



Safeguarding policies & procedures

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Safeguarding policy statement

The Haemophilia Society (THS) acknowledges the duty of care to safeguard and promote the welfare of children, young people and vulnerable adults. It is committed to ensuring safeguarding practise reflects statutory responsibilities, government guidance and complies with Charities Commission best practices.

Our policy recognises that the welfare and interests of children, young people and vulnerable adults are paramount in all circumstances. It aims to ensure that regardless of age, gender, religion or beliefs, ethnicity, disability, sexual orientation or socioeconomic background our community has a positive and enjoyable experience with the charity and our activities. It is protected from abuse whilst participating in our events.

We acknowledge that some children and adults can be particularly vulnerable to abuse. We accept the responsibility to take reasonable and appropriate steps to ensure their welfare. As part of our safeguarding policy, we will:

- promote and prioritise the safety and wellbeing of children, young people and vulnerable adults.
- ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns.
- ensure appropriate action is taken in the event of incidents/concerns of abuse.
- support individual/s who raise or disclose the concern.
- ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored.
- prevent the employment/deployment of unsuitable individuals by undertaking safeguarding checks on all staff and volunteers.
- ensure robust safeguarding arrangements and procedures are in operation.

The policy and procedures will be widely promoted and are mandatory for everyone involved in the Haemophilia Society's activities. Failure to comply with the policy and procedures will be addressed without delay. It may ultimately result in dismissal/exclusion from the organisation. In law, a child is defined as someone under 18 years who is not or has never been married (Child Care Act 1991, the Children Act 2004).

The purpose of this policy:

- to protect children, young people and vulnerable adults who participate in or attend The Haemophilia Society's services and events.
- to provide staff and volunteers with the overarching principles that guide our approach to safeguarding.

THS believes that a child, young person or vulnerable adult should never experience abuse of any kind. We have a responsibility to promote the welfare of all children, young people and vulnerable adults and keep them safe. We work with people who have long term conditions that can impact their physical and emotional welfare. We recognise that the welfare of children, young people and vulnerable adults under our care is the first and paramount consideration and are committed to practising in a way that protects them.

Monitoring

The policy will be reviewed every three years or in the following circumstances:

- changes in legislation and/or
- government guidance as a result of any other significant change or event.

Purpose & Scope of Document

This document aims to outline THS Safeguarding Policies and Procedures to promote safeguarding and outline our safe practices in our work with children and vulnerable adults. The policy and procedures take into consideration that THS provides camps and activities, both residential day events for children, young people and adults and must support safe practices.

Our safeguarding policy is based on the legal framework provided primarily by the Children Act 1989, Children Act 2004 and Children & Social Work Act 2017. This has been the national guidance for social workers, professionals, organisations and individuals to help keep children safe and protected from harm.

Vision, Mission & Values

Vision

Anyone affected by a bleeding disorder has the opportunity to live a fulfilled life.

Mission

We aim to support each other, raise awareness and advocate on what matters to our community.

Values

Everything we do is underpinned by our values. We strive to always be empowering, compassionate and resilient.

Legal framework

This policy has been drawn up based on law and guidance that seeks to protect children and vulnerable adults, namely:

- Children Act 1989
- Children Act 2004
- Data Protection Act 2018
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding
- Sexual Offences Act 2003
- The Charity Commission
- United Convention of the Rights of the Child 1991
- Female Genital Mutilation Act 2003

We recognise that:

- The welfare of the child is paramount, as enshrined in the Children Act 1989
- All children, young people or vulnerable adult regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- Some children, young adults or vulnerable adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

We will seek to keep children, young people and vulnerable adults safe by;

- valuing them, listening to and respecting them
- adopting safeguarding practices through policies procedures for staff and volunteers
- providing effective management for staff and volunteers through supervision, support and training
- recruiting staff and volunteers safely, ensuring all necessary checks are made
- sharing information about safeguarding and good practice with members, staff and volunteers
- sharing concerns with agencies who need to know and involving parents and children appropriately.

Members Welfare

Members Rights

THS is committed to protecting and promoting members' rights through:

- Creating an environment, in which members are valued, encouraged and affirmed, have their rights respected and are treated as individuals.
- Accepting that the welfare of the child is the most important consideration in providing our programme to children.
- Adopting our safeguarding policy and associated practices, policies and guidelines to keep members as safe as possible.
- Adopting the safest practices to minimise the possibility of harm or accidents happening to children and vulnerable adults and protect staff from the necessity to take risks and leave themselves open to accusations of abuse or neglect.
- Consistently applying our clearly defined methods of recruiting staff and volunteers.
- Ensuring that all staff and volunteers are trained and understand their responsibility to adhere to and implement The Haemophilia Society Safeguarding Policies & Procedures.
- Ensuring that members are empowered to express their ideas and views on a wide range of issues and have access to our complaints procedure.
- Ensuring that parents/guardians have access to our policies and understand our commitment to safeguarding.
- Respecting and valuing the diversity of members and treating all in an equitable and fair manner.

Staff / Volunteer Recruitment Policy

THS prides itself on ensuring that the best person is chosen for the job and that this is achieved in a fair and equitable manner. To ensure that best practice is followed for the recruitment of all staff and volunteers. Our Recruitment and Selection policy has been devised to guide and inform recruitment staff in this process.

Two critical elements of this policy include obtaining a safeguarding (DBS, safeguarding disclosure check) check for all staff and volunteers who work with children and vulnerable adults at THS.

Staff/Volunteer Induction & Training

THS believes its employees and volunteers are its greatest asset and recognises its responsibility to ensure they are afforded appropriate development throughout their employment.

We aim to support and develop employees in their role so that they feel confident to undertake the responsibilities placed upon them and ultimately contribute to the organisation's success.

We include safeguarding Policies & Procedures as part of training and induction to ensure full understanding.

Following training, staff/volunteers acknowledge their understanding of the Safeguarding Policies & Procedures by signing that all elements of the policy were understood.

Medical consent Procedure

THS ensures that it has full consent and up-to-date medical information on children as necessary. Parent/s will sign a consent form to enable treatment to be given by specialist haemophilia nurses or doctors if necessary.

Supervision of Children – Our Two Adult Policy

THS operates a strict policy regarding the supervision of children. Where staff or volunteers are responsible for children/teens, a **two-adult policy** is adopted regarding the number of staff or volunteers to children ratio.

A child or group of children should not be left alone with a single staff or volunteer. To ensure this is the case, clear schedules are drawn up regarding supervision in the accommodations and programme activities both during the day and in the evening.

Dealing with Challenging Behaviour

Our policy is that all children be treated as individuals, and all behaviours are supported in a way that is in line with The Society's Safeguarding policies.

THS provides training to assist staff and volunteers in dealing with challenging behaviour.

Medical Policies and Practices

THS ensures we have clinical specialists in any programmes where deemed necessary. These may be a haemophilia specialist nurse, physiotherapist or doctor.

All parents will provide clear medical information, supply all treatment and provide written consent or any treatment requirements.

Codes of Behaviour

Between Staff / Volunteers and Children and members

Staff and Volunteers have a responsibility to protect and promote children's and member's rights by:

- Treating them with dignity, sensitivity and respect. Being positive in conversation and keeping the conversation at the appropriate level for the child's age.
- Making time to listen, talk to and get to know the children and members.
- Make sure that children, young people and adult members know The Society's rules about behaviour and have read our code of conduct.
- Helping children to be safe, happy and have as much fun as possible.
- Never tolerating favouritism, exclusion or harsh disciplinary regimes.
- Never use your mobile phone or personal camera to take photographs of children or members or remove from THS any photography (including electronic copies) of children without written permission.
- Enabling children to regard their bodies as their own property.
- Encouraging them to express feelings, fears and experiences openly.
- Knowing about the principles and practices of safeguarding as outlined in this document and discussing any uncertainties with the Designated Safeguarding Lead.
- Acting in an open and visible manner and ensuring that an adult is not left in a position where they are alone with a child.
- Never engaging in sexually provocative games, making jokes of a sexual nature or making suggestive comments in the presence of young people, even in fun.
- Respecting children's privacy in bathrooms or changing rooms.
- Sensitively ensuring that children and members know about the safeguarding Policies & Procedures. At events such as youth camp, staff explain on the first day using child-friendly language and camp rules to ensure physical and emotional safety whilst at camp.
- Always responding to complaints or allegations. Encouraging children and members to report cases of bullying or any other concerning behaviour to either the Designated Safeguarding Lead or an Activity Leader.
- Helping children realise the difference between confidentiality and secrecy.

- Being sensitive to the fact that some children are more vulnerable and have special needs.
- Never using physical punishment with children.
- Identifying challenging behaviour, appreciating the cause of this behaviour, and to support children in their behaviour so they can have a positive experience at services. It is important to focus on the route of the behaviour in order to best support that child.

Staff and Parents

At services such as Youth Camp, depending on the role of the staff person within, THS may speak to parents either whilst they are at the youth camp or following the departure of the child or young person. Staff and Volunteers have a responsibility to protect and promote parents' rights by:

- appreciating the trust which parents place in staff and volunteers.
- listening carefully to what parents say about their children.
- listening to parents expressing a concern, not being defensive, trying to see a situation from the parents' perspective and seeking to establish a common ground.
- informing parents of any accidents and how they happened.
- ensuring parents are aware of the Safeguarding Policies and Procedures.

A positive relationship between staff and parents should be nurtured and maintained through open communication in both directions. Ongoing good communication with parents develops a better understanding of the positive benefits of our programmes and events and of what is expected of both their child and themselves to improve their experience. Ensuring that parents feel comfortable talking with staff will provide the opportunity to get a better insight into the child or young person and allow parents to openly voice any concerns or queries that they may have.

Some Do's and Don'ts

Do's

- Ensure that the two adult policy is strictly observed, and you are never left alone with a child.
- Be aware of appropriate physical contact and engage in this contact only.
- Respect the personal boundaries of others.
- Discuss any uncertainties with the Designated Safeguarding Lead / Programme Leader.

- Use camera's only to take photographs of children if written consent has been obtained.

Don't

- Spend time alone with a child.
- Contact children once you have left camp, unless in an official capacity approved by a member of the Senior Management team.
- Make jokes of a sexual nature in the presence of young people, even in fun.
- Become over-involved with a young person.
- Tolerate favouritism, exclusion or harsh disciplinary regimes.

Safe Touch

All staff and volunteers participate in training at THS, including keeping themselves and children safe in relation to physical contact. Key Do's and Don'ts for safe touch include:

- Do not have a child sit on your knee. Gently move the child away from sitting on your knee to sitting next to you.
- Do not give a child a hug when you are not on their level or initiate physical contact with a child. If a child initiates a hug or physical reassurance, get on their level, and try to stay side by side with the child, allowing them to put an arm around your shoulder.
- Do not give a child a piggyback or shoulder ride. Do walk slower or rest with a child if they are tired.
- Do not initiate holding the child's hand; always try other alternatives such as verbal encouragement.
- Do not help a child get dressed/undressed when they can do it independently.
- Do not encourage or congratulate children by picking them up or hugging them. Do use high fives and fun handshakes.

Recognising Female Genital Mutilation

Female genital mutilation (FGM) is the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

FGM can happen in the UK or abroad. Instances of FGM have been recorded in some African countries, areas of the Middle East, some Asian countries, the Americas, Europe and Australia. Girls who were born in the UK or are resident here but whose families originate from an FGM-practising community are at greater risk of FGM happening to them.

FGM and the law

FGM is child abuse and is against the law in the UK. The Female Genital Mutilation Act 2003 makes it illegal to:

- perform FGM in the UK
- assist or arrange for anyone to carry out FGM abroad on girls who are British Nationals or habitual UK residents
- assist a girl to carry out FGM on herself

It can be extremely dangerous and can cause:

- | | |
|--|----------------------------|
| • bleeding | • organ damage |
| • death | • severe pain |
| • depression | • self-harm |
| • haemorrhage | • shock |
| • incontinence | • sleep problems |
| • infection such as tetanus, HIV and hepatitis B and C | • trauma and flashbacks |
| • infertility | • urinary tract infections |
| • menstrual obstruction | • urine retention |

There are no health benefits to FGM. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of women's bodies for the rest of their lives. Sometimes religious, social and cultural reasons are given to justify FGM, however it's a dangerous practice and can cause long-lasting health problems that continue throughout a child's life. FGM carries a penalty of up to 14 years in prison.

Signs and indicators

Children are often unaware that FGM is going to take place. Unfortunately, this means there may be few warning signs before it happens. However, sometimes children are made aware in advance, which can lead to a change in their behaviour, such as seeking advice or help from professionals and friends.

A child at immediate risk of FGM may ask you directly for help. But even if they don't know what's going to happen, there may be other signs. You may become aware of:

- a special occasion or ceremony to 'become a woman'
- a family arranging a long holiday or visit to family girls travelling to countries in Africa, the Middle East and Asia during the long summer holiday
- the child expresses concern or reluctance to talk about the holiday
- only the female children are going on the holiday
- the child's siblings or friends express concern about the holiday
- the child is traveling for an unknown period of time and it is unclear where she will be going or who will be looking after her

- the child mentions a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt
- the child is from a community at particular risk e.g. Egypt, Eritrea, Gambia, Guinea, Indonesia, Ivory Coast, Kenya, Liberia, Malaysia, Mali, Nigeria, Sierra Leone, Somalia, Sudan, Yemen.

A child or woman who's had female genital mutilation (FGM) may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- display unusual behaviour after an absence from school or college
- be particularly reluctant to have routine medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

Providing support

If a child has already undergone FGM, they should be offered medical help and counselling. You should also take action to protect any other children in the family and to investigate possible risk to others in the community.

FGM and mental health

FGM can be an extremely traumatic experience that can cause emotional difficulties throughout life, including;

- depression
- anxiety
- flashbacks to the time of the cutting
- nightmares and other sleep problems

Duty to report

From October 2015 teachers, healthcare professionals and social care workers in England and Wales will be under a legal duty to report to the police if they discover that a girl under the age of 18 has experienced FGM. The discovery must have happened either because the professional has seen what they consider to be FGM or because the girl has disclosed to the professional that she has experienced FGM. The professional must notify the police either orally or in writing within 1 month of discovering that the FGM has taken place.

Reporting

If you think that a child may be at risk of FGM or if you suspect that FGM has already occurred, you must seek help and advice – even if the FGM didn't happen recently.

If you're worried about a child but they are not in immediate danger, you should share your concerns with the Designated Healthcare Professional or safeguarding lead.

The Designated Healthcare Professional should follow your THS child abuse reporting procedure and also:

- Contact the FGM helpline on 0800 028 3550 or by emailing fgmhelp@nspcc.org.uk.
- Apply for an FGM protection order. Anyone can apply on Gov.uk if they are concerned that someone is at risk of FGM.
- Contact the local child protection services. The contact details can be found on the website for the local authority the child lives in.
- If you think a child is in immediate danger, contact the police on 999.
- If a girl (under 18) has disclosed she has undergone FGM or you have visually identified FGM, and you are a Designated Healthcare Professional or a Designated Safeguarding Lead, you will need to call the police on 101 as part of mandatory reporting duty.

Meeting the needs of children at residential camps

Meeting the needs of the child is very important to THS. Information is received prior to the child's arrival and THS ensures each child's needs are met in relation to dietary requirements, hygiene and medical attention. We train staff to maintain a physically and emotionally safe environment and all activities encourage children to set their own challenges and celebrate individual successes.

Policies and Procedures – Child Abuse Reporting Procedure

THS is committed to ensuring the safety of children is always of paramount importance. All staff and volunteers at THS are expected to adhere to these childcare policies. As per the Child Care Act, 1991 and the Children Act 2001, a child means a person under the age of 18 years who has not married.

The purpose of this chapter is to outline what a staff member or volunteer should do if they have a child welfare or child protection concern. This concern may arise in the context of a complaint/disclosure made to them by a child or it may arise from observing a child or observing a colleague's behaviour. Concerns may also arise in observing the interaction between a child and a family member.

Confidentiality

THS places great importance on ensuring that any personal information given to THS is treated as confidential and handled under the Data Protection Act 2018 and the GDPR regulation 2018. Information on how we manage, and store data is available on our website in our privacy policy

All paid staff, trustees and volunteers are required to conform to THS Code of Practice on Confidentiality and the GDPR policies. A breach of confidentiality may subject a staff member to disciplinary proceedings. THS service users are also expected to respect the confidentiality of other service users and workers.

All staff, trustees and volunteers are required to sign a confidentiality agreement and uphold this.

This chapter outlines THS policies and procedures for dealing with child abuse.

Definition of Child Abuse

Child abuse as defined is categorised under four headings:

Neglect

Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and difficulties. Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability. Neglect is the most frequently reported category of abuse, both in Ireland and internationally.

A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent/carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.

Emotional Abuse

Emotional abuse is the systemic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for various reasons) to meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily seen. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse.

A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.

Physical Abuse

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents.

A reasonable concern exists where the child's health and/or development is, maybe, or has been damaged as a result of suspected physical abuse.

Sexual Abuse

Sexual abuse occurs when another person uses a child for their gratification or sexual arousal or for that of others. It includes the child being involved in sexual acts or exposing the child to sexual activity directly or through pornography. Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and, in some instances, occurs over a number of years.

A reasonable concern is any concern over the possibility of sexual abuse.

Recognising Child Abuse

Child neglect or abuse can often be challenging to identify and present in many forms. No one indicator should be conclusive of abuse, and it may indicate conditions other than child abuse. All signs and symptoms must be examined in the total context of the child's situation and family circumstances.

The following factors should be taken into consideration:

Guidelines for recognition

The ability to recognise signs of neglect or abuse can depend as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. There are commonly three stages in the identification of child abuse:

Considering the possibility:

- i. Looking out for signs of neglect or abuse
- ii. Recording of information.

Indicators of Abuse

Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family members/other persons. A cluster or pattern of signs is likely to indicate abuse. Many signs of abuse are non-specific and must be considered in the child's social and family context. It is important to be open to alternative explanations for possible physical or behavioural signs of abuse.

If a child discloses abuse

If you are in a situation where a child discloses abuse to you, you can take a number of steps.

Listen carefully to the child. Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the child to 'shut down', retract or stop talking.

Let them know they've done the right thing. Reassurance can significantly impact the child who may have been keeping the abuse secret.

Tell them it's not their fault. Abuse is never the child's fault, and they need to know this.

Say you will take them seriously. A child could keep abuse secret in fear they won't be believed. They've told you because they want help and trust, you'll be the person who will listen to and support them.

Don't talk to the alleged abuser. Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child

Explain what you will do next. If age-appropriate, explain to the child you'll need to report the abuse to someone who will be able to help.

Don't delay reporting the abuse. The sooner the abuse is reported after the child discloses it, the better. Report as soon as possible, so details are fresh in your mind and action can be taken quickly.

Reasonable Grounds for a child protection or welfare concern

The following examples would constitute reasonable grounds for concern:

- Specific indication from the child that they were abused.
- An account by the person who saw the child being abused.

- Evidence such as injury or behaviour is consistent with abuse and unlikely to be caused in any other way.
- An injury or behaviour consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, and dysfunctional behaviour.
- Consistent indication that a child is suffering from emotional or physical neglect over a period of time.
- Admission or indication by someone of the alleged abuse.
- Any concern about possible sexual abuse.

The guiding principles on reporting child abuse or neglect may be summarised as follows:

1. The safety and wellbeing of the child must take priority over concerns about adults against whom an allegation may be made.
2. Reports of concerns the Designated Safeguarding Lead or Activity Leader.

Reporting Procedures in Respect of Suspected or Actual Child Abuse

A staff or volunteer who knows or suspects that a young person has been or is at risk of being harmed has a duty to:

1. Record the concern.
2. Discuss with the Designated Safeguarding Lead
3. Designated Safeguarding Lead will ensure that the most appropriate person will speak to the parents of the child unless it puts the child at further risk.
4. Any professional who suspects child abuse or neglect should inform the parents/carers if a report is to be submitted to the police unless doing so is likely to endanger the child.
5. When a child comes from a different country, then the local social work team should be contacted for advice and depending on the concern, they may contact the social work service in the child's home country

Dealing with a Disclosure of Abuse

It is important that a child who discloses child abuse feels supported and facilitated in what, for them, may be a frightening and traumatic process. A child may feel perplexed, afraid, angry, despondent and guilty. It is important that the kinds of responses do not increase any

negative feelings the child may have that the disclosure elicits. A child who divulges an allegation of child abuse to a member of staff or volunteer makes a profound act of trust and must be treated with respect, sensitivity and care.

Designated Liaison Person

Role of Designated Safeguarding Lead

The role of the Designated Safeguarding Lead will be to:

- Promote adherence to this child protection policy.
- Act as a liaison with the statutory services in matters relating to child protection.
- Act as a resource person to staff and volunteers, providing support and guidance in matters relating to child protection.
- Take the lead in ensuring that The Haemophilia Society's procedures are followed systematically and thoroughly.
- Facilitate the provision of support to the staff making a referral or against whom an allegation has been made.
- Ensure proper records are kept on any interventions/decisions made during the process.
- Seek appropriate Line Management during the process.

Designated Safeguarding Lead Actions

If a child is suffering or at risk of suffering significant harm, the law supports individuals in sharing the information with appropriate agencies or professionals without the child's or parent's consent.

If it is thought a child is in immediate danger, contact the police on **999**. If there are worries about a child but they are not in immediate danger, the DSL should share their concerns.

Alternatively, if the DLP is worried about a child, even if they are unsure, contact can call **0808 800 5000** or email help@nspcc.org.uk 24/7 for help, advice and support.

Allegations against a Staff Member/Volunteer

Abuse can be a serious criminal offence. As a staff member responsible for caring for children, employees or volunteers may be placed in sensitive situations. This section aims to outline the process which should be followed should an allegation of abuse be made against an employee or volunteer.

Scope and Principles

This document applies to all staff (temporary and permanent) and volunteers of THS. All are required to adhere to its terms and conditions.

Where an allegation of abuse is made against a staff member/volunteer, two procedures will be activated:

- The reporting procedure– see Safeguarding Policies & Procedures in relation to making a report to the statutory bodies;
- The procedure for responding to the staff member/volunteer regarding an allegation or concern of abuse/neglect via THS disciplinary and grievance procedure policy

This document exists to protect our members and service users' staff and volunteers and is accessible to both members, service users, staff and volunteers.

If an allegation is made against an employee /volunteer, the same person will not be responsible for both the child and the alleged abuser. Employment/contractual issues will be dealt with separately. The Designated Safeguarding Lead will follow the standard reporting procedure as outlined in the Safeguarding Policies & Procedures. The organisation's disciplinary and grievance policies will be followed for all allegations against staff.

If an allegation is made against the Designated Safeguarding Lead, the CEO will take over their role.

Procedure for dealing with an allegation made against a staff member/volunteer

- The first consideration is to ensure that no child or vulnerable adult is exposed to risk. Their welfare is the first and paramount consideration.
- All allegations/concerns should be recorded in writing and passed to the Designated Safeguarding Lead
- The Designated Safeguarding Lead will ensure that the person who hears the allegation must record who said what to whom, when, then date and sign.

Procedure for dealing with the employee/volunteer:

- The organisation's grievance and disciplinary policy will be followed.

Reporting Procedure in respect of the child

- The child's parents will be advised of the allegation and kept informed of the process/action taken by the Designated Safeguarding Lead or CEO.

Where there are reasonable grounds for concern, a report needs to be made by the Designated Safeguarding Lead to the child protection team at the local authority who will advise on further action and investigation process.