SISTER SYSTEM

SAFEGUARDING POLICY & PROCEDURE CHILDREN & ADULTS AT RISK

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Date of next review	8th September 2025

Name	Title	Signature
Rachael Saunders	Chair of Trustees	*[signature]*
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SAFEGUARDING POLICY

1. Introduction.

Sister System was established in 2018 to provide services to girls and women aged between 13-24 who are on the edge of care, in care or have recently left care. Most of the girls and women we work with are from Black and ethnic minority communities, although not exclusively. We are commissioned by the boroughs of Haringey and Enfield but also receive referrals from children and families directly from across London.

We deliver trauma informed programmes over 6 to 12 months, all of which are co-produced with the girls and women to help them recover from their care experience and to build resilience for the future. Our work aims to empower girls and women and we offer structured contact, therapeutic mentoring, workshops, advice sessions and programmes to help each girl or woman to gain at least one level 2 qualification to help them prepare for employment.

We are supported by a group of volunteers, and we have a staff group and a board of trustees.

1.1. Purpose and Commitment.

Sister System is committed to our duty of care for the people who use our services and for our staff and volunteers. We strive to create a safe and secure environment where everyone can work together confidently and with mutual respect. To ensure this, the organisation adheres to the policy and procedures within this document.

Sister System is committed to the protection and welfare of children and adults at risk so that they develop and thrive in a safe, caring environment. Everyone at Sister System has a duty to safeguard and promote the welfare of our service users. This policy and procedure are provided so that everyone involved with Sister System is aware of the legal and safeguarding context for children and adults at risk and knows what to do if there are any concerns about an individual.

We aim to work collaboratively with other agencies and professionals to ensure that the safety and welfare of our service users is paramount.

1.2 Think Family.

It is important to consider how safeguarding concerns may become apparent to us so that we remain alert to concerns about both children and adults at risk. This includes that a safeguarding concern about a child may lead to worries about the safety of their adult carer, or a concern about an adult may lead to worries about their child.

We will consider this 'Think Family' approach in all our work and this combined 'child' and 'adult at risk' safeguarding policy and procedure serves to promote the 'Think Family' approach. This policy and procedure relate to all children under the age of 18 years and to adults who are adults at risk.

1.3 Equality & Diversity.

The welfare of all our service users is paramount. All adults and children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, identity, or any other difference, have a right to equal protection from all types of harm or abuse.

Sister System is an organisation which works to eradicate discrimination, to promote equality and the life chances of our service users who are both additionally vulnerable and have experienced disadvantage. We will ensure that in all our work, we are respectful of our services users' unique identity and background and seek to work in partnership with them.

1.4 Scope.

This policy applies to everyone working for or with Sister System whether in a paid or voluntary capacity. It includes trustees, staff, volunteers, and anyone working on behalf of Sister System - hereafter for ease, all will be called 'staff' in this policy and procedure.

It is expected that this policy and procedure will be read, understood, and applied by all staff. It will be made available at induction and made available on Sister System's One Drive in the Safeguarding folder as a e-version and as a hard copy in Studio 32.

Our service users will be made aware of the existence of this policy and procedure, and we will make it available to them.

1.5 Review of Policy and Procedure.

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

1.6 Underpinning Legislation.

This safeguarding policy and procedure are underpinned by law and statutory guidance, including the documents below.
- Charity Commission Safeguarding Guidance 2019
- Data Protection Act 2018 and the GDPR 2018
- Information Sharing Guidance 2018
- Safeguarding Vulnerable Groups Act 2006
- Care Act 2014
- Care & Support Statutory Guidance 2020
- Mental Capacity Act 2005
- UN Convention on the Rights of the Child 1991
- Children Acts 1989 and 2004
- Working Together to Safeguard Children 2018
- Protection of Freedoms Act 2012
- Counter Terrorism and Security Act 2015
- Sexual Offences Act 2003
- Serious Crime Act 2015
- Female Genital Mutilation Act 2003
- Modern Slavery 2015
- Domestic Abuse Act 2021

1.7 Alignment with Other Policies.

Sister System has several policies and procedures which are linked, and which should be read in conjunction with this policy and procedure. They include:
- Code of Conduct
- Whistleblowing Policy
- Equal Opportunities Policy
- Complaints Procedure
- Confidentiality Policy
- Data Protection / Recording and Storage Policy
- Disciplinary Procedure
- Recruitment Policy
- Lone Working Policy
- E-Safety Policy
- Harassment & Bullying Policy
- Supervision Policy
- Photography Policy
- Online Safety and Social Media Guidelines

2. Identifying Abuse and Neglect for Children.

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

The legal definition of 'safeguarding' is:

- Protecting children from abuse and maltreatment
- Preventing harm to children's mental and physical health or development
- Ensuring children grow up with the provision of safe and effective care.
- Taking action to enable all children and young people to have the best outcomes.

Child protection is part of safeguarding and promoting welfare and it refers to the work that is done to protect children who are suffering, or are likely to suffer, significant harm.

2.2. Paramountcy Principle.
A key principle of the Children Act 1989 is that the welfare of the child is paramount.
This refers to a child centred approach which is fundamental to safeguarding every child. It means keeping the child's best interests in focus and at the heart of all decisions. This is particularly pertinent when parents, carers, professionals, or others have wishes, feelings, needs which may differ from the child's or impact on the child's well-being.

2.3. Defining 'abuse' and 'neglect'.
Abuse and neglect are types of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

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

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

Category of Harm	Signs & Indicators
Physical Abuse	
May involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.	• bruising, cuts, burns, marks, fractures • inconsistent explanations or unexplained injuries • subdued, aggressive or noticeable change in behaviour. • flinching, fear • covering up injuries • frequent medical visits
Sexual Abuse	

Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.	• injuries to thighs, buttocks, genital area • torn, stained or bloody underclothes. • sexually transmitted infections • age-inappropriate sexual behaviour or knowledge • self-harming • poor concentration or sleep • excessive fear of certain relationships • running away • access to money/items without explanation

Neglect

Persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent/carer failing to: a. provides adequate food, clothing, and shelter (including exclusion from home or abandonment) b. protects a child from physical/emotional harm or danger. c. ensures adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.	• unkempt appearance • poor hygiene • hungry, stealing food, cramming food • malnutrition and dehydration • infections, illness • poor school attendance • obesity or underweight • not meeting developmental milestones • frequent accidents • poor attendance for medical or health needs

Emotional Abuse

Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only as far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.	• withdrawal, sullen, quiet • uncooperative and aggressive behaviour. • distress: tearfulness, anger • low self-esteem • insomnia • change of appetite, weight loss or gain • self-harm • isolation

3. Identifying Abuse and Neglect for Adults at Risk.

3.1. Defining an 'adult at risk'.
Safeguarding adults applies to people who are 'adults at risk,' defined as someone who is aged 18 years and over and who:

- has care or support needs (whether these needs are being met by the local authority).
- is experiencing, or at risk of, abuse or neglect.
- because of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An adult may need care and support and be unable to protect themselves from harm for a variety of reasons such as physical or learning disability, mental health difficulties, addiction, age, and infirmity.

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

- **Empowerment** – We empower adults to make their own decisions by providing them with support, advice, and guidance to make informed choices.

- **Prevention** – Guidance is in place to ensure people know how to recognise abuse and how to seek help and to act before harm occurs.

- **Proportionality** – Our response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed.

- **Protection** – We provide advice and guidance about keeping safe and signpost or refer to relevant agencies.

- **Partnership** - We work together with other agencies to provide holistic oversight and effective support whilst ensuring confidentiality is maintained.

- **Accountability** – We are clear about the roles and responsibility of all those involved in safeguarding. We deliver a transparent service that provides a robust and effective safeguarding policy and procedure.

3.3. Ten categories and indicators of abuse and neglect.
The Care and Support Statutory Guidance 2020 sets out ten categories of abuse and neglect that adults may experience. This is not an exhaustive list, abuse and neglect can take place in many forms and in many circumstances. It is important that when working with people, we are alert to any concerns about their wellbeing and safety.

The ten categories are defined in the following ways and particular signs and indicators that may alert to the type of harm are also noted. Please note the signs and indicators listed are not exhaustive and there may be no or few signs for some people.

Category of Harm	Signs & Indicators

Physical Abuse

• assaults: e.g., hitting, slapping, pushing, • misuse of medication • inappropriate restraint • inappropriate physical sanctions	• bruising, cuts, burns and/or marks on the body, clumps of hair loss. • frequent injuries, unexplained falls • inconsistent or no explanation for injury • subdued or noticeable change in behaviour • signs of malnutrition • failure to seek medical treatment.

Sexual Abuse

• rape • indecent exposure • sexual harassment • sexual teasing or innuendo • sexual photography • subjection to pornography or witnessing sexual acts • sexual assault • sexual acts to which the adult has not consented or was pressured to consent	• bruising or injuries, particularly to areas such as thighs, buttocks, genital area • torn, stained or bloody underclothing. • difficulty walking or sitting. • infections or sexually transmitted diseases • changes in sexual behaviour or attitude • self-harming • poor concentration, withdrawal from others, sleep disturbance • excessive fear of certain relationships.

Neglect

• ignoring emotional or physical needs such as food, water, shelter, guidance • failure to provide access to appropriate medical, health, care and support or educational services. • withholding life's necessities, such as medication, adequate nutrition, and heating.	• unkempt appearance • poor personal hygiene • malnutrition and dehydration • infections • illness

Psychological Abuse

• emotional abuse • threats of harm or abandonment • deprivation of contact, isolation • humiliation, blaming, controlling. • coercion, harassment, intimidation • cyber bullying • unreasonable withdrawal of services or support networks	• air of silence when an individual is present. • withdrawal or change in the behaviour and temperament of the person. • uncooperative and aggressive behaviour • signs of distress: tearfulness, anger • low self-esteem • insomnia • change of appetite, weight loss or gain.

Domestic Abuse

Domestic abuse covers the following: • physical abuse; psychological abuse; sexual abuse; financial abuse; emotional abuse; so, called 'honour' based violence. *'Honour-based' violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community." (*CPS and Home Office definition).	• low self-esteem • self-blame for events outside of their control • injuries • hearing derogatory or intimidating comments about self • fear of an individual • isolation – not seeing friends and family, partaking in activities. • limited access to money, without reason

Coercion and control often underpin domestic abuse: what can seem like agreement from one party could be false representation due to the power another individual can gain.	

Financial Abuse

• theft, fraud, internet scamming • coercion about finances including about wills, property, inheritance, or financial transactions. • misuse or theft of property, possessions, or benefits • move into a person's home without consent	• fear of particular people • unable to make reasonable purchases. • in debt (without reason) • unable to pay bills. • unkempt looking • hungry

Modern Slavery

• slavery • human trafficking • forced labour and domestic servitude, sexual exploitation, debt bondage.	• physical, emotional abuse or sexual abuse signs as above • malnourishment • withdrawn and / or fearful of others. • poor living or work conditions • lack of identification documents • fear of police or authorities

Discriminatory Abuse

• harassment • slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion	• withdrawn and isolated • anger, frustration, fear, or anxiety

Organisational

• neglect and poor practices in organisations and care settings, including care provided in own home. • ranging from one off incidents to ongoing ill-treatment. • arising from neglect or poor professional practices	• lack of policy, procedure, supervision, and management • Small numbers of staff or poorly trained staff • denial of basic needs, e.g., food, water • disrespectful or abusive attitudes to service users and families

Self-neglect

Covers a wide range of behaviour in which a person neglects to care for own hygiene, health or surroundings and includes behaviour such as hoarding.	• unsanitary conditions that pose risk • hoarding • non-attendance at health appointments • not taking prescribed and recommended medication.

4. Additional Types of Harm.

The categories of abuse and neglect listed above for children and adults at risk are taken from the statutory guidance but are not exhaustive. Abuse and neglect are complex issues and may occur in ways such as those listed below and apply to adults and to children.

Sexual Exploitation / Child Sexual Exploitation (CSE)

Definition	Signs & Indicators
Sexual exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person into sexual activity. Child sexual exploitation (CSE) is when this occurs when the person is a child or young person under the age of 18. It occurs: (a) in exchange for something the victim needs or wants, including attention and affection, drugs, alcohol, or gifts and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Children and adults are often tricked and groomed into believing that the sexual activity is consensual, or they may be forced or intimidated. Anybody can be a perpetrator of CSE, no matter their age, gender, or race. The relationship between the perpetrator and victim could be framed as friendship, romantic or supportive. Victims can be trafficked to be sexually exploited, by being moved around towns, cities or borders to be abused, often with more than one person. Sexual exploitation does not always involve physical contact; it can occur using technology.	• unhealthy or inappropriate sexual behaviour • being frightened of some people, places, or situations • being secretive • sharp changes in mood or behaviour • having money or things they cannot or will not explain. • physical signs of abuse, like bruises or bleeding in their genital or anal area • alcohol or drug mis/use • sexually transmitted infections • pregnancy • having an older boyfriend or girlfriend • staying out late or overnight • missing from home or care or stopping going to school or college. • having a new group of friends • hanging out with older people, other vulnerable people or antisocial groups, or a gang

Grooming

Definition	Signs & Indicators
Grooming is when someone seeks to build a relationship and create trust with a child or vulnerable adult to manipulate, exploit and abuse them. The groomer may set up a relationship with their victim which pretends to be romantic, educative, or friendly. The groomer may use tactics like pretending to be someone else, showing care, buying gifts, giving treats. They may isolate the victim from their family and friends, create dependency, use threats to control and frighten the victim. People who are groomed can be sexually abused, sexually exploited, or abused in other ways. Grooming can take place over a short or extended period by a male or female, old or young, a	**Child / Adult** • secretive about where they go. • unexplained money or items • drinking or drug taking • upset, withdrawn, or distressed. • sexualised behaviour • going missing **Groomer** • sexualised talk, 'jokes', 'banter', images • uninvited physical contact e.g., hugging, touching, kissing. • not respecting privacy • spend excessive time with victim, special attention or favouritism. • not adhering to rules of the agency or activity

| stranger or someone who is known. Victims can be groomed online, in person or both.

People in the victim's life (e.g., parent/carer, friends, professionals) can also be groomed so that the groomer appears trustworthy to them.

People may not realise they have been groomed. They may have complicated feelings, like loyalty, admiration, love, as well as fear, distress, and confusion. This is a key reason many victims are reluctant to tell anyone about their situation.	• giving money or gifts (e.g. drugs, cigarettes, alcohol) • inappropriate relationships e.g., treating a child as a peer or spouse, over friendly. • isolating victim from others • encouraging silence, secrets, criminal behaviour, lies.

Human Trafficking

Definition	Signs & Indicators
Human trafficking is a crime that involves the movement of people using force, fraud, coercion, or deception, with the aim of exploiting them. It is a form of modern slavery. It involves transporting people across nations as well as trafficking around the UK. It can be for commercial, sexual, and bonded labour. Three elements form part of trafficking: • The act of recruiting, transporting, transfer, harbouring or receiving persons • Use of the means of force, fraud, coercion, deception • The purpose of exploitation.	• acts as if instructed by another. • signs of physical, sexual, or psychological abuse • untreated medical conditions • money deducted from wages. • little or no contact with family or loved ones. • does not have own legal papers. • seems held in the employer's home/workplace. • works more than normal hours. • appears frightened, withdrawn or confused. • with a group of workers of a similar nationality, age, gender • speaks as if 'coached'.

(Child) Criminal Exploitation & County Lines

Definition of Criminal Exploitation	Signs & Indicators
Criminal exploitation is a form of abuse where adults or children are manipulated and coerced into committing crimes. Using violence or grooming and pressure, they may be forced into doing things like stealing or carrying drugs or weapons and be put into dangerous situations. This may involve being part of a gang which is linked to illegal activity (a gang could be a peer group or an organised criminal gang). **Definition of County Lines** 'County Lines' is a term for urban gangs that exploit children and vulnerable adults into moving drugs from a large city to other areas such as suburbs, market, and coastal towns, using mobile phone lines or "deal lines." This involves victims being trafficked from their home area, staying in accommodation, and making and selling drugs.	• going missing, absence from school, college, or work • excessive travelling, being found out of their home area. • unexplained access to money, clothes, or mobile phones • signs of drug or alcohol abuse • excessive use of internet, social media, texts, phone calls • relationships with controlling people or groups; gang-association and/or isolation from peers/social networks • using new slang words. • suspicion of physical assault, unexplained injuries • carrying of weapons such as knives • self-harm or significant changes in emotional well-being

Accommodation can include private rented homes, budget hotels, the home of a drug user or other victims. Perpetrators of criminal exploitation and county lines use different tactics to recruit and exploit children and vulnerable adults including bribing, befriending, threatening, or coercing them.	• committing petty crimes like shop lifting or vandalism

Radicalisation & Extremism

Definition	Signs & Indicators
Adults and children may be exposed to information which may be considered radical or extreme. Radicalisation is the process through which a person comes to support extremist ideologies. It can result in a person becoming drawn into terrorism and it is a form of harm. The process of radicalisation may involve being groomed (online or in person), exploited, exposed to violent material, manipulated, harmed, or threatened. Anyone can be radicalised, but some people may be more vulnerable if they are more easily influenced or impressionable, isolated, they feel rejected or discriminated against or experience community tension amongst diverse groups. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to British fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. It also includes calls for the death of members of our armed forces as extremist. Extremism can involve targeting vulnerable people by seeking to sow division between communities based on race, faith, or denomination; or arguing against the primacy of democracy and the rule of law in society. The government has established a Prevent Duty (under s26 Counterterrorism and Security Act, 2015) to reduce the numbers of people supporting extremism or becoming radicalised and to prevent them being drawn into terrorism. It is a statutory duty for local authorities, educational provisions, the health sector, police, and prisons which means they must have "due regard to the need to prevent people from being drawn into terrorism." However, all organisations that work with children and vulnerable people have a responsibility to protect them from harm and becoming radicalised and/or being exposed to extreme views.	• isolating self and spending time alone via social media • feelings that they have no purpose in life; do not belong; low self-esteem. • change in emotions and behaviour. • change of routines, in appearance or online activities • fixated on an ideology, belief, or cause. • intolerant of difference such as race, faith, culture, gender, or sexuality • justifying violence to others • change in language or use of words; closed to innovative ideas; 'scripted' speech. • have materials or symbols associated with the cause. • attending events, rallies etc of an extremist nature • sense of grievance (e.g., anti-West, anti-Muslim); sense of 'them and us' • conflict with family/friends or lose interest in people who do not have same beliefs. • try to recruit others to join the cause'.

Online Safety	
Definition	**Signs & Indicators**
Technologies and the internet are an important source of communication, education, and entertainment. Unfortunately, some people will use them to harm children and vulnerable adults. Technology can be used extensively to groom and harm people and be involved in sexual exploitation, radicalisation, cyber-bullying, criminal exploitation etc. Abusers can adopt an identity to befriend victims, people can be manipulated into sharing sensitive information and images, hackers can access online accounts and financial information. 'Sexting' or youth produced sexual imagery is the use of technology to share indecent images or videos of a sexual nature which young people have taken of themselves – sharing images of children in this way is illegal. Online safety can fall into these areas of risk: **content:** illegal, inappropriate, or harmful material e.g., sexual or violent material, offensive material which serves to breed hatred, fabricated news, radical and extremist views. **contact:** subjected to harmful online interaction with other users e.g., adults posing as children or as 'friends,' commercial advertising. **conduct:** personal online behaviour that increases causes harm, e.g., to peers, such as trolling, making, sending, and receiving explicit images or online bullying. **contract:** identity theft, online frauds, security risks, phishing. Further advice and guidance on this topic are on the websites of the NSPCC, CEOP, Internet Watch Foundation and the UK Safer Internet Centre.	• meeting older or new friends they have met online. • receiving gifts or money • withdrawn and secretive • new phone or more than one phone • receiving large numbers of calls or messages • worried about being away from their phone. • excessive time on phone or online

Female Genital Mutilation (FGM)	
Definition	**Signs & Indicators**
FGM is a range of procedures where a female's genitals are cut, removed, or changed without a medical reason. It is often carried out without medicines, sterile equipment, or medical training. FGM is carried out on females of any age, from new-borns to older teenagers and adult women. The practice is carried out in certain parts of the world and in the UK from those communities that practice it. It is illegal in the UK and in many other countries. It is done for cultural reasons, with the argument that it benefits the woman or girl, keeps	• long visit abroad; 'ceremony' to be 'woman'. • relative or 'cutter' visiting from abroad • female relative being cut. • prolonged absence from school • difficulty walking, standing, or sitting. • spend longer in the toilet. • pain urinating or menstruating • appear withdrawn, anxious, or depressed. • reluctant to have normal medical exams.

her 'clean,' retains her virginity or makes her 'marriageable.' In fact, it causes extreme pain, infection, and life-long physical and psychological damage to the healthy functioning for women and girls and causes risk to the unborn child. It is a criminal offence (Female Genital Mutilation Act 2003) in the UK to either perform FGM (including taking a child abroad for FGM) or to enable/facilitate FGM on a British National or a permanent British resident, with the crime incurring a maximum 14-year imprisonment. Certain professionals have a mandatory reporting duty if they are aware of FGM occurring for a child (under age 18).	• severe pain, shock, bleeding, infections, organ damage, blood loss

5. Vulnerabilities.

Some adults and children may be more vulnerable due to physical or mental health difficulties and/or life experiences. People who behave in abusive ways are more likely to target adults and children with vulnerabilities and exploit their vulnerabilities. There are many ways in which people may be vulnerable, listed here are some such circumstances but it is helpful to note that not all vulnerabilities will translate into harm.

Looked After Children & Care Leavers.

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

Disability.

People with disabilities are additionally vulnerable because they:
- may have signs of abuse/neglect which are misinterpreted as being due to the disability.
- have impaired capacity to resist or avoid abuse.
- have difficulties communicating to others what is happening.
- have fewer outside contacts than other people.
- receive care from several carers which increases exposure to abusive behaviour.
- receive personal care which makes it more difficult to maintain physical boundaries.
- fear making a complaint in case they lose services or aggravate their carer(s).

Race and Racism.

People from black and minority ethnic groups may have experienced harassment, racial discrimination, and institutional racism. Experiences such as these are likely to have a cumulative impact on their sense of identity and self-worth, limited their opportunities or served to isolate from communities and sources of support. There is also a potential dynamic whereby professionals may not intervene soon enough in safeguarding matters (e.g., for fear of being seen as racist or in the mistaken belief that certain behaviours are acceptable in black families which would not be in white families) and in so doing, offer fewer safeguards.

Young Carers.

Young carers are those under age 18 who provide care for someone else (often their parent). Doing so may limit life opportunities for young carers, including education, social and relationship experiences and the burden of their caregiving may be excessive or long term. Some young carers may need protection, for example, if the person they care for is abusive.

Contextual Safeguarding.

This refers to harm that people can experience from outside of their families. The environment and relationships that people form in their neighbourhoods, schools and online can feature violence and abuse and so there may be vulnerability to harm in social contexts.

Adolescents particularly may be affected as they begin to spend more time, independently of their families, outside the home. Their social environment may lead them to encounter either forms of protection or forms of abuse and exploitation. Examples such as street robbery, sexual violence in parks, gang-related violence, online bullying, harassment from peers and abuse in their intimate relationships, show that young people can be exposed to significant harm in settings outside their families. Parents/carers may have little influence over these extra-familial contexts and so may not be able to promote their safety and well-being. Equally, young people who are exposed to harm at home may avoid going home and therefore be exposed to crime or exploitation outside home, or they may adopt the harmful behaviour they are exposed to, as a behaviour toward others.

6. How Safeguarding Concerns May Arise at Sister System.

It is important to remember that anyone can perpetrate abuse or neglect, including:

- family members including spouses/partners and children.
- neighbours, friends, acquaintances.

- residents, community members, strangers.
- paid staff, professionals and volunteers, carers.

It is far more likely that the person responsible for abuse is known to the adult and may even be in a position of trust and power, than for the abuser to be a stranger.

Abuse can happen anywhere, for example, in someone's own home, in a public place, in a care setting, a community setting or on the streets. It can take place when an adult lives alone or with others.

Bearing this in mind will help us identify safeguarding concerns. Below are examples of the different ways in which safeguarding concerns may arise at Sister System.

- In a session with a service user, they disclose they have been abused.
- A third party tells you that an adult you are working with has experienced abuse.
- An adult service user tells you about childhood experiences of abuse and you find out that the person who abused them currently has access to children.
- You are working with an adult at risk who is struggling to cope (e.g., mental health difficulties, homelessness etc). They are the sole carer for a young child, which leaves you with concerns about the child's welfare.
- An adult tells you they are the victim of domestic abuse at home. They have children who witness the domestic abuse.
- In an advice session, an adult tells you they have harmed a child.
- A 15-year-old service user tells you they slapped their elderly, frail grandmother.
- A service user tells you that another member of staff is trying to connect with them on social media.
- You observe a service user bullying another service user in the waiting room.
- You see physical signs of what could be abuse or neglect.
- You are working with a service user who is a new parent, and you note their behaviour which leaves you with concerns towards their child.
- A 17-year-old service user tells you about a sexual relationship they had with a teacher.
- An ex-service user approaches an existing service user and creates harm either directly or in-directly.

7. Roles and Responsibilities.

Everyone.
This policy and procedure apply to everyone working at or for Sister System and everyone is responsible for safeguarding. Staff who interact regularly with service users are much more likely to encounter safeguarding concerns so should be aware of how to recognise and respond. Everyone should:

- read and apply this safeguarding policy and procedure.
- be mindful of their own actions and behaviour, ensuring that we are promoting safeguarding, being aware of our position of trust and our duty to our service users.
- be alert to potential indicators of abuse or neglect; aware of the risks which abusers, or potential abusers, may pose.
- respond to any safeguarding concerns, however small they may appear. Speaking with colleagues and supervisors to clarify any queries or concerns and sharing information so that a proper assessment can be made.

Some people at Sister System have specific responsibilities for safeguarding and these are detailed below.

Designated Safeguarding Leads (DSLs).
The DSLs at Sister System are the Director and Programmes Manager who have strategic responsibilities for safeguarding across Sister System. The Director and Programmes Manager may delegate parts of the role but remain responsible overall. The DSLs:

- promote a safeguarding and listening culture across Sister System.
- keep updated with safeguarding law, best practice and of emerging trends and themes in safeguarding.
- set the safeguarding policy and procedure direction in line with statutory guidance, ensure annual reviews are undertaken and are responsible for their implementation.
- monitor effectiveness and compliance with safeguarding policy and procedures as well as related procedures such as Code of Conduct, Safer Recruitment, Disciplinary, Whistleblowing and Online Safety.
- ensure effective safeguarding systems and processes are in place, including secure recording and retrieval systems; DSOs are appointed and that safeguarding responsibilities are stated in all staff job descriptions.
- set out required safeguarding training, including induction, and provide training and updates as per staff members roles and responsibilities. Maintain a record of staff attendance at safeguarding training.
- assist and oversee the work of the DSO and quality assure management of safeguarding cases, including decisions made.
- oversee the management of safeguarding allegations against staff.
- brief trustees on a regular basis about safeguarding activity and issues, maintain a risk register and provide an annual report on safeguarding.

Designated Safeguarding Officer (DSO).
The DSO (Designated Safeguarding Officer) is the Therapeutic Mentor, and they have operational responsibilities for safeguarding across Sister System. Their responsibilities include:

- promoting a safeguarding and listening culture across our services.
- being aware and updated about changes in safeguarding law and best practice; safeguarding matters at Sister System and in the local multi-agency setting.
- providing advice and support on safeguarding matters for staff.
- managing individual safeguarding cases including making decisions about them, seeking specialist advice, referring to police or social care when necessary, working with external agencies, escalating concerns if required, managing record keeping.

- alerting the DSL to any safeguarding concerns relating to allegations against staff; poor practice concerns, staff training needs or any other matters relating to the management of safeguarding.
- deputising for the DSL including contributing to the broader safeguarding work e.g., policy development, data collection, safer recruitment, induction, and training of staff.

Trustees.

The Trustees are responsible for the governance of safeguarding at Sister System, ensuring that the organisation is legally compliant and delivering services safely. Their responsibilities include ensuring:

- a culture of safeguarding is promoted whereby staff and service users can raise concerns and feel supported.
- there is a staff Code of Conduct and policies such as Whistleblowing and Safer Recruitment (which includes information about statutory checks on the suitability of staff).
- a Safeguarding Policy and Procedure is in place (which includes how to deal with allegations against staff) which is reviewed at least annually, and which is available to and understood/applied by staff.
- safeguarding concerns are managed effectively; there are systems in place for its management; safeguarding is resourced including for training; a DSL is appointed whose role is stated in their job description.
- they receive and review regular feedback on safeguarding activity (such as gaps, threats, risks), oversee a risk register and understand remedial actions required from the Director and that they track progress.
- The Chair of Trustees undertakes enquiries in the event of an allegation being made against the Director.
- compliance with the Charity Commission serious incident notification requirements, and other bodies such as regulators, commissioners, grant-makers, insurance companies.
- a Lead Safeguarding Trustee is nominated who liaises at least quarterly with the DSL and ensures they are effectively resourced/supported to do their role, helping the DSL to oversee safeguarding arrangements and prepare reports to Board. The Lead Safeguarding Trustee will help the Board of Trustees to ensure:
- that safeguarding is well-managed and is complaint across the organisation.
- safeguarding is championed at the highest level and learning is promoted.
- strengths and weaknesses are understood, risk assessments are done and there is a development plan which is monitored.
- reports are made regularly (quarterly) to the Board thereby linking the Board with the operational part of the organisation.
- serious incidents are reported to the Charity Commission.

8. Responding to Safeguarding Concerns.

8.1. Barriers to Speaking Out for Clients.

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

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

8.2. Barriers for us in listening.

Staff may feel reluctance to listen fully to accounts of abuse and neglect and to act swiftly. This may be due to:

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

These feelings may be normal but serve to limit our responses to people who need our help. Sister System has several systems and processes to ensure that staff are supported to have supportive discussions with supervisors and colleagues and a reflective space to make sure that we are open to listening and acting on our safeguarding concerns, however small or vague they may at first appear.

8.3. Responding to an adult/child.

When children or adults at risk tell us that they have experienced or are experiencing harm, this is sometimes referred to as 'making a disclosure.' If an adult or a child tells you about abuse and neglect it may need to be reported to another agency and there may be criminal or safeguarding inquiries that commence. The role of staff at Sister System is to support people to speak out. Our role is not to investigate allegations of abuse, that is the job of trained professionals to whom we refer if needed.

It can be hard to know how to respond to the adult or child in this context and this guidance may be helpful:

- Make time and provide a comfortable space to listen and understand what is being said.
- Respond naturally, with compassion and empathy. Reassure the person that they are right to tell you/someone.
- Take the matter seriously.

- Actively listen - allow the person to speak freely and recall momentous events. Do not interrupt or push the person to tell you more than they wish or directly question them about the details of the incident.
- Remain 'neutral' and do not show reactions or feelings such as shock, denial.
- Do not ask leading questions. Where you need to ask questions, use open questions, such as those starting 'who,' 'when,' 'where,' 'how.' Avoid asking 'why' questions.
- Do not speculate or blame anyone.
- Never ask to look at injuries, especially if it entails them lifting/removing clothing.
- Never promise confidentiality or make other promises such as 'it will all be okay now.'
- Explain what will happen next, who you will tell, that you have guidelines to follow.
- Consult immediately with named person within your organisation.
- Record the conversation immediately on the safeguarding incident report form (see Appendix 3).

8.4. Information Sharing and Confidentiality.

Sharing internally
It is expected that information about service users will be shared internally with colleagues at Sister System on a 'need to know' basis. This will be for example, for reasons such as registering them as service users on our database, supervising the work undertaken with them or managing safeguarding concerns. All service user information will be securely managed.

Sharing externally with other agencies.
When sharing information about service users with external agencies, the law on confidentiality and information sharing must be applied. The general principle is that service users have a right to expect that their personal information will not be shared with other agencies and that their consent is obtained before sharing. This principle is important to support service users to develop trusting relationships with us and to help them to engage openly when using our services.

There are important exceptions to this general principle. Confidentiality is not offered absolutely; we have a duty to make reports and share information in certain circumstances when it is in the public interest and may override their consent to share information in these circumstances:

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

Information sharing about adults at risk.
For adult safeguarding, it is important to make decisions with adults about their circumstances, to share information with their informed consent or empower them to make their own decisions about information sharing. However, the law does not prevent the sharing of information without consent in certain circumstances such as those set out above.
If an adult at risk does not give their consent to sharing safeguarding information, the reasons for this should be explored. Reassurance and support may help to change their view on whether it is best to share information. If they remain firm in their view and do not consent to information being shared, in general, their wishes should be respected, and they should be offered support to build confidence and regular reviews provided to continue supporting them.

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

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

Information sharing about children.

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

It offers 'Seven Golden Rules to Sharing Information' which are:

i. the General Data Protection Regulation 2016 (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about individuals is shared appropriately.
ii. be open and honest with the individual (and/or their family) from the start about why, what, how and with whom information may be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
iii. seek advice from others including external agencies, if there is any doubt about sharing the information without disclosing the identity of the individual.
iv. where possible, share information with consent. Where possible, respect the wishes of those who do not consent to having their information shared. You may share information without consent if you consider on the facts presented that there is a lawful basis such as where safety may be at risk.
v. consider safety and well-being: base information sharing decisions on the safety and well-being of the individual and others who may be affected by their actions.
vi. necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
vii. keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Information sharing principles.

For both adults at risk and children, consent to share information should not be sought if this will place the person at further risk. This might include situations where for example there has been an allegation of familial sexual abuse or fabricated/induced illness when the detection of the crime may be jeopardised. If there is any doubt, seek advice before asking for consent or informing the individual.

In any situation where information is not shared because consent has not been given and it is judged that it cannot be shared, advice, signposting and guidance can be offered to support the service user. Further opportunities to discuss matters, including concerns about safeguarding and to share information in future should be given.

Mental Capacity.

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

The Mental Capacity Act 2005 sets out five principles where a person:
i. is assumed to have capacity unless it is established that they lack capacity.
ii. should not be treated as unable to decide unless all steps to help them to do so have been taken without success.
iii. should not be seen as unable to decide because they make an unwise decision.
iv. who lacks capacity must have decisions made in their best interests.

v. must have decisions made which are least restrictive of their rights and freedoms.

8.5   Recording.

Recording is a key task in safeguarding practice and includes recording of concerns, interventions, decisions, actions, and reasoning. Records may be used in future legal proceedings and be accessed and scrutinised by all parties to proceedings. The following checklist is good practice in recording of safeguarding concerns. Records:

- can be made during the session with the adult or child with the practitioner explaining why this is being done or, failing that, immediately afterwards. They must be completed as soon as possible after the event/incident and at the latest within 24 hours.
- as far as possible, use the adult/child's own words and phrases.
- should be legible and avoid acronyms or initials unless these are properly explained and unambiguous. They must be in plain language and free from jargon.
- should be clear, legible accurate, concise, and up to date. Use black ink to ensure good reproduction if photocopying is necessary.
- should differentiate between fact and professional opinion or observations.
- must state the date, time, place and who is present.
- be made only on Sister System systems and not on personal equipment such as phones or notebooks. Records will only be held by Sister System and all records are stored in a secure cupboard or a password protected electronic file. Records must never be kept at home or in places outside of Sister System.
- be accessed only by those who are authorised and, on a need-to-know basis.
- must never be amended. Additional information or corrections of fact must be written as a separate record and explaining why the additional note is being made.

9. Safeguarding Learning & Development.

All staff should be equipped with the knowledge and skills to recognise the possible signs of abuse, neglect, exploitation, and radicalisation and to know what to do if they have a concern. This should cover both the adults and the children safeguarding landscape.

Everyone should be familiar with this policy and procedure and be willing and able to apply it when required.

Designated Safeguarding Officers and the Designated Safeguarding Lead and Trustees must be able to undertake their specific responsibilities supported by training.

Sister System offers safeguarding learning opportunities which may take place through training, briefings, team meetings, reading or other learning opportunities. As a minimum, we expect our staff to have the training opportunities listed below, so they have the required knowledge and skills in working with safeguarding matters, depending on their role. Records will be kept of attendance and reviewed.

Induction.

All new staff, volunteers, and trustees, at the time of their starting work and within the first month at Sister System will receive this safeguarding policy and procedure. They are expected to read it and to agree to apply it if and when it is so required (see Appendix 6). Induction will enable all new staff to know how to respond to safeguarding concerns.

Safeguarding learning and development for all staff.

All staff and volunteers and trustees will receive within 6 months of their starting their role, safeguarding learning and development which will help them to identify abuse and neglect and report it using this policy and procedure and statutory guidance. This will be for safeguarding children and adults at risk. This training will then be refreshed and updated annually.

Safeguarding training for Designated Safeguarding Staff (DSO and DSLs).

The DSO and the DSLs will receive training within 6 months of their role commencing and then refresher/updates every two years. This training will focus on managing children and adults at risk, including making decisions, referrals, and contributing to multi-agency work, consent, confidentiality and information sharing, staff support and promoting a safeguarding culture.

Safeguarding training for Designated Safeguarding Leads & Trustees.

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

Safeguarding Governance for Trustees.

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

SAFEGUARDING PROCEDURES

10. Procedure for managing safeguarding concerns about service users.

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

Please refer to the flowchart for managing concerns about adults and children (Appendix 4) and the Safeguarding Incident Report Form (Appendix 3).

10.1. Responding to an emergency.

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

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

10.2. Responding to a safeguarding concern about a child or adult.

For safeguarding concerns that are not immediately life-threatening, follow these steps:

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

Stage 2: Record all relevant details on the Safeguarding Incident Form (Appendix 3). All subsequent actions and decisions must be recorded.

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

If there is any disagreement between the staff member and the DSO about the decision that is to be taken then the matter must be referred to the DSL to decide.

The DSO may make any of these decisions:

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

ii. The threshold has not been met to refer onwards. Sister System will continue to provide early help and support to the individual child or adult at risk. This could involve signposting to other sources of help including helplines, counselling, or other avenues of external support. It may involve ongoing monitoring of safeguarding for the person.

iii. Referral is made to other agencies for support. This could involve voluntary or statutory agencies. Such referrals will require the informed consent of the service user. It may involve ongoing monitoring of safeguarding for the person by Sister System.

iv.   Referral is made to the Local Authority Adult or Children Social Care department if there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or there are serious concerns about the wellbeing of the person. Information sharing with other agencies should be in line with the principles set out in this policy and procedure.

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

Children or Adult Services should acknowledge your written referral within one working day of receiving it. If the DSO has not heard from them within 3 days of the referral, they must make contact again to clarify.

Having made the referral, there may well be ongoing work required by the DSO, including providing further reports or attendance at meetings, in line with the multi-agency procedures.

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

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

At any time, the DSO can seek advice from one or more of the following: the DSL, Local Authority, Police, or any of the specialist providers in the local authority area or nationally (see agencies listed in Appendix 2).

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

Stage 5: The DSO also has a role at Sister System to debrief with staff and to offer support and supervision during and after any safeguarding incidents. The DSL will also be appraised.

11.   Procedure for managing allegations against staff.

N.B 'Staff' includes trustees, paid staff, and volunteers.

Sister System's working practices seek to reduce the potential for staff to act in ways that may cause harm to our service users or to other staff and to our reputation. Staff should raise any concerns, including low level concern, about the behaviour of colleagues. Sister System will fully support anyone who, in good faith, reports that a colleague may pose risk to a child or adult at risk. Staff members reporting abuse will be treated as witnesses not complainants.

This procedure is relevant if there are safeguarding concerns about a member of Sister System staff.

Safeguarding concerns can include where a staff member may have:

i.   behaved in a way that has – or may have - harmed an adult or a child; behaved in a way that could lead to an adult or child being harmed.

ii.   possibly committed or is planning to commit a criminal act towards an adult or a child.

iii.   behaved toward an adult or a child in such a way that it indicates that they could pose a risk of harm to service users or be unsuitable to work with service users.

whether this has occurred while working at Sister System or elsewhere, including online.

Safeguarding concerns about a staff member may arise in various circumstances, for example:

* a service user (adult or child) or a third party makes an allegation implicating a staff member.
* concerns about a staff member's behaviour emerge from another route e.g., a complaint or an enquiry.
* a specific known person is not victimised but there are concerns about a staff member's behaviour, e.g., a staff member is looking at abusive images of children online or expressing inappropriate views online.
* someone has breached the Code of Conduct, or they engage in poor working practices.
* they no longer work at Sister System and allegations become known about them (historical or non-recent concerns)
* they are involved in activities outside of their work at Sister System, for example they have harmed their own children or another adult that leads to concerns about their fitness to work at Sister System
* new information is contained in a Disclosure and Barring List (DBS) check.

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

11.1. Responding to a safeguarding concern about staff.

Where there are safeguarding concerns about staff, including concerns about poor working practices, follow the steps below. Refer to the flowchart for Managing Allegations against Staff (Appendix 5) and the Safeguarding Incident Reporting form (Appendix 3).

Speak to the DSL about your concern on the same day (and within 24 hours) that you identify it. It is not necessary for you to be completely certain. It is expected that you notify any concerns that may impact on the wellbeing of our service users. The subject of the allegation should not be notified. If the concern is about the DSL or a trustee, then the Chair of Trustees (or another trustee) must be notified.

Record all relevant details on the Safeguarding Incident Form (Appendix 3) and hand to the DSL. The DSL will ensure that all subsequent actions and decisions are recorded.

Steps the DSL may take.

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

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

1. A police investigation if a criminal offence may have been committed.

2. Enquiries by social care about a child or adult at risk of safeguarding concerns.

3. Sister System's internal process including considerations about disciplinary action.

4. Referral to the Disclosure & Barring Service and/or referral to a professional registration body for professional misconduct.

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

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

Liaison with the Local Authority Designated Officer (LADO) [children only].

- Where there are concerns about staff who work with children, the LADO must be contacted within one working day. The LADO for the local authority area where the child resides is the responsible agent unless there is no known child in which case it is the area where the subject of the allegation lives.
- The LADO will advise if the threshold for their involvement is met. If it is, then the LADO is involved from the initial phase of the allegation through to the conclusion of the case and will ensure all the relevant reports are made and lines of inquiry are undertaken.

The LADO is responsible for:
- providing advice, information and guidance to employers and voluntary organisations around allegations and concerns about staff.
- managing and overseeing individual cases from all partner agencies.
- ensuring the child's voice is heard and that they are safeguarded.
- ensuring there is a consistent, fair, and thorough process for all adults working with children against whom an allegation is made.
- monitoring the progress of cases.
- recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or social care.

- advising about referrals to other agencies such as DBS.

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

A police investigation if a criminal offence may have been committed.
A report must be made to the Police and a crime reference number obtained where:

- there has been a crime, or a crime is suspected.
- allegations about staff/volunteers who are no longer working for Sister System must also be reported to the Police.

Enquiries by social care about adult or child safeguarding.
Adults and children who are victims of harm must be protected and provided with support. The immediate safety of an individual service user must be considered as well as the safety needs of all other service users (current or historical) and any others that the subject of the allegation may have encountered. This will involve making referrals to the Local Authority as per the above 'Procedure for managing concerns about service users'.

Sister System's internal process including considerations about disciplinary action.
Internal investigations must be taken without delay, but are secondary to reports being made to Police, Adults or Children's Social Care and the LADO.

Internal enquiries should use Sister System's HR (Human Resources) policies and HR advice as well as consultation with other relevant colleagues and address these areas:

- maintaining confidentiality for the subject of the allegation during the investigation period.

- the subject of the allegation has a right to have their case dealt with fairly, quickly, and consistently and to be kept informed of its progress. They should have a named contact at Sister System and be signposted to external support, e.g., union or counselling services.

- decisions about suspension or other alternatives such as allocating other duties during the investigation period. Suspension should not be the default option and alternatives to suspension will always be considered. Where suspension takes place, it is viewed as a neutral act which does not imply guilt. Suspension should be considered in these situations: Police are investigating allegations; the allegation is so serious that if it is substantiated, it would be grounds for dismissal; the person against whom the allegation is made may put pressure on others who are witnesses or may pose ongoing risk which cannot be managed satisfactorily without suspension. In any event, while inquiries are ongoing, the worker in question should not be in contact with service users.

Outcomes of the investigation may fall into these areas:

- there is sufficient evidence to state that the allegation is <u>substantiated</u> and there has been harm to the service user.
- there is sufficient evidence to disprove the allegation and say it is <u>malicious</u>. Malicious allegations made by another member of staff may result in disciplinary procedures against the referrer. Where police are involved, this may lead to charges of 'wasting police time.'
- there is sufficient evidence to disprove the allegation, but it was not made to deceive. <u>False allegations</u> are rarely made by service users, and it is more likely there has been a misunderstanding or misinterpretation of events. Where it transpires that there has been a false allegation, it is important to consider what may have driven this, including other welfare concerns.
- there is insufficient evidence to either prove or disprove the allegation which is therefore <u>unsubstantiated</u>.
- there is no evidence or proper basis which supports the allegation being made, e.g., due to a misinterpretation, so the allegation is <u>unfounded</u>.

The range of options open will depend on the circumstances of the case and take into account the result of any Police investigation or criminal trial, any safeguarding enquiries. about the child or adult as well as the organisation's duty to safeguard the charity, its staff. and service users. Options could include:

- reintegrating the member of staff into the job role.
- changes to the job description or working patterns.
- invoking the disciplinary process.
- Dismissal.
- alerting other known employers of the individual concerned (which the LADO can do for staff working with children).
- referring to the DBS.
- alerting the Charity Commission or the charity's commissioners, insurance company or professional regulating bodies of the subject of the allegation
- consequences for staff who have made malicious allegations. There should be no consequence for staff who make allegations in good faith where those allegations are not substantiated or are unfounded.

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

11.2 Refer to the disclosure and barring service (DBS).

All relevant staff will be subject to a DBS check to make sure that there has been no criminal behaviour related to children in their past. For new staff joining, a DBS would be required before commencing employment with Sister System.

Any member of staff or volunteer that is in regular, unsupervised contact with children will need to apply for an Enhanced DBS with Barred List check. Any role that is classified as a "regulated activity" by the DBS will require this level of check, as required by law in Section 11 of the Children Act of 2004.

The Enhanced DBS Check with Barred List will search an individual's criminal record, highlighting any spent or unspent convictions, warnings, cautions, and reprimands, as well as any relevant police notes and a check against the DBS barred list.

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

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

11.3 Other considerations.

Lack of co-operation.
In all cases, the process of recording the allegation, identifying any supporting evidence, and making a judgement as to whether it is substantiated should continue as far as possible. Full opportunity will be given to the person to respond to the allegation. Every effort will be made to conclude all cases where allegations are made, even where:

- the person concerned refuses to cooperate, resigns or otherwise stops providing their services.
- it is difficult to reach a conclusion.
- the person is deceased.

Managing communications.
Clients and their families may need to be advised about the allegation and the decisions about how this occurs and what is shared will be made by the DSL. The service user/s should ideally be told about the allegation as soon as possible, depending on the individual situation. They should be kept informed about the progress of the case and told of the outcomes where there is not a criminal prosecution. That includes the outcome of any disciplinary process.

The person against whom the allegation is made should be kept appraised by the nominated person at Sister System.

If there is media interest, this will be carefully considered by the leadership and trustees.

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

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

Record keeping.
Details of allegations that are found to be malicious should be removed from personnel records.

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

Supervision, support & learning.
The DSL will ensure that after any allegation management, staff who were involved in the issues surrounding the allegation are supported, supervised and effectively de-briefed.

There may need to be a learning review arising from the experience of managing the allegation and practice changes made accordingly, if there are features of the organisation that have contributed to the occurrence of the harmful behaviour. In some circumstances, an individual case review may be required to learn lessons and improve practices, amend policies and procedures, or lead to staff training.

This policy and procedure, or other policies may need to be reviewed in relation to the learning from the allegation management. These updates should be made at the time of learning rather than waiting for the next scheduled policy and procedure review.

Appendix 1

Key Internal Contacts			
Designated Safeguarding Lead (DSL)			
Name:	Danny White	**Tel: Mobile:**	07763008018
Job Title:	Programmes Manager	**Email:**	programmes@sistersystem.org safeguarding@sistersystem.org
Deputy Designated Safeguarding Lead (DDSL)			
Name:	Sandra Monteiro	**Tel: Mobile:**	07375995102
Job Title:	Therapeutic Mentor	**Email:**	sandra@sistersystem.org safeguarding@sistersystem.org
Designated Safeguarding Officer (DSO)			
Name:	Okela Douglas	**Tel: Mobile:**	07957731234
Job Title:	CEO	**Email:**	Directors@sistersystem.org safeguarding@sistersystem.org
Chair of Trustees			
Name:	Racheal Saunders	**Tel:**	
Title:	Chair	**Email:**	Chair@sistersystem.org
Lead Trustee for Safeguarding			
Name:	Mark Williams	**Tel:**	
Title:	Trustee	**Email:**	Trustees@sistersystem.org

Appendix 2

Key External Contacts and Resources	
Police, Ambulance, Fire Services	
Police (non-emergency)	Tel 101
Emergency Services	Tel 999
Police Public Protection Unit	Tel 101
Police Anti-terrorism Hotline	Tel 0800 789 321
Police Prevent Team	Tel 101
Local Authority	
Local Authority Adults Social Care	**Tel**: 0208 489 5800 **Emergency/Out of Hours**:0208 489 0000 **Email**: yas@haringey.gov.uk **Web-link**: Search | Haringey Council **Link for adult safeguarding multi-agency procedures**: Search | Haringey Council
Local Authority Children Social Care [MASH (Multi Agency Safeguarding Hub) Hub]	**Tel:** 0208 489 4470 MASH: River Park House 225 High Road London N22 8HQ www.haringey.gov.uk/children-and-families/childrens-social-care/how-get-help **Emergency/Out of Hours:** 0208 489 0000 **Email: N/A** **Web-link:** www.haringey.gov.uk/children-and-families/childrens-social-care/how-get-help **Link for children's safeguarding multi-agency procedures**: www.haringey.gov.uk/children-and-families/childrens-social-care/child-protection.
Local authority Adults Social Care (England)	Use the following website to find out the details www.gov.uk/report-abuse-of-older-person
Local authority Children's Social Care (England)	Use the following website to find out the details: www.gov.uk/report-child-abuse-to-local-council
Local Authority Designated Officer	Tel: 020 8489 2968 Email: hscp@haringey.gov.uk
Domestic Abuse / Assault	
Domestic Abuse	**National Help Tel:** 0808 2000 247 **Web Link:** Search | Haringey Council Tel Local: 0208 489 1501/07870 362 439

	E: Manju.Lukhman@haringey.gov.uk
Sexual Assault Referral Centres	Tel:02032996900 www.thehavens.org.uk
Radicalisation	
HM Govt Report radicalisation online	https://act.campaign.gov.uk/
Home Office Radicalisation e-learning module	www.elearning.prevent.homeoffice.gov.uk
Adult Safeguarding	
Ann Craft Trust Resources and support for safeguarding adults at risk	Tel 0115 951 5400 Website: www.anncrafttrust.org/safeguarding-adults-sport-activity/
NAPAC (National Association for People Abused in Childhood) (National Association for People Abused in Childhood) Helpline and online support	Tel 0808 801 0331 E: support@napac.org.uk
Mencap Direct Helpline and support	Tel: 0808 808 1111 E: help@mencap.org.uk www.mencap.org.uk
MIND Helpline and support	Tel 0300 123 3393 Text 86463 E: info@mind.org.uk www.mind.org.uk
National Autistic Society Helpline and support	Tel 0808 800 4104 www.autism.org.uk
Children's Safeguarding	
NSPCC Helpline For anyone concerned about a child	Tel 0808 800 5000 E: help@nspcc.org.uk
Childline For children to use	Tel 0800 1111
NSPCC Whistleblowing Helpline	Tel 0800 028 0285 E: help@nspcc.org.uk
NSPCC FGM Helpline	Tel 0800 028 3550 E: fgmhelp@nspcc.org.uk
Triangle Support and advocacy for disabled children	Tel 01273 305 888 www.triangle.org.uk/
Family Lives Parent advice line.	Tel 0808 800 2222

Child Trafficking Advice Centre	0808 800 5000
Child Exploitation and Online Protection Centre (CEOP) Investigates inappropriate online behavior such as grooming online.	0870 000 3344

Other National Services	
Victim Support	Tel 0808 168 9111 www.victimsupport.org.uk
National Domestic Violence Helpline	Tel 0808 2000 247
FGM FORWARD Training and support	Tel 020 8960 4000 E: forward@forwarduk.org.uk
Forced Marriage Helpline	Tel 0800 599 9247
Forced Marriage Unit	Tel 0207 008 0151 Out of office hours contact: 0207 008 1500 (ask for Global Response Centre).
UNSEEN Specialist charity giving advice and support about Modern Day Slavery	Telephone: 0303 040 2888 Helpline: 08000 121 700 www.unseenuk.org/
British Institute of Learning Difficulties Training and resources	Tel 0121 415 6960 www.bild.org.uk
The UK Safer Internet Centre Provides advice for professionals and responds to reports about sexual abuse images of children online.	0844 381 4772
Disclosure & Barring Scheme	www.gov.uk/government/organisations/disclosure-and-barring-service

Appendix 3

Sister System Safeguarding Incident Report Form.

To be completed as soon as possible following the safeguarding incident and within 24 hours.

Details of the Young Person or Adult at Risk.

Name of Young Person or Adult at Risk:		
Age:	Date of Birth:	Gender:
Religion:	Ethnicity:	Language:
Any additional needs (e.g. disability, interpreter needed)		
Parent's/Carer's name(s):		
Any other family member names:		
Home address and telephone number of child/ren or adults at risk:		

Details of safeguarding concern(s).

Have you spoken to the child or adult at risk? If so, what was said?
Have you spoken to the parent(s) or carers? If so, what was said?

Details of the person/s that the concern or allegation is against (if known): **Full Name:** **Role or Relationship to the alleged: Victim** **Age/DOB:** **Address:**   **Telephone Number:**
Have you asked for consent from the child or adult at risk or the child/child's parents to pass on information? YES/NO Has consent to pass on information to other agencies been given? YES/NO Is the adult at risk or is the child/child's parents aware that you are sharing concerns with another agency? YES/NO
Have you sought advice from anyone? Give details of who (full name and contact details), when and the advice they gave.

Your Details.

Name:	Position:	Contact details:
Signature of DSL or DDSL:		

Email this completed form ASAP to safeguarding@sistersystem.org

Sister System Safeguarding Cause for Concern / Disclosure Form.

To be completed as soon as possible following the safeguarding disclosure and within 24 hours.

Details of the Young Person or Adult at Risk.

Name of Young Person or Adult at Risk:
Date of birth: Age:

Disclosure Type.

Sexual	x	Peer on Peer	x	Emotional & Mental	x
Physical	x	Neglect	x	Extremism	x
Verbal	x	CSE	x	Exploitation	x

Disclosure / Information.

Date:	Place:	To whom:

Please write a clear and factual summary of the disclosure. Please clearly state fact vs opinion or allegation. Please use body map if necessary.

Informed Referring agency? Please detail here what information you have shared with the referring agency/keyworker/carer/other.

Your Details.

Name:	Position:	Contact Details
Signature of DSL or DDSL:		

Email this completed form ASAP to safeguarding@sistersystem.org

Flowchart for Managing

Safeguarding Concerns about Adults and Children

(see policy and procedure for detailed guidance)

Safeguarding concern about a child or an adult at risk

Complete Safeguarding Incident Form

Inform Designated Safeguarding Officer (DSO) immediately.

DSO decides on next steps (case specific) within 24 hours.

DSO may: seek further information and examine previous records; seek advice from others; clarify information sharing and consent to share; speak with the child, adult at risk and/or family members.

No Further Action

Continue to provide early help & support to child or adult at risk and/or signpost to other agencies.

Make referral to other agencies for support, having sought informed consent.

DSO makes a safeguarding referral to local authority children or adult services, following it up in writing.

In an emergency, contact Police or Ambulance services.

All steps are recorded on an ongoing basis.

Flowchart for Managing Allegations Against Staff

(see policy and procedure for detailed guidance)

Safeguarding concern about a member of staff or volunteer who has:

- Behaved in a way that has harmed an adult or a child
- Possibly committed a criminal act to an adult or a child
- Behaved in a way that indicates they could pose a risk of harm

whether this has occurred whilst working at Sister System or elsewhere, including online.

Complete Safeguarding Incident Form

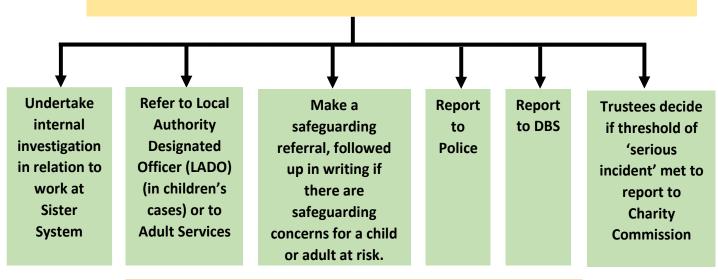**Inform Designated Safeguarding Lead (DSL)**

Inform Chair of Trustee's if concern is about the DSL

DSL decides on next steps (case specific) within 24 hours.

DSL may: seek further information and examine previous records;
seek advice from others e.g. Local Authority, LADO, Police, DBS;
speak with staff, volunteers and/or service users.
These steps apply for current staff/volunteers as well as those who have left.

Undertake internal investigation in relation to work at Sister System

Refer to Local Authority Designated Officer (LADO) (in children's cases) or to Adult Services

Make a safeguarding referral, followed up in writing if there are safeguarding concerns for a child or adult at risk.

Report to Police

Report to DBS

Trustees decide if threshold of 'serious incident' met to report to Charity Commission

All steps are recorded on an ongoing basis.

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

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

NAME:

DATE OF APPOINTMENT:

DATE POLICY AND PROCEDURE DISCUSSED IN SUPERVISION:

I have read and I understand the Safeguarding Adults and Children Policy and Procedure. I agree to adhere to the requirements of the Safeguarding Adults and Children Policy and Procedure during my work at Sister System.
YES/NO (circle as applicable)

I have had the opportunity to discuss the Safeguarding Adults and Children Policy and Procedure in supervision.
YES/NO (circle as applicable)

NAME OF WORKER:
SIGNATURE OF WORKER:
DATE:

NAME OF MANAGER:
SIGNATURE OF MANAGER:
DATE: