the relevant Service Manager (as well as the relevant Designated Safeguarding Officer) and anyone else who has useful information, for a Professional Concern meeting, the next working day. This meeting will consider:

- The details of the incident.
- Information concerning what has been alleged.
- Any evidence to refute or support the allegation.
- The details of any witnesses.
- Whether the member of staff should be suspended immediately, temporarily redeployed or be asked to take special leave.
- Any immediate support needs.
- Any further information that is required in order to clarify the allegation.
- Any other information, e.g. historic allegations or concerns.
- This meeting must be recorded and all the information passed to the relevant Local Authority. Caritas will co-operate with Local Authority procedures, attend any strategy meetings and provide documentary evidence as required.
- Any investigation into allegations of abuse will have three related but independent strands:

    - Enquiries relating to the safety and welfare of any children/adult involved.
    - Police investigation into possible criminal offences.
    - Disciplinary investigations.

- Criminal and Safeguarding enquiries should usually take precedence and the disciplinary process should be frozen until the outcome of enquiries is known. In specific circumstances they can be run in parallel – a strategy meeting may decide, where admissions have been made or where due to the complexity, a criminal case may take over 12 months to complete, that the disciplinary process can proceed.
- It is the duty of the relevant manager to ensure that the Local Authority responds promptly and, where appropriate, a strategy meeting is held as soon as possible. If the Local Authority decides not to have a strategy meeting consideration needs to be given as to how Caritas will proceed with its enquiries. Whatever happens, the Manager must ensure that the Local Authority provides, in writing, a formal outcome of their investigations. The Local Authority may call an initial considerations meeting to establish whether the threshold has been met or for the purposes of information sharing.
- The function of a typical Local Authority strategy meeting is contained in (Appendix 5).
- Caritas staff should be made aware that if an allegation is made against them in relation to their professional work, this may have an impact on their personal lives and vice versa (e.g. their own children may be subject to a risk assessment) or their interests, if these involve children (e.g. Scouts/Guides etc.).

9.4 SUSPENSION

Any decision to suspend an employee for a period of time whilst an investigation is undertaken does not constitute a disciplinary sanction but is intended to be a neutral act that enables a full and objective investigation to commence. However, it is recognised that being suspended from employment can have serious consequences for staff in terms of current and future employment and is not a decision to be taken lightly. Suspension will always follow the commencement of a criminal investigation. In addition:

- Where there are immediate and serious concerns for the subject of the concern and for the protection of the staff member concerned, the member of staff against whom the allegation is made can be suspended immediately. In this instance the staff member should be told about the suspension, in person, by the Manager/Out of Hours Manager. A letter confirming the suspension will be sent the next working day. If there is a criminal investigation ongoing, Caritas cannot discuss the details of the allegation/concern with the staff member until the Police have given Caritas permission to do so as may be the case if CSC decide to undertake Section 47 enquiries.

- A support person will be identified as a link to the suspended staff member.

- In all other cases, the decision to suspend will normally be made following the Professional Concern meeting between the manager and the relevant Senior Manager. In making this decision, the meeting must determine which of the three following categories the allegation might represent:

  - Acceptable professional behaviour – this may include exercising appropriate discipline.
  - Unacceptable professional behaviour which constitutes misconduct but falls short of abuse.
  - Abusive behaviour as defined in Safeguarding Procedures.

- Employers should make a referral to the Disclosure and Barring Service when both of the following conditions have been met:

Condition 1

- Caritas has to withdraw permission for a person to engage in regulated activity with children and/or vulnerable adults. Or have moved the person to another area of work that isn't regulated activity.

- This includes situations when you would have taken the above action, but the person was re-deployed, resigned, retired, or left. For example, a teacher resigns when an allegation of harm to a student is first made.

Condition 2

You think the person has carried out 1 of the following:

- Engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or;

- Satisfied the harm test in relation to children and/or vulnerable adults. e.g. there has been no relevant conduct but a risk of harm to a child or vulnerable still exists or;

- Been cautioned or convicted of a relevant (automatic barring either with or without the right to make representations) offence.

- Caritas should make a referral to the DBS when they have gathered sufficient evidence as part of their investigations to support their thinking that a person has engaged in relevant conduct, satisfied the harm test or received a caution or conviction for a relevant offence.

- It is important to retain confidentiality as far as possible. However, it is extremely difficult for a member of staff to be suspended for a period of time without an explanation being given to colleagues who may be required to provide extra cover. In cases where there is likely to be media interest in the circumstances of an investigation, Caritas will ensure that staff are prepared for this. The suspended person will be told about what the process will be. In these situations, the fact of the suspension can be revealed but not the details of the case. A media/speculation strategy will be agreed formally through the Allegations Management Strategy Meeting.

- When a member of staff is suspended, Caritas must decide whether the individual should have contact with colleagues. In situations where the concern has arisen during the individual's employment with Caritas, it will not be possible for colleagues to contact the suspended person. In situations involving concerns arising outside of Caritas, it may be possible for them to have contact. The Service Manager will give guidance on a case-by-case basis in conjunction with the HR Department.

- If a worker is convicted of committing an offence against a person in the carrying out of their duties, they will be dismissed from the employment of Caritas. The conviction will be notified to the Disclosure and Barring Service and the relevant Regulatory Body e.g. HCPC.

- Suspended staff will remain on full pay while a Disciplinary Hearing is pending.

- Where a member of Caritas staff has been suspended due to safeguarding concerns, consideration needs to be given to the worker's contact with children within his/her own family and the community. Where a Local Authority is involved, it will be the responsibility of that Local Authority to follow procedures in ensuring that the relevant authorities/agencies are alerted to the suspension. The role of Caritas will be to ensure that employees are aware that this may happen.

- Where an allegation is unsubstantiated/unfounded, the staff member will receive appropriate support in returning to work as soon as possible.

9.5 RISK ASSESSMENT AND INVESTIGATION

Where a member of staff has been suspended, it will not be possible for that person to return to work until a risk assessment (see Appendix 4) has been completed. Caritas will give priority to the risk assessment and keep the member of staff informed throughout the process.

There may be other situations where a member of staff/volunteer has not been suspended but it is appropriate that a risk assessment be carried out.

In cases where it is decided that there will be no criminal investigation, or the criminal case has not resulted in a conviction and the statutory authorities have finished their enquiries, Caritas will formulate a judgement as to whether the member of staff has breached Caritas policies and procedures. This may result in formal disciplinary procedures being invoked. In all circumstances, prior to reinstatement a risk assessment must be carried out.

- The purpose of the risk assessment is to:

  - Ensure that there are no outstanding issues with regard to the safety and welfare of children or adults receiving a service from Caritas.
  - Come to a conclusion about what, if any, risk is posed by the member of staff.
  - Ensure that there is clarity about the outcome of the investigations.

- The risk assessment will be carried out by a senior member of staff who is independent of the line management for the member of staff involved. The risk assessment will use all available information about the case and in particular:

  - The concerns that gave rise to the investigation.
  - The work history of the member of staff.
  - The implications for continuing to work with children or adults.

- The risk assessment will normally involve interviews with the member of staff, his/her Manager and colleagues. Where there has already been a safeguarding/criminal investigation, it should be possible to avoid re-interviewing the subject of the safeguarding concern.

- The risk assessment will use information obtained during investigations carried out by statutory agencies.

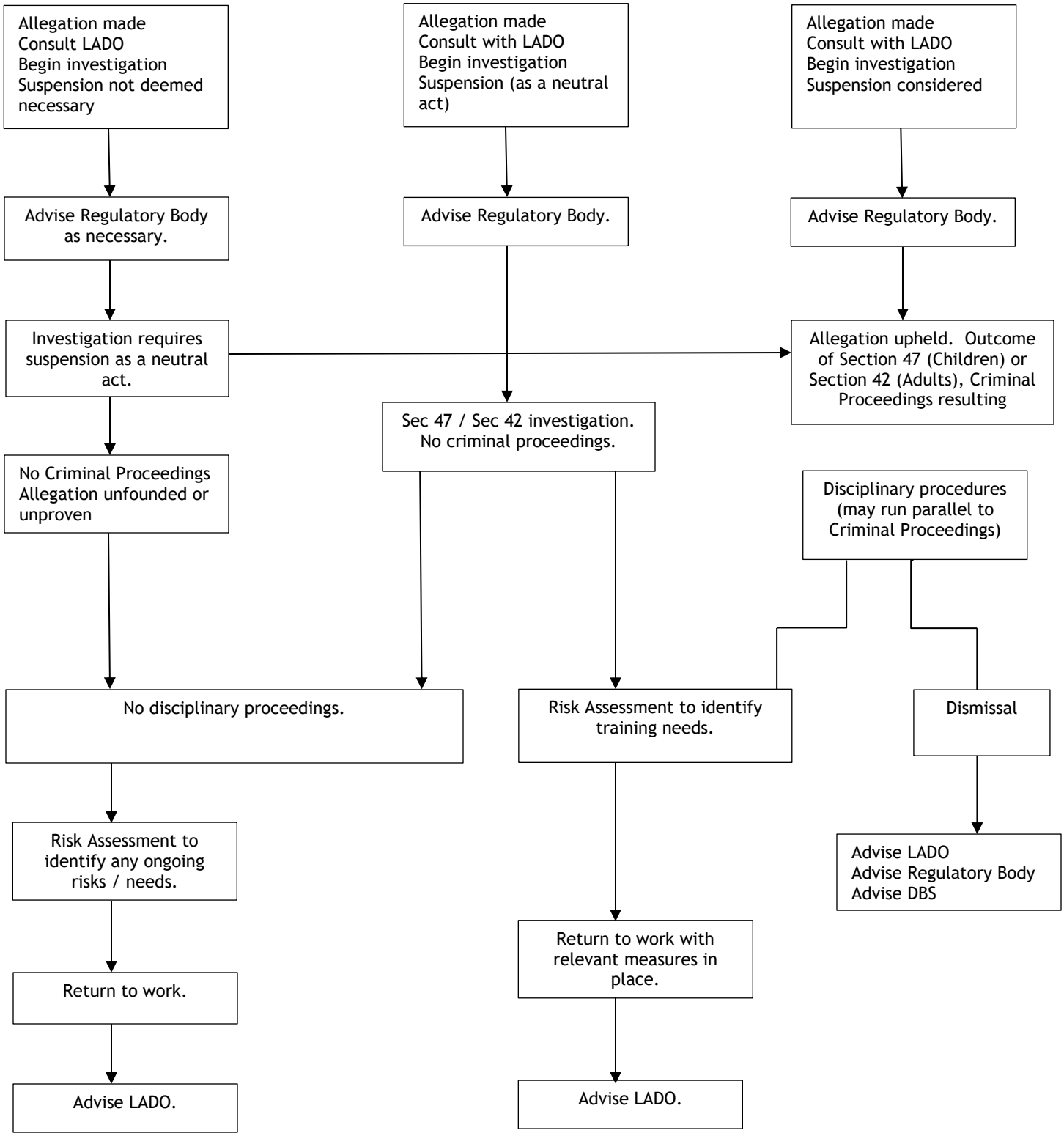
- The member of staff will receive a copy of the risk assessment, excluding confidential information about any third parties.

- Where the risk assessment concludes there are still outstanding areas of risk which preclude the post holder resuming their duties, then Caritas will follow Disciplinary Procedures.

- Where the risk assessment concludes that there are no outstanding areas of risk, the member of staff will be assisted to return to work.

- It may be that the risk assessment will identify training needs or other professional support and monitoring, required by the worker.

RISK ASSESSMENT



9.6 ALLEGATIONS INVOLVING A SENIOR MEMBER OF STAFF

Where concerns involve a senior member of staff, the Chair of the Trustees must be informed immediately. The Trustees should appoint a nominated officer to lead investigations/ enquiries and to liaise with the statutory authorities. All the principles guiding Caritas Safeguarding procedures and policies will apply.

9.7 ALLEGATIONS MADE AGAINST STAFF OUTSIDE OF WORK CARRIED OUT ON BEHALF OF CARITAS

For those working in social care, allegations made against them in their private lives will have consequences in terms of their professional work, in accordance with accepted notions of good practice and statutory requirements:

- Individual members of staff and volunteers, must inform their Manager if they are the subject of criminal investigations in other spheres of their lives. These investigations do not just cover concerns about child or vulnerable adult abuse but also include drugs, drinking and driving, fraud, domestic violence or any alleged crimes of violence (not an exhaustive list).

- Caritas will decide what action (if any) to take in accordance with the nature and severity of the allegation and the possible risk to Caritas service users.

- In situations of suspected abuse, police and social workers investigating the case should inform employers where the alleged offender is working with children and/or vulnerable people. When Caritas become aware of such investigations, Caritas will be proactive in liaising with the statutory agencies in order to obtain a speedy resolution to the investigation.

- Where such an investigation is taking place, Police/Local Authorities may ask for information from Caritas. Caritas will co-operate fully with any criminal and statutory investigations.

- The decision about whether or not a member of staff should be suspended will be taken in accordance with the previous principles. A risk assessment will take place before a suspended member of staff returns to work. Staff will be offered support through the usual channels.

9.8 ABUSE THAT OCCURRED IN CHILDHOOD (COMMONLY KNOWN AS ALLEGATIONS OF HISTORICAL ABUSE)

It is possible that a member of staff may find themselves facing allegations of abuse which concern events from many years ago. These situations are particularly difficult in that they involve the gathering of information from many different sources, lie with distant Local Authorities and Police forces and rely on testimony that is hard to evidence. Notwithstanding this, there have been successful prosecutions concerning abuse that occurred decades ago and Caritas has to prioritise the safety and welfare of those receiving its services:

- When the Police/Local Authority are investigating allegations of past abuse, they should inform agencies if one of their employees is implicated.

- When an individual member of staff becomes aware that he/she is being investigated, he/she must inform their Manager immediately. The Manager should inform a member of SMT.

- Depending upon the service, either the Director or the respective service manager will take responsibility for liaising with the Police.

- Caritas will co-operate with statutory investigations, attend meetings and provide documentary evidence as required. Caritas will be proactive in trying to ensure a speedy resolution to the investigation whatever the outcome may be.

- In situations where there is a formal criminal investigation, the member of staff will be suspended. In the event of no further action being taken by the police or CPS - a risk assessment must be completed before the member of staff can return to work.

- Caritas will endeavour to provide support to the member of staff whilst not compromising its first duty to protect the welfare of its service users.

10. DEATH OR SERIOUS INJURY TO A CHILD

Caritas will co-operate with criminal investigations following death or serious injury to a child. Caritas will also co-operate with Local Authority Serious Case Reviews, Child Death Overviews (in the event of an unexpected death) and submit Agency reports as required.

In the same way, Caritas will co-operate fully in Mandatory Serious Adult Reviews through the Local Safeguarding Adult's Board.

Support will be offered to staff who have worked alongside children/families where there is an investigation into death or serious injury.

11. DEATH OR SERIOUS INJURY TO ADULT SERVICE USER

Where a Caritas employee or volunteer becomes aware of the serious injury to a client they should follow the procedure to ensure immediate attention by calling the emergency services. The incident should be fully recorded as soon as possible and referred to the Service Manager. Staff/volunteers should then co-operate in all possible ways with any police investigation which ensues.

In the event of an employee/volunteer discovering that a service user has died, care must be taken not to disturb the scene, alert emergency services and co-operate in all possible ways with any police investigation which ensues. Accurate and timely records must be maintained and made available.
Support will be made available to staff through an approved Counselling Service.

12.MODERN SLAVERY AND HUMAN TRAFFICKING

Modern Slavery Statement – Updated Guidance 2024

Caritas is committed to upholding the dignity and rights of all people and opposes all forms of modern slavery and human trafficking. In accordance with the UK Government's revised *Transparency in Supply Chains Guidance* (2024), Caritas adopts a proactive approach by:

- Mapping its organisational structure and identifying areas of potential risk
- Ensuring appropriate internal policies and supplier vetting
- Conducting due diligence on partners where applicable
- Providing relevant training to staff and volunteers
- Monitoring safeguarding concerns that may relate to exploitation

Staff and volunteers are encouraged to familiarise themselves with the signs of modern slavery and to follow safeguarding reporting procedures without delay. This section should be read alongside our *Safeguarding Concern/Referral Form* guidance (Appendix 1), the *Caritas Confidentiality Policy*, and Diocesan Safeguarding standards.

13. COMMUNITY SPONSORSHIP

It is standard practice for this Safeguarding Policy to be presented to the Home Office and the Council within which the proposed Community Sponsorship Group resides, to ensure that it meets with their own safeguarding requirements. Any suggested adjustments are considered by the Safeguarding Lead at Caritas Shrewsbury, before implementation.

All Community Sponsorship Groups will have a dedicated Safeguarding Officer who will work with the Charity's Safeguarding Lead to ensure adherence to this policy.

APPENDICES TO THIS POLICY:

Appendix 1 - Referral/Concern Form

Appendix 2 - Information for Referral

Appendix 3 - Email Template to follow up Referral

Appendix 4 - Risk Assessment Format

Appendix 5 - Example of LA Safeguarding/Strategy Meeting

Appendix 6 - Safeguarding Monitoring Monthly Return Form

Appendix 7 - Process to Manage and Monitor all Safeguarding referrals

APPENDIX 1

SAFEGUARDING CONCERN / REFERRAL
(*delete as necessary*)

THIS MUST BE SENT TO CHILDREN OR ADULT SERVICES WITHIN 24 HOURS OF TELEPHONE REFERRAL.
PLEASE NOTE: EACH LOCAL AUTHORITY WILL HAVE THEIR OWN REFERRAL FORM ON THEIR WEBSITE. PLEASE USE L.A. FORM WHERE POSSIBLE.

Stage 1

Name of Child/Young Person/ Adult:	
Also Known As:	
Date of Birth:	
Age:	
Gender:	
Ethnic Origin and Language Spoken:	
Legal Status (if Looked After, name of Local Authority):	
Name & Address of Parent/Carer:	
Contact No:	
Child's Current Residence (if different from above):	
Contact Name/Number:	

DETAILS OF CHILD / ADULT PROTECTION CONCERN
(include description of any injuries observed, details of allegations made, details of witnesses. Include relevant dates, time, places of alleged incidents and discussions with child/carers)

Date Concern Completed:

HAS AN ASSESSMENT OF NEED (CAF) BEEN COMPLETED? YES / NO

DETAILS OF ORIGINATING AGENCY – IF KNOWN:

ACTION AGREED BY LINE MANAGER:

Signature:	
Date:	

CONTINUE TO OTHER SHEET IF MAKING A NEW REFERRAL TO CHILDREN'S OR ADULT'S SERVICES OR ATTACH TO L.A.REFERRAL FORM

Stage 2 – REFERRAL

SPECIAL NEEDS OF THE CHILD/CARERS / ADULT

NAME AND ADDRESS OF GP

NAME AND ADDRESS OF HEALTH VISITOR

DETAILS OF OTHER PROFESSIONALS INVOLVED WITH THE FAMILY OR ADULT
(e.g. school, nursery, probation…)

ANY OTHER RISK FACTORS
(e.g. Domestic Violence, Are there other children at risk?)

Date of telephone referral to Children or Adult Services:	
Name of person to whom referral was made:	

Name / contact details of referrer:	
Signature:	

FOR SUBSEQUENT RECORDING

DATE/DETAILS OF ACTION BY **Children or Adult Services**:

ACTION TAKEN IF NO RESPONSE WITHIN 3 WORKING DAYS:

DATE OF RISK ASSESSMENT:

Name and Signature of Line Manager: Date:

APPENDIX 2

INFORMATION REQUIRED FOR A CHILD REFERRAL

Essential Information

- Full names and dates of birth of the child, carers and any other family members.
- Any aliases by which the child / family is known.
- Child's full address and telephone number.
- Daytime address and contact telephone numbers for parents/carers.
- Child and family's first language.
- Child's legal status (e.g. Care Order) and details of anyone not already mentioned who has parental responsibility.
- Reason for the referral, including description of any injuries observed, details of any allegations made, discussions with the child or others, details of any witnesses. Include any relevant dates/times/places of alleged incident, evidence of neglect, statements made by child or others.
- Action taken and people contacted since the concern arose.
- Any immediate or impending danger to the child.
- Ethnic origin, religion and cultural background.
- Special needs of the child or parents/carers.
- Do the parents/carers know about the referral? If not, why not?

Useful Information

- Addresses of other family members or significant people not living with the child.
- Previous addresses of the family.
- Information regarding contact between any alleged abuser and other children, i.e. in work, community, extended family or other settings.
- Schools, nurseries etc. attended by the child and other children in the family.
- Whether a Common Assessment (CAF) has been completed.
- Name/address/telephone number of General Practitioner.
- Name/address/telephone number of Health Visitor or School Nurse.
- Hospital/ward/consultant/named nurse/date admitted/discharged.
- Name/address/telephone number of other professionals involved with the family.
- Previous concerns and any relevant background information.
- Based on your knowledge of the child and family, you may well have an opinion about how the child and family are likely to react to the referral and any subsequent Safeguarding enquiries, including any factors which may place the child or others at further risk (e.g. where there is domestic violence).

INFORMATION REQUIRED FOR AN ADULT REFERRAL

Similar thresholds can be utilised when assessing the level of vulnerability with adults at risk to ensure consistency, create a benchmark as well as an effective framework for managing referrals. Each Local Authority's Adult Safeguarding Board produces their own guidance, which should be consulted depending on the L.A. you are working under.

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APPENDIX 3

The following email template is to be used to follow up referrals where no response has been recorded, and should only be sent via a secure email system.

Ensure that the response address is able to be accessed (e.g. info@caritasshrewsbury.org.uk) and ensure that a response does not remain in an inbox where a staff member is off shift/on leave and the response is not retrieved.

*Sending this email needs to be repeated where no response is received.

This is the responsibility of the originator of the referral unless especially delegated to a colleague

Re: Safeguarding referral in respect of XXXXX

NAME

DOB

ADDRESS

This safeguarding referral (copy attached) was sent on DATE XXXX

The Child Protection Procedures require a response to be made within 1 working day.

(It has now been X days since this referral was made).

Please advise on the following:

a) Action taken to ensure the immediate safety to the child
b) Whether Child Protection enquiries are being made
c) Whether a decision has been made to hold a Child Protection conference
d) Whether services are being offered to the family
e) If referral is being made to another agency
f) No further action

The response should be made to (identify named worker, identify school where this has originated from school, identify base e.g. info@radcliffe@caritashrewsbury.org.uk)

Name

Date

APPENDIX 4

CARITAS RISK ASSESSMENT FORMAT – PROFESSIONAL STAFF

NAME OF SUBJECT	**DATE OF BIRTH**
POST / POSITION HELD	**DATE OF APPOINTMENT/APPROVAL**
DATE OF SUSPENSION (if applicable)	
OFFICER UNDERTAKING ASSESSMENT	**POST HELD**
REASON AND PURPOSE OF THE RISK ASSESSMENT:	
METHODOLOGY: Documents seen: Interviews/Dates:	
INFORMATION ABOUT THE ALLEGATION(S):	

SUMMARY OF INFORMATION FROM CHILDREN'S SERVICES /POLICE INVESTIGATION:

OTHER SOURCES OF INFORMATION:

BACKGROUND INFORMATION RE STAFF / SOCIAL WORK CAREER:

RISK ASSESSMENT FORMAT (Continued)

INFORMATION FROM CARITAS PERSONNEL FILE:

INFORMATION FROM STAFF MEMBER WHO IS SUBJECT OF THE RISK ASSESSMENT:

ANALYSIS:	
CONCLUSION:	
RECOMMENDATIONS:	
SIGNATURE	**DATE**

APPENDIX 5

AN EXAMPLE OF A LOCAL AUTHORITY SAFEGUARDING STRATEGY MEETING DEALING WITH ALLEGATIONS OF PROFESSIONAL/CARER ABUSE

The strategy meeting undertaken in accordance with Local Authority procedures should determine the following:

- the allegations or suspicions of abuse.
- the actual or likely impact on the child of the suspected abuse.
- the need for protection and support of the referred child or any other children in the alleged abuser's home, extended family, work or community life.
- any other relevant information about the child, their family or the alleged offender.
- whether or not there needs to be any further enquiries/investigation or protective action and if so, what action needs to be taken and by whom.
- what resources are required and how they may be found.
- issues to do with the media and public relations.
- cross-boundary issues (the suspected abuse may not be confined to one geographical area and it may be necessary to establish links and work together with other relevant authorities).
- whether other agencies need to be involved.
- issues of support for families.
- issues of support for staff.
- issues of support for the referrer, where this is appropriate.
- issues of support for the alleged abuser, where this is appropriate.
- when and how parents/carers and children are to be informed of the concerns if this has not already happened.
- the ongoing involvement of parents/carers and children, including information about the outcome of the meeting and the processes to be followed.
- a suitable date to reconvene and review any further enquiries/investigation or protective action.

It may be that the Local Authority decides that a strategy meeting is not appropriate. The Service Manager should keep in close liaison with the Local Authority and record all decisions made. If the Local Authority decides that a strategy meeting is not necessary, for whatever reason, consideration needs to be given to how Caritas can proceed with its enquiries. Whatever happens, the Service Manager must ensure that the Local Authority provides, in writing, a formal outcome of their investigations.

This Form is to be completed monthly to advise of all safeguarding concerns. It can be used for children or adults (specify A if adult) and must be returned to Trish Spencer - even if a "nil" return. Minimal information is required – this is used as a tracker to enable designated safeguarding officers to access more information from the full records maintained with each team/service.

APPENDIX 6

CHILD/ADULT PROTECTION MONITORING FORM

Name of Team **For month of**

Age/DOB	Brief Outline of concern	Date of concern/ referral to Children/ Adult Services	Date of Acknowledgement	Outcome	Concern/ Referral Form Location	Relevant Notification e.g. Ofsted	Manager's Signature

Reviewed ……. (Service Manager) Date …….……

APPENDIX 7

Process and Procedure to Manage and Monitor all Safeguarding Referrals from Alert to Closure

- The Designated Safeguarding Officers for Adults & Children have an internal database for monitoring all referrals.
- Referrals on this database are reviewed regularly and on a monthly basis at a Safeguarding Meeting. The purpose of the meeting is to review and monitor and to ensure all referrals have been dealt with appropriately and effectively.
- The DSO's will in turn discuss any pressing issues around Safeguarding, training etc. and report back to the Health & Safety Sub-Committee that is chaired by a Caritas Diocese of Shrewsbury Trustee and meets once a quarter.