

August 2026

# Safeguarding Children

## Policy & Procedures

Document Number: SD02

Owner: Designated Safeguarding Lead

Policy Applicable: Staff, Volunteers and Contractors

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## In a Nutshell

It is important that we safeguard anyone who comes into contact with FearFree including staff, volunteers, contractors, external partners, children and adults. This policy sets out FearFree's commitment and responsibilities to safeguard children and details steps which should be followed. It applies to anyone under the age of 18.

## 1. Principles

- 1.1.** FearFree prioritises the welfare of adults, young people, and children, ensuring equal protection for all, regardless of personal circumstances, background, identity, belief or ability. Recognising that some individuals may be more vulnerable due to past experiences or specific needs, we emphasise collaboration with families, carers, and agencies to safeguard all we come into contact with.
- 1.2.** To achieve this, FearFree is committed to listening, respecting, and valuing individuals. We adopt protection procedures and are guided by legislation. We provide support and training for staff and volunteers to safeguard in person and online. We are also committed to safe recruitment, sharing safeguarding information, and addressing concerns in partnership with relevant agencies.

## 2. Definitions

- **Safeguarding:** protecting a persons' health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.
- **Abuse:** Includes physical, psychological, emotional, sexual, financial, coercive control discriminatory abuse and neglect. Abuse can happen online.
- **Vulnerable adult:** A person aged 18 or over who is at risk of harm or abuse due to their personal circumstances, such as age, disability, or dependency on others.
- **Child:** Any person under the age of 18.

## 3. Legal Framework

**3.1.** This policy is informed by and complies with the following legislation and guidance:

- Children Act 1989 and 2004
- The Care Act 2014
- The Human Rights Act 1998
- Working Together to Safeguard Children 2023
- Children and Social Work Act 2017
- Children and Families Act 2014
- Safeguarding Vulnerable Groups Act 2006

- Equality Act 2010
- General Data Protection Regulation (GDPR) 2018

## **4. Responsibilities**

### **4.1. All staff and volunteers**

Protecting children is everyone's responsibility and all staff and volunteers have a professional and ethical duty of care to act. We expect all staff and volunteers to:

- Understand the nature of abuse, how children might be at risk of harm and work to prevent it, and keep up to date with information.
- Know FearFree's policy and procedures and know how to respond.
- Act in a timely manner on any safeguarding concern.
- Behave in accordance with the Code of Conduct.
- Be inclusive, kind and compassionate.
- Create an environment which promotes trust, respect and openness.
- Pay due regard to confidentiality and adhere to the data protection policy.

### **4.2. Line Managers**

Line managers are expected to:

- Ensure their staff are aware of the duty to report any allegations or concern of abuse, following the correct procedure.
- Adhere to and operate within FearFree's safeguarding policy and procedures.
- Ensure staff complete relevant training.
- Provide support when staff have witnessed or raised concern and ensure they are aware of the Employment Assistance Programme.

### **4.3. Safeguarding Leads**

**Designated Safeguarding Leads (DSL)** are appointed by FearFree who are responsible for:

- Ensuring that safeguarding policies and procedures are up to date.
- Leading on safeguarding concerns and ensuring procedures are followed.
- Liaising with statutory agencies where necessary.
- Ensuring all staff and volunteers receive appropriate safeguarding training.
- Maintaining records of safeguarding concerns and actions taken.

**Current DSL:** Kate Williams

**Current DSL:** Lydia Little

The **Deputy Safeguarding Lead** (DepSL) is the Senior Manager on Duty responsible for:

- Acting as the first point of escalation for safeguarding concerns.
- Ensure immediate safety measures are in place if required.

## 5. Safeguarding Procedures

**When you have a concern about a child please follow the following procedures:**

- SD02-1: Safeguarding CYP Procedure
- SD02-2: Safeguarding CYP when working with Adults Procedure
- SD02-3: First Disclosure Procedure
- SD02-4: Handling Internal & External Safeguarding Referrals Procedure
- SD02-5: Safeguarding Visitors Procedure
- SD02-6: Managing Incidents & Escalations Procedure
- SD02-7: Managing Risks of Harm to Others and from Others Procedure
- SD02-8: Safeguarding Training Procedure
- SD02-9: Seeking Supervision or Reflective Practice Following an Incident Procedure
- SD02-10: Death of a Client Procedure

### 5.1. Recognising abuse

All staff and volunteers must be able to identify the signs of different types of child abuse, which can occur in person, or online/phone by adults or other children. Types of abuse include:

- **Physical abuse:** Signs such as unexplained injuries, fear of physical contact, or aggressive behaviour.
- **Emotional abuse:** Signs such as withdrawal, low self-esteem, fearfulness or outburst.
- **Sexual abuse:** Signs such as inappropriate sexual behaviour, unexplained injuries in genital areas, or a child displaying advanced sexual knowledge.
- **Neglect:** Signs such as poor hygiene, malnutrition, or lack of appropriate supervision.

This list is not exhaustive. Please see the following for more information

<https://learning.nspcc.org.uk/child-abuse-and-neglect>

### 5.2. Reporting a concern

If any staff member, volunteer, or trustee suspects or is made aware of an incident of child abuse or neglect, they must:

- **Immediately report** the concern to their line manager and Designated Safeguarding Lead (DSL).
- **Record** the details of the incident on the SD02-6a: Incident and Safeguarding Reporting form (Appendix 1) and then upload to the client's record, noting key

information such as dates, times, individuals involved, and what was observed or disclosed.

- **Maintain confidentiality** and share information only with the relevant people such as line manager, DSL or relevant authorities.

### 5.3. Responding to a disclosure

When responding to a disclosure of abuse:

- **Make sure that you are somewhere safe** and secure that the child is able to disclose freely away from adults/other children they may be fearful of
- **Listen calmly** and do not interrupt the individual making the disclosure.
- **Reassure** them that they are being taken seriously and that FearFree will act to protect them.
- **Do not promise confidentiality** as safeguarding issues may need to be escalated to statutory agencies.
- **Avoid leading questions;** instead, ask open questions like "tell me what happened?"

### 5.4. Escalation of concerns

The line manager and/or DSL will assess the concern and, if necessary,:

- **Refer the matter** to relevant statutory authorities, such as the local authority's children's safeguarding team, or the Police.
- **Monitor** the situation and take any further steps to ensure the individual's safety, including contacting their family or carers when appropriate and **safe to do so**.

## 6. Record keeping

**6.1.** All safeguarding concerns, incidents, and actions must be recorded in detail, including:

- The nature of the concern.
- Actions taken and by whom.
- The outcome of any investigations or referrals.

**6.2.** All records will be stored securely on the client's records and only accessible to relevant FearFree staff, ensuring compliance with GDPR.

## 7. Mental Health Act

**7.1.** While FearFree does not typically work directly with individuals under the scope of the Mental Health Act 1983, it remains essential for staff to have a basic understanding of the Act as part of broader safeguarding practices. This knowledge ensures that staff are able to identify potential signs of mental health crises or severe mental illness in the communities we support, enabling appropriate referrals to specialist services. FearFree staff are encouraged to be aware of available mental health resources and to

signpost individuals to these services when needed. Although FearFree does not manage or oversee interventions under the Mental Health Act, staff should still approach all interactions with respect for individuals' autonomy, privacy, and dignity, ensuring that any safeguarding concerns related to mental health are handled sensitively and appropriately escalated to the relevant authorities.

## 8. Commitment to NHS PSIRF Guidelines

- 8.1.** FearFree are committed to embedding the principles of the NHS Patient Safety Incident Response Framework (PSIRF) within our safeguarding practices. PSIRF is a compassionate approach to responding to patient safety incidents, ensuring that learning and improving patient safety are prioritised while supporting all those affected.
- 8.2.** In accordance with the primary PSIRF objectives, we follow:
- **Compassionate Engagement:** Prioritise engagement and involvement of all parties' effected by an incident, providing support and communication throughout the response process.
  - **Systems Based Learning:** Approach responses holistically, acknowledging and drawing insights from the system as a collective to make improvements and prevent future incidents.
  - **Considerate and Proportional Responses:** We ensure that responses to incidents are measured, appropriate, and tailored to the severity and impact of the situation, balancing accountability with learning and improvement.
  - **Supportive Oversight:** Foster a culture where oversight focus on improving system-wide functioning, ensuring that lessons from incidents drive meaningful change and enhance overall safeguarding effectiveness.
- 8.3.** Integration PSIRF into our safeguarding policy reinforces our commitment to both protecting individuals and professionals, and continuously improving the safety and effectiveness of our services.

## 9. Recruitment and vetting

- 9.1.** FearFree is committed to safer recruitment practices. This includes:
- **Enhanced DBS checks** for all staff, volunteers, and trustees who work directly with vulnerable adults, children, or young people.
  - **Verification of identity and qualifications** for relevant roles.

- **Reference checks** prior to employment or volunteer engagement.

## 10. Training and awareness

- All staff, volunteers, and trustees will receive **mandatory safeguarding training** within their induction period.
- **Regular refresher training** will be provided every two years, or sooner if required by legislative changes.
- FearFree will promote a **culture of awareness** through regular team discussions, updates, and briefings.

## 11. Confidentiality and information sharing

FearFree is committed to maintaining confidentiality regarding safeguarding concerns but will share information where necessary to protect an individual at risk. This includes:

- Sharing concerns with relevant statutory bodies when required.
- Information shared only on a **need-to-know basis** to protect the adult, young person, or child at risk. Limiting information sharing to those directly involved in the safeguarding process, such as the DepSL and relevant external agencies.
- Ensure compliance with data protection laws and organisational policies when sharing information.

## 12. Monitoring and review

This safeguarding policy will be reviewed annually by the DSL, Executive Leadership Team and the Board of Trustees to ensure it reflects current legislation, best practice, and the evolving needs of the Charity.

## 13. Local safeguarding procedures

Find the relevant local Safeguarding procedures: <https://swcpp.trixonline.co.uk/>

## 14. Appendices:

## SD02-6a: Incident & Safeguarding Reporting Form

Use this form to record a concern that you have about a person at risk of harm.

**Remember, if it is an emergency and the person is in immediate danger, phone the police on 999.**

Otherwise, once completed, please password protect this form and send it with a separate email containing the password to the [DSL@fearfree.org.uk](mailto:DSL@fearfree.org.uk) inbox. See the FearFree Safeguarding Policy for details.

**IMPORTANT:** Please write clearly and only write facts of what you heard or saw, even if the language used was unpleasant.

|                                                                                                 |                                                          |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Date of incident                                                                                |                                                          |
| Time of incident                                                                                |                                                          |
| Location of incident                                                                            |                                                          |
| <b>Section A: Details of Person at Risk</b>                                                     |                                                          |
| Client Name:                                                                                    |                                                          |
| Orchard ID number:                                                                              |                                                          |
| Adult or CYP:                                                                                   |                                                          |
| Date of Birth:                                                                                  |                                                          |
| Disability<br>If yes, please detail:                                                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do they have care and support needs?<br>If yes, please detail:                                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Preferred language:                                                                             |                                                          |
| Address:                                                                                        |                                                          |
| Telephone number:                                                                               |                                                          |
| Do they have a carer?<br>If yes, the carer's name?                                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Address of carer, if different from above:                                                      |                                                          |
| <b>Section B: How you became aware of the alleged abuse or neglect</b><br>(tick as appropriate) |                                                          |

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| I witnessed an incident directly                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                         |
| I have concerns based on potential indicators of abuse or neglect                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                         |
| The person told me directly about abuse or neglect they are experiencing                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                         |
| Someone else told me about potential abuse or neglect of a person.                                                                                                                                                                                                                                                                                    | <input type="checkbox"/><br>Their name is:<br>Their relationship to the person is:<br>Their contact details are: |
| <b>Section C: Full details of the alleged abuse or neglect</b>                                                                                                                                                                                                                                                                                        |                                                                                                                  |
| <b>Details</b>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |
| Please give full details of the incident/concern/allegation of abuse or neglect                                                                                                                                                                                                                                                                       |                                                                                                                  |
| What exactly did you see/ hear/ witness?<br><br>Where/ when and what time did you hear or witness this?<br>Record any key factors mentioned: when/ where what time did this happen them?<br><br>IMPORTANT: <i>Please write clearly and only write facts of what you heard or saw. Use exact words, even if the language you heard was unpleasant.</i> |                                                                                                                  |
| <b>Your observations</b>                                                                                                                                                                                                                                                                                                                              |                                                                                                                  |
| Please include your observations here:                                                                                                                                                                                                                                                                                                                |                                                                                                                  |
| A description/ location of any visible injuries                                                                                                                                                                                                                                                                                                       |                                                                                                                  |
| <b>Section D: Alleged abuser</b>                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |

| Do you have any details about the alleged abuser Y / N                                                        |                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Name:                                                                                                         |                                                                                                                               |
| Address:                                                                                                      |                                                                                                                               |
| Tel number:                                                                                                   |                                                                                                                               |
| Their relationship (if any) to the person at risk:                                                            |                                                                                                                               |
| Is the alleged abuser a member of staff/ volunteer/trustee or working with the charity in any way?            | <input type="checkbox"/> YES<br>If so, their role .....<br><b>IMMEDIATELY REPORT THIS TO THE DESIGNATED SAFEGUARDING LEAD</b> |
| Section E: Family/Carer information and involvement                                                           |                                                                                                                               |
| Are carer's / family members aware of the concerns / allegations?                                             | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                      |
| If yes, how did they become aware?                                                                            |                                                                                                                               |
| Is the alleged abuser aware of the concerns / allegations?                                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                      |
| If yes, how did they become aware?                                                                            |                                                                                                                               |
| Who did you report this to in the organisation                                                                |                                                                                                                               |
| Date and time reported                                                                                        |                                                                                                                               |
| Has the adult consented to you reporting this to the deputy safeguarding lead/Designated Safeguarding Officer | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                      |
| Section F: Reporting externally                                                                               |                                                                                                                               |
| Have you sort advice or guidance from the integrated front door team (MASH)?                                  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                      |
| What was the advice given?                                                                                    |                                                                                                                               |
| Who did you speak to                                                                                          |                                                                                                                               |

|                                                                                                                                            |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Date and time reported                                                                                                                     |                                                          |
| Case reference number (if any)                                                                                                             |                                                          |
| Have the police been informed?                                                                                                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, who did you speak to?                                                                                                              |                                                          |
| Any case reference number?                                                                                                                 |                                                          |
| What action are the police taking, if any?                                                                                                 |                                                          |
| Detail any other partner organisations you have shared this information with, and reasons?<br><br>Please include name and contact details. |                                                          |
| <b>Section G: Consent and Wishes</b>                                                                                                       |                                                          |
| Is the person at risk aware that you are reporting the concern to Social Care, Police or other agencies?                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have they consented to this?                                                                                                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please complete here any further information in respect of their wishes                                                                    |                                                          |
| <b>Has this been shared with the Designated Safeguarding Lead?</b><br><br><b>If not? Why?</b>                                              |                                                          |
| <b>Signed by person making this report</b>                                                                                                 |                                                          |
| <b>PRINT YOUR NAME</b>                                                                                                                     |                                                          |

|                                  |  |
|----------------------------------|--|
| <b>Your Role in organisation</b> |  |
|----------------------------------|--|

**THANK YOU FOR COMPLETING THIS FORM.**

**Please password protect this form and send it with a separate email containing the password to the [DSL@fearfree.org.uk](mailto:DSL@fearfree.org.uk) inbox.**

**Remember your responsibility for data protection. Do not leave this information in an insecure location or discuss with anyone else.**

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**THE REST OF THIS FORM SHOULD BE COMPLETED BY DESIGNATED SAFEGUARDING OFFICER / SAFEGUARDING TRUSTEE**

|                                                               |  |
|---------------------------------------------------------------|--|
| <b>Have you identified any outstanding actions?</b>           |  |
| <b>If so please clearly explain actions to be taken next?</b> |  |
| <b>Has this been added to the safeguarding spreadsheet?</b>   |  |
| <b>Review date:</b>                                           |  |
| <b>Section H: DSL Review</b>                                  |  |

|                                  |  |
|----------------------------------|--|
| <b>PRINT YOUR NAME</b>           |  |
| <b>Date</b>                      |  |
| <b>Your Role in organisation</b> |  |
| <b>Your Role in organisation</b> |  |