

**Safeguarding Children and Adults at Risk Policy**

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**Safeguarding Roles and Responsibilities**

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**Contents**

1. **PURPOSE OF POLICY AND GUIDING PRINCIPLES 3**
2. **RELEVANT GUIDANCE 4**
3. **EQUALITY STATEMENT 4**
4. **OUR COMMITMENT TO SAFEGUARDING 4**
5. **THE ROLE OF THE DESIGNATED SAFEGUARDING OFFICER 5**
6. **SAFEGUARDING DEFINITIONS & CATEGORIES 6**
7. **THE IMPACT OF ABUSE 8**
8. **RESPONDING TO SAFEGUARDING CONCERNS 9**
9. **WHEN THERE IS A CONCERN 9**

**9.1 Taking Immediate Action 9
9.2 Preserving Evidence 10**

**9.3 Responding to Disclosures 10**

1. **HOW SAFEGUARDING CONCERNS SHOULD BE**

 **RESPONDED TO WITHIN EMOTION DYSREGULATION IN AUTISM 11**

1. **CONFIDENTIALITY AND INFORMATION SHARING 11**
2. **SUPPORTING STAFF 12**
3. **WHISTLEBLOWING 12**
4. **SERIOUS INCIDENT REPORTING 12**

**APPENDICES**

1. **Legislation and Practice Guidance 14**
2. **Safeguarding Incident Report Form 15**

**PURPOSE OF POLICY AND GUIDING PRINCIPLES**

All those living with Emotion Dysregulative-type Autism are likely to be more vulnerable than a person who has not been maltreated and will be at greater risk of further maltreatment by others in the future.

Emotion Dysregulation in Autism is committed to safeguarding those who it comes into contact with as an organisation. Emotion Dysregulation in Autism will be a safe place for young people who are ready to change and want to be free from self-harm and emotion dysregulation The individuals we come into contact with have faced self-harm history and our aim is to provide a safe and caring place for them to live and be supported, guided, equipped and empowered to rebuild and live a fulfilled life.

It is our responsibility to work with those we have contact with (and any relevant agencies) to prevent the abuse of children/young people and adults at risk. We will work with our partners in the private, voluntary and public sectors to achieve these objectives and to actively participate in all safeguarding arrangements. We will ensure that those we come into contact with are made aware of this policy, and that it is available to other interested parties via our website.

Emotion Dysregulation in Autism is committed to ensuring that each of its workplaces represents a place of safety for those in our care - an environment that meets the individual’s needs for curiosity, resilience, empathy, meaning, empowerment in accordance with our charity’s values.

This policy applies to any concerns, allegations or evidence identified or received in respect of a child/young person/adult in our care. This applies to allegations and concerns of staff and volunteers. It also applies to any concerns regarding an adult who may be a risk to or unsuitable to work with children or adults at risk.

**DBS**

All trustees, volunteer and employees of E-DA will be DBS checked via Care Check at the Enhanced Level, with priority of DBS given to those who are directly supporting young people. Background checks are required to ensure that the person working with young people are adequately qualified and free from criminal records that could put young people at risk and ensure they are free from harm.

Emotion Dysregulation in Autism expects all staff and volunteers to follow and promote good practice in safeguarding. In order to do so they should:

* Read, understand, accept and act in accordance with this policy.
* Be vigilant and follow codes of conduct to maintain professional boundaries and safe working practices.
* Report any concerns or disclosures related to the protection and safety of children and adults at risk.
* Undertake mandatory safeguarding training and awareness sessions when provided.

All staff and volunteers at Emotion Dysregulation in Autism have a responsibility to report at the first available opportunity any concerns that they have that a child or adult is suffering, or is likely to suffer, from abuse or neglect. The concerns should be shared with the staff identified by this policy, who will ensure that all allegations and concerns are taken seriously. Where appropriate, concerns will be shared with the appropriate service such as the local children’s or adult social care directorate, the police, the local authority designated officer (the LADO), or the NSPCC.

Safeguarding is everyone’s responsibility. The procedures below are compulsory and apply to all our staff and any other persons working with the organisation whether on a paid, voluntary, or temporary basis. Any failure to comply with them will be addressed through the appropriate disciplinary procedures of which will have a separate policy.

**RELEVANT GUIDANCE**

This policy has been developed in accordance with the principles established by the relevant legislation and statutory guidance; and in line with the procedures published by the relevant Safeguarding Children Partner Arrangements and Safeguarding Adults Board.

In the drafting of this policy, we have taken into consideration the legislation and guidance detailed in Appendix 1, with particular regard to:

Working Together to Safeguard Children 2018 (HM Government)

Children Act 1989

Children Act 2004

Guidance for Safer Working Practice for Adults Who Work with Children and Young People (2019)

Information Sharing: Guidance for practitioners and managers. HM Government (2019)

The Care Act 2014

Care and Support Statutory Guidance HM Government (2020)

This policy should be read in conjunction with our other relevant safeguarding policies, in particular:

* *Safer Recruitment Policy*
* *Code of Conduct*
* *Handling Allegations against Staff Policy*
* *Complaints Policy*
* *Whistleblowing policy*

**EQUALITY STATEMENT**

All children and adults have the right to protection from abuse, regardless of age, gender, ethnicity, race or religion, disability, sexual orientation, or socio-economic background. We understand that it is our responsibility to offer this protection and to work with other agencies to ensure it. Every individual coming into contact with Emotion Dysregulation in Autism will be given the same level of care and protection.

**OUR COMMITMENT TO SAFEGUARDING**

We understand and commit to fulfill our safeguarding responsibilities. We will do this by:

1. Ensuring that that all staff / volunteers are carefully selected, trained and supervised (following national guidelines).
2. Creating and maintaining safe environments in which:
* Those receiving care from us feel safe and cared for.
* Best practice is observed around guidance on staff and volunteer conduct.
* There is an open and transparent culture which enables staff and voluneers those in our care (and others that we have contact with) to raise concerns.
* We have a safeguarding culture where staff, volunteers and those that we have contact with know how they are expected to behave and feel comfortable about sharing concerns with us.
1. Assessing the risk that those in receipt of our services may encounter and taking steps to minimise and manage this.
2. Raising awareness of safeguarding with our staff and volunteers and giving them the information and skills that they need in order to recognise potential signs for concern and know what action to take when they have concerns (including when they may have concerns about other members of staff).
3. Having a Code of Conduct so that our staff and volunteers understand the high standards expected of them when working with those who receive services from us.
4. Appointing at least one Designated Safeguarding Officer (DSO) and Deputy Designated Safeguarding Officer and ensuring that they undergo the appropriate DSO training every year.
5. Having procedures for reporting, recording, and reviewing cases where suspected abuse or neglect has been identified.
6. Creating written records where there are safeguarding concerns. Such records will be kept in a secure manner, and in accordance with our retention policies of which will be outlined in our disciplinary procedures policy.
7. Raising awareness of staff of their responsibilities in safeguarding and the relevant policies and procedures through good quality training. This training will be reviewed and refreshed every two years. All newly recruited staff and volunteers will receive full induction training which will cover our safeguarding policies and procedures.
8. Developing and implementing all relevant policies and procedures and ensuring annually that staff, volunteers and young people we work with are aware of them and how to access them.
9. Ensuring that staff, volunteers, and those working with the Emotion Dysregulation Autism are protected from harm, assisted and guided in undertaking their safeguarding duties, and supported when involved in any safeguarding incidents.
10. Reviewing this policy every year (or when necessary) and making it available on our website. The annual review of the policy will take into consideration all aspects of applicable legislation and advice current at the time of the review.

**THE ROLE OF THE DESIGNATED SAFEGUARDING OFFICER (DSO)**

The role of theDSO includes:

* Ensuring that all staff have received full safeguarding training appropriate to their role and maintaining a record of such training and staff attendance.
* Receiving and responding appropriately to all reports of safeguarding issues or abuse which are raised by staff members, partner agencies or those living with or in contact with us.
* Ensuring that confidential, detailed and accurate records are kept of any concerns, reports or referrals.
* Discussing any safeguarding concerns at regular meetings where safeguarding is a standing item.
* Acting as a source of support, advice and expertise for staff with concerns and liaising with other agencies and professionals.
* Acting as a point of contact for those who live with us and others in the community or in partner/external services.
* Responding to requests for information from partner services outside of the organisation.
* Ensuring that potential safeguarding issues and support needs are identified and responded to at the earliest opportunity.
* Referring any allegations of abuse or safeguarding concerns to the local children’s/adult social care department, and if relevant, the police and/or the Local Authority Designated Officer.
* Reporting as may be required/requested in specific circumstances (for example to the Disclosure and Barring service, Chair of Trustees etc.)
* Making appropriate referrals to other organisations (for example where there are concerns regarding radicalisation and extremism, or female genital mutilation).
* Providing a quarterly report for the Trustees detailing the number and type of incidents/cases, including actions taken and outcomes.
* Having oversight of the annual review of all policies and processes.

The contact details for the DSO (and deputy DSO) are set out on the front page of this policy.

**SAFEGUARDING DEFINITIONS**

According to the Children Act 1989, a ‘child’ is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody does not change their status or entitlement to services or protection under current legislation.

The Care Act 2014 defines an adult at risk as an adult who:

• has needs for care and support (whether or not the local authority is meeting any of those needs) and.

• is experiencing, or at risk of, abuse or neglect; and

• as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child or adult at risk by inflicting harm, or by failing to act to prevent harm.

The Children Act 1989 defines ‘harm’ as “ill-treatment or the impairment of health or development”. ‘Development’ means physical, intellectual, emotional, social or behavioural development; ‘health’ means physical or mental health; and ‘ill-treatment’ includes sexual abuse and forms of ill-treatment which are not physical. As a result of the Adoption and Children Act 2002, the definition of harm also includes “impairment suffered by hearing or seeing the ill-treatment of another.”

Abuse may occur at the hands of peers or someone else also living with Emotion Dysregulation in Autism and members of staff. It may occur outside of the home from someone from the individual’s life including family, friends, or in a work or training environment. Abuse can also occur online.

**CATEGORIES OF ABUSE**

Child abuse can be one of four different categories.

**Physical Abuse**: Physical abuse is a form of abuse which 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.

**Emotional Abuse**: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond 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.

**Sexual Abuse:** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect**: Neglect is the 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 as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

provide adequate food, clothing and shelter (including exclusion from home or abandonment);

protect a child from physical and emotional harm or danger;

ensure adequate supervision (including the use of inadequate caregivers); or

ensure access to appropriate medical care or treatment.

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

The categories of adult abuse are set out in the Care Act 2014 and are as follows:

**Physical Abuse:** including assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions.

**Domestic Violence:** including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

**Sexual Abuse:** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Psychological Abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or Material Abuse:** including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern Slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Discriminatory Abuse:** including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational Abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect and Acts of Omission:** including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Self-neglect:** this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

**Self-harm:**

Self-harm is a deliberate action when individuals will cause physical damage to themselves. This can range from cutting, swallowing, inserting, burning, tying ligatures, taking overdoses and restricting food intake and many more.

As part of EDA, there will be young people who self-harm as beneficiaries. There may even be psychiatric inpatient history or suicide risk/suicidal ideation.

Steps to mitigate this risk. Please note this policy only outlines rough guidelines and the charity’s position on keeping beneficiaries safe and free of harm. This policy in no way, outweighs the power of individual risk assessments.

For each young person, a risk assessment needs to be completed with a named emergency contact and lead clinician from mental health services.

* If a worker at EDA believes that a young person in in immediate risk of harm AND their life is in imminent danger, call 999 immediately and report the risk of harm. If there is peer support worker working with the young person, they should offer to go to the Emergency department should the young person consent. Secondarily, Raise a safeguarding concern with the local council and contact the emergency contact, letting the young person’s family and lead clinician aware.You can also report a concern in the following ways: Email: CSAdultSocialCare@birmingham.gov.uk. Telephone: 0121 303 1234. Text Relay: Dial 18001, followed by the full national phone number.
* If a worker at EDA believes a young person is in need of protection from themselves or others due to self-harm or suicide, call the Forward Thinking Birmingham crisis line, [0300 300 0099](https://www.google.com/search?q=ftb+birmingham+crisis+team&rlz=1C1GCEA_enGB973GB973&ei=uoF9YvO2Atb6gAav4ofoCw&oq=ftb+crisis&gs_lcp=Cgdnd3Mtd2l6EAEYATILCC4QgAQQxwEQrwEyBggAEBYQHjoHCAAQRxCwAzoFCAAQkQI6BQguEJECOhEILhCABBCxAxCDARDHARDRAzoLCAAQgAQQsQMQgwE6CAguELEDEIMBOgUIABCABDoICAAQsQMQgwE6CwguELEDEIMBENQCOgsIABCxAxCDARCRAjoECAAQQzoKCAAQsQMQgwEQQzoICAAQgAQQsQM6BwgAELEDEEM6BQguEIAEOggIABAWEAoQHjoICAAQDxAWEB5KBAhBGABKBAhGGABQvQZYrxBgmCJoA3ABeACAAXWIAaEIkgEDMy43mAEAoAEByAEIwAEB&sclient=gws-wiz) You can also report a concern in the following ways: Email: CSAdultSocialCare@birmingham.gov.uk. Telephone: 0121 303 1234. Text Relay: Dial 18001, followed by the full national phone number. This is necessary if there is a possibility of a young person having plans to end their life or have expressed suicidal ideation. Secondarily, Raise a safeguarding concern with the local council and contact the emergency contact, letting the young person’s family and lead clinician aware
* If a worker at EDA believes a young person is self-harming in the absence of suicidal intent and there is no reason to suspect further serious harm, notify the emergency contact, letting the young person’s family and make lead clinician aware. Email: CSAdultSocialCare@birmingham.gov.uk. Telephone: 0121 303 1234.
* If a worker at EDA has received a disclosure from a young person about historic or current self-harm where there is no immiment danger, notify the emergency contact, letting the young person’s family and make lead clinician aware. Raise a safeguarding concern also to: Email: CSAdultSocialCare@birmingham.gov.uk. Telephone: 0121 303 1234.
* In all of these instances, no matter the severity of self-harm risk, it is imperative to raise these concerns to the Designated Safeguarding Lead. If the DSL is absent, forward the concern to the Deputy DSL. The DSL will then notify the Charity Commission of all safeguarding concerns, regardless of severity of harm.
* In the event of a self-harm or suicide episode occurring, a thorough incident review will need to be undertaken to ensure lessons are learnt and to provide pptimal safety of beneficiaries and workers are. This incident review involves talking to the person affected and related persons to enhance positive practice and avoid malpractice in delivering care and safety.

Safeguarding Concern: Is someone in immediate life-threatening danger?

Yes, someone will be harmed/self-harmed

No, it is a past disclosure

At risk but not imminently

**THE IMPACT OF ABUSE**

The impact of maltreatment on an individual’s physical, psychological and emotional health and development is different for each person. Someone who has experienced trauma may:

* have difficulty in establishing positive relationships with others.
* have poor communication skills.
* have low self-esteem.
* have a poor sense of identity.
* have an underdeveloped ability to regulate emotions and reactions.
* have mental health issues as a result of the trauma.

Behaviour may be characterised by:

* overly aggressive or withdrawn behaviour.
* extreme anxiety.
* hyper-vigilance.
* inability to relate to others in an acceptable way.
* risky and impulsive behaviour.
* open hostility.
* maladaptive coping strategies such as substance misuse, self-harming, relationships with abusive adults, and running away.

**RESPONDING TO SAFEGUARDING CONCERNS**

Staff might become concerned for someone because of:

* comments made by the individual, other family members, other professionals or friends.
* observations, such as changes in behaviour or mood which may indicate abuse or neglect. This includes issues around attendance and attainment in education/work.
* an injury which arouses suspicion because:
	+ The location and appearance of the injury, particularly where it does not make sense when compared with the explanation given.
	+ The explanations differ depending on who is giving them (e.g. differing explanations from the individual and another).
	+ The person appears anxious and evasive when asked about the injury.
* a series of events, which, may not be thought to be of concern individually, but when they are viewed together can be considered as significant.
* online behaviour, including bullying.
* suspected self-harm which can be as a result of abuse and neglect or evidence of an existing or emergency mental health issue. Self-harm is a common occurrence for this patient group due to their emotion dysregulation. Emotion dysregulation, in the context of EDA charity, refers to difficulties in expressing and communicating negative emotions leading to self-harm behaviours and extreme psychological distress.
* observation of a colleague or other professional which causes concern, either for the adult/children they work with, or children that person has otherwise contact with (for example in their personal lives).

 **WHEN THERE IS A CONCERN**

Emotion Dysregulation in Autism staff need to be vigilant around safeguarding and act appropriately when dealing with concerns. Staff should act on initial concerns and not wait for things to escalate, or for absolute proof of abuse to emerge. It is not their role to investigate or to question, but to make a record of the concern and ensure that the DSO is informed as soon as possible.

It should never be assumed that someone else will pass on information which may be critical to the safety and wellbeing of the child/adult. Every member of staff, whether paid or unpaid, has a duty of care to pass on their concerns at the first available opportunity. Where staff are unsure what action to take, they should seek advice from their line manager or the Designated Safeguarding Officer.

**TAKING IMMEDIATE ACTION**

Staff may become concerned that a child or adult may be suffering, or is at risk of experiencing, abuse or neglect. They may be concerned about the child or adult’s safety and wellbeing (and that of others).

Depending on each individual situation, the following should be considered:

* Making an immediate evaluation of the risk and taking steps to ensure that the child/adult is in no immediate danger and/or does not require urgent medical treatment.
* Contacting the DSO to discuss the situation and receive advice. If the concern is regarding the DSO or they are not available, then the deputy DSO or a senior member of staff should be consulted.
* Making a written record using the Incident report Form attached to Appendix 2 of this policy.

Although all staff should do what they can to ensure the immediate safety of a child/adult, they must not put themselves in risky or dangerous situations.

**PRESERVING EVIDENCE**

The police are responsible for the gathering and preservation of evidence to pursue criminal allegations against people causing harm. Where it is likely that a criminal act has been committed against an individual, the police should be contacted immediately.

The first concern is always to ensure the safety and wellbeing of the alleged victim. However, in situations where there has been or may have been a crime and the police have been called it is important that forensic and other evidence is protected, ready for collection by the police. The police will attend the scene, and staff can ensure evidence is not contaminated by:

* disturbing a ‘scene’ as little as possible, sealing off areas if possible.
* discouraging washing / bathing / eating / drinking / smoking and use of the toilet in cases of sexual assault.
* not cleaning or allowing further use by others of a toilet used by the victim since the alleged incident in cases of sexual assault.
* not handling items which may have DNA evidence on them.
* putting any items (e.g. clothing), or any significant items given to them (weapons etc.) in a safe, dry place in bags (for example bin liners or paper bag).

Staff can also contribute to evidence by recording their observations in relation to what the child/adult has said, their appearance and behaviour, anyone else involved, and any actions taken by them or others.

**RESPONDING TO DISCLOSURES**

Disclosures by children and adults should be listened to and recorded carefully as soon as possible, using their own words where possible.

It is essential that staff being told something by a child or adult:

* give assurances that they are taking the concerns seriously and that the person has done the right thing in telling them.
* allow the child/adult to freely speak without interruption.
* listen carefully to what the child/adult is saying, staying calm, getting as clear a picture as possible, but avoiding asking leading questions (questions which suggest an answer to the person making the disclosure) or speculating about what has happened or who has harmed them.
* not give promises of confidentiality or that the disclosure can be kept a secret.
* **immediately** inform the DSO of the disclosure and makes a written record of the disclosure (see below).

The child/adult should not be questioned in detail at this stage to avoid creating unnecessary stress through repeatedly describing events or creating a perception that they are not believed. Such questioning can also risk the contamination of evidence. This should not detract from the initial seeking of information to establish basic facts.

The person alleged to have caused harm should not be contacted or told of the allegations. Advice should be sought from the DSO or Deputy DSO if staff are unsure concerning this.

A written record of the disclosure should be made as soon as possible containing as much detail as possible, including words and phrases used by the person making the disclosure, a description of their appearance and behaviour, a description of any evidence shown by them (e.g. a text message or image). Where the child or adult shows a member of staff something on their mobile telephone, staff should take care not to screenshot this using their own mobile phone but to make a written record of what they have seen.

**HOW SAFEGUARDING CONCERNS WILL BE RESPONDED TO WITHIN EMOTION DYSREGULATION IN AUTISM**

There are 4 strands to Emotion Dysregulation in Autism’ response and each individual case will determine the appropriate course of action.

1. If it is thought a crime has been committed the DSO will inform the police. If the police consider a criminal investigation is required, Emotion Dysregulation in Autism and its staff will co-operate fully with the police.
2. In situations where there are safeguarding concerns regarding a child, the DSO will consult and follow the Safeguarding Partner Arrangements in the area where the child is living (or if not known, where the Open Arms Home is located).
3. If the concern is regarding an adult, consideration will be given as to whether they agree to contact with Adult Social Care. If the adult does not want any further action taken an assessment will be made, led by the Designated Safeguarding Officer, considering the evidence. A decision as to whether to override that wish will be made based on the nature of the concern, whether the public interest criteria is met, the vulnerability of the adult and their mental capacity.
4. If an allegation is made against a member of staff, the DSO will inform the Local Authority Designated Officer within 1 working day and follow the procedure outlined in the Handling Allegations against Staff policy. If the allegation involves the DSO the Deputy Designated Safeguarding Officer should act as the DSO on the matter.

**CONFIDENTIALITY AND INFORMATION SHARING**

Safeguarding children and adults at risk will always be Emotion Dysregulation in Autism’ priority. Although we will offer sensitive and confidential services, where there is cause to suspect a child may be at risk of harm, appropriate information will be shared with relevant agencies. This part of the policy should be read alongside the Data Protection, Confidentiality and Information Sharing policy. Any decisions made concerning information sharing will always be made with the child or adult’s wellbeing in mind and guidance will be sought from relevant professionals where needed.

Information will:

* Be shared with consent where possible but, if consent cannot be obtained or withheld, and the service user or other individuals are at risk of abuse or neglect, there is a legal duty to share information, or a wider public interest in sharing, it may be necessary and appropriate to share without consent. There may also be times when sharing consent places a child at further risk of harm or impedes a criminal investigation and therefore each case will be approached on an individual basis and in consultation with the Designated Safeguarding Officer.
* Only be shared on a ‘need to know’ basis when it is in the interests of the service user/ family.
* Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, in consultation with relevant professionals and with reference to this policy and the legal framework.

 **SUPPORTING STAFF AND VOLUNTEERS**

We appreciate that working with those who have experienced abuse and identifying safeguarding concerns can be stressful or upsetting for our staff and volunteers.  Sometimes staff/volunteers may worry that they have not taken the right course of action. Staff/voluntees may also be impacted by events in their own lives. We will always support staff/volunteers by providing a safe space and opportunity for our staff/volunteers to discuss their concerns or anxieties with the DSO, senior manager with responsibility for safeguarding or a representative of a professional body as appropriate. This support is also made available to the DSO and senior manager with responsibility for safeguarding.

**WHISTLEBLOWING**

Emotion Dysregulation in Autism strives to have a supportive, open, transparent and healthy workplace culture where best practice is observed. We would want our staff, volunteers and those who come into contact with us to feel able to share any concerns that they have regarding any aspect of our provision – be that our homes, staff, other adults or our policies and processes.

We appreciate that staff in particular may find it difficult to raise concerns about colleagues, managers or how safeguarding concerns are responded to within a setting. Emotion Dysregulation in Autism has a specific whistleblowing policy which encourages staff to raise concerns and also provides details of outside organisations that staff or any person can approach for support and advice. We aim to have a culture in all of our settings where safeguarding is responded to effectively, and staff and those we provide services to feel safe, supported and able to voice any concerns that they have in the knowledge that they will be responded to.

**SERIOUS INCIDENT REPORTING TO THE CHARITIES COMMISSION**

The Charity Commission requires charities to report serious incidents to it. If a serious incident takes place this should be reported, along with an overview of actions taken and outcomes. This applies when the incident has also been reported to others (such as the police, Local Authority Designated Officer, or another regulator such as Ofsted or the Care Quality Commission).

**What is a serious incident?**

A serious incident is an actual or suspected adverse event which may result in or risk of:

* Significant harm to Emotion Dysregulation in Autism’ beneficiaries, staff, volunteers or other who come into contact with us through our work.
* Loss of money or assets
* Damage to Emotion Dysregulation in Autism’ property or harm to its work or reputation.

**Who should report?**

The responsibility for reporting serious incidents rests with Emotion Dysregulation in Autism’ trustees. Any incident which may meet the criteria for a serious incident therefore needs to be reported by the Designated Safeguarding Officer to the Chair of Trustees without delay.

Further guidance can be found here: How to report a serious incident in your charity - GOV.UK (www.gov.uk)

**APPENDIX 1: RELEVANT LEGISLATION CONSULTED
IN DRAFTING THIS POLICY**

The following national guidance has been considered in the drafting of this policy:

* The Rehabilitation of Offenders Act 1974, (which outlines when people with criminal convictions can work with children)
* The Children Act 1989 (and 2004 amendment), which provides a framework for the care and protection of children.
* Human Rights Act 1998
* The Protection of Children Act 1999
* Criminal Justice Act; Court Services Act 2000
* The Sexual Offences Act 2003
* The Mental Capacity Act 2005
* Safeguarding Vulnerable Groups Act 2006.
* Section 5B (11) of the Female Genital Mutilation Act 2003, as inserted by section 74of the Serious Crime Act 2015, (which places a statutory duty on teachers to report suspected cases of FGM)
* The Care Act 2014
* The Counterterrorism and Security Act 2015
* What to Do If You’re Worried A Child Is Being Abused (Advice for practitioners,

2015)

* Prevent Duty Guidance: for England and Wales (March 2015)
* Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children (HM Government 2018, as amended 2020)
* Information Sharing: Guidance for practitioners and managers. HM Government (2018)

Guidance for Safer Working Practice for Adults who Work with Children and Young People (2019), and Addendum (2020)

* Care and Support Statutory Guidance (2020)

**APPENDIX TWO**

**SAFEGUARDING INCIDENT REPORT FORM**

**Safeguarding Incident Report Form**

|  |
| --- |
| Initial Information |
| **Full name of adult/child that you have concerns about** |  |
| **Address** (including postcode if known) |  |
| **Email address (if known)** |  |
| **Telephone number (if known)** |  |
| **Date of birth (if known)** |  |
| **Date and time of incident** |  |
| **Location of incident** |  |
| **Other people present (witnesses)** |  |
| Record of incident (continue separate sheet if necessary) |
| What are your concerns? What are the identifiable risks?Record this as specifically as possible, making a distinction between what you have seen or heard; and what you have been told. Include details such as tone of voice, facial expression and body language. Record any specific evidence (such as injuries, text messages). If someone told you something, try to use the exact words used. |  |
|  |  |
|  |  |

Name:

(Person who completed this report)

Position held in Emotion Dysregulation in Autism:

Signed:

Dated:

**PART 2**

**FOR COMPLETION BY THE DESIGNATED SAFEGUARDING OFFICER/TRUSTEE**

|  |
| --- |
| Who has been spoken to about the incident? |
| **Position/Organisation** | **Name** | **Email** | **Telephone number** |
| Emotion Dysregulation in Autism Designated Safeguarding Officer  |  |  |  |
| Charities Commission |  |  |  |
| Child/Adult Social Care |  |  |  |
| Police |  |  |  |
| NSPCC |  |  |  |
| Parent/Carer/Family |  |  |  |
| Other (please state role and organisation  |  |  |  |
| Feedback and follow up actions (continue a separate sheet if necessary) |
|  |

Name:

Position held in Emotion Dysregulation in Autism:

Signed:

Dated: