

Mercy Ships UK (MSUK)

Safeguarding Children and Adults at Risk Policy

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Who we are:

Mercy Ships is a faith-based international development organisation that deploys hospital ships to some of the poorest countries in the world, delivering vital, free healthcare to people in desperate need (known as field operations). Founded in 1978 by Don and Deyon Stephens, Mercy Ships has worked in more than 56 countries, providing services valued at more than £1.2 billion. By improving healthcare delivery in every country it visits during field operations, Mercy Ships is working to eradicate the diseases of poverty and effectively do itself out of a job. Mercy Ships follows the model of Jesus by “bringing hope and healing to the forgotten poor”, helping people of all faiths and none. Mercy Ships International is structured in the form of 16 national offices (of which MSUK is one). MSUK (a registered charity and company limited by guarantee registered in England & Wales and a registered charity in Scotland) raises funds and recruits’ applicants to serve in field operations. This is achieved through fundraising and marketing that engages communities, schools, and the general public.

Mercy Ships Operations (MSO) (a charity registered in USA) is responsible for the delivery of the field operations (primarily through a hospital ship, a Lloyds Registered ship flagged out of Malta). Policies pursuant to the practices of safeguarding in field operations are issued by MSO.

MSUK is part of the recruitment process of field operations staff and volunteers as well as providing funding and pastoral support to field operations from UK donors and institutions. Further info on MSO and MSUK’s relationship is outlined on page 5, Section 3.06

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Charity Number: 1053055 (England & Wales) SC039743 (Scotland)

Company Number: 3147724 (England & Wales)

Regulators: Fundraising Regulator- The independent regulator of charitable fundraising in England, Wales and Northern Ireland.

Insurance Company: AON, The Aon Centre, The Leadenhall Building, 122 Leadenhall Street, London, EC3V 4AN, Phone: (0)20 7623 5500

1. Introduction and Scope of Policy

MSUK believes that every young person and adult at risk has the right to be safe and that their welfare is paramount. This includes young people and adults at risk regardless of gender, ethnic background, sexuality or religion, or with any disability. We are committed to safeguarding and promoting the welfare of children, young people and adults at risk and we seek to ensure that all of our services, staff and volunteers work to achieve the best outcomes for children, young people and adults, whilst responding effectively to any risks they may experience.

Safeguarding underpins all the work of MSUK and is carried out under a robust safeguarding policy framework. MSUK recognises that safeguarding is the responsibility of everyone, and therefore seeks to make safeguarding a priority throughout the organisation. Resources are allocated to support this commitment and towards making MSUK a safer organisation for all those associated with it.

MSUK is committed to putting into practice Article 12 of the Convention on the Rights of the Child, which states that children have the right to participate in decision-making processes that may be relevant in their lives and to influence decisions taken in their regard within the family or the community. As part of this commitment, this policy seeks to ensure that any barriers to young people's participation are addressed.

To achieve success, MSUK will:

- have clear lines of accountability for safeguarding throughout the organisation, promoting learning from good practices locally, throughout the global network;
- set up effective performance management arrangements;
- set clear goals and monitor and review progress;
- undertake regular annual reviews of its safeguarding processes and practices;
- maintain the resources necessary to support this commitment; and
- provide training to staff at all levels of the organisation in applying safeguarding principles to every aspect of their work.

"Abuse thrives under two conditions: when victims are afraid to speak out, and when those in power do not listen." As such, MSUK believe that the rights of victims and survivors must be at the heart of all that we do. MSUK recognises 4 key principles in its safeguarding approach:

1. Putting survivors at the centre

Powerful testimonies of individuals who had experienced abuse across the international development sector reinforce the importance of ensuring that safeguarding responses are designed around understanding the needs of survivors.

In practice, this means helping to create a safe space for them, providing psychosocial support, and listening and responding to other support needs. This is managed by the dedicated safeguarding and chaplaincy teams. Preventing incidents from happening in the first place must be a priority, but when they do happen, our responses must be guided by survivors and the support they need through the follow-up process, however long that takes.

2. Working together in a co-ordinated way

MSUK is made up of multiple entities, working in partnership with national governments and local NGOs through staff and volunteers. A co-ordinated and joined up approach provides universal best practice on referencing and vetting, registration systems and data management of beneficiaries. See section 2.0 for how this is fulfilled.

3. Dealing with perpetrators

MSUK is committed to limiting potential perpetrators' access to the aid sector and minimizing the opportunities for them to circulate within the system. This is done through the education of leadership teams globally, reporting in national and international contexts and robust reporting frameworks within and across jurisdictions, with robust safe recruitment processes for MSUK, and clear safe recruitment requirements for partners.

4. Resourcing to prevent malpractice

Safeguarding is a primary consideration in operational management, budget setting and performance management and as such is appropriately assigned financial and staff resource to ensure best practice is achievable. The need for these resources is communicated to funding partners and considered an essential part of any new programme launch.

MSO and MSUK are governed in a relationship through an Association Agreement. Relevant sections describing the authority and relationship between MSO and MSUK pursuant to this policy are:

Section 3.06

Notwithstanding any other provision of this Article III, MSO shall perform the services and conduct activities related to the projects at all times consistent with the charitable purposes and mission of MSUK. In that regard, MSO shall have in place policies and procedures to ensure sound corporate governance practices, adherence to appropriate medical standards, and proper management of human resources, including a governance manual, a Code of Conduct for all crew, staff and volunteers and effective measures for the personal health and safety of crew, staff, volunteers and visitors (when aboard) that cover, among other things, protection and policies to guard against sexual harassment or abuse of any kind to any individual (particularly children for whom a specific protection policy shall be in place).

Section 7.01

MSO hereby consents to the collection, use, and disclosure of the information about MSO as may be required for the following purposes, in order to facilitate the purposes of this Agreement and facilitate and promote the ongoing charitable operations of MSUK:

- a. for any purpose required or permitted under the laws of the United Kingdom;*
- b. as required in order to obtain financing for MSUK;*
- c. as required to obtain contracts for MSUK;*
- d. in connection with obtaining insurance as required by this Agreement;*
- e. in connection with any outsourcing of information by MSUK to third party suppliers of information processing services, including, without limitation, payroll, health benefits, insurance and pension plan benefits to the extent necessary to provide such services;*
- f. for the internal operational purposes of MSUK and to facilitate communications with MSO; and*
- g. for furnishing to any other party with the consent of MSO subject to and in accordance with the terms of the laws of the United Kingdom to which MSUK is subject.*

Section 7.02

(e) MSUK reserves the right to audit MSO's compliance with its obligations under this Section 7.02, and MSO shall permit MSUK, its appointees and representatives access to any records, files, and computer systems which are within its possession or under its control and to its personnel and shall provide any further facilities which MSUK, its appointees, and representatives may require to conduct such audit.

Section 8.03

MSO also agrees to take all necessary steps, on its behalf and on behalf of its employees, directors, officers, members, volunteers, agents or contractors, whether authorized or not under the Agreement, to ensure that at all time it is in compliance with the provisions of the U.S. Foreign Corrupt Practices Act of 1977, as amended, and with similar legislation in any and all jurisdictions where MSO may need to operate in relation to the performance of the Services.

1.1 Safeguarding Definitions

Everyone who comes into contact with children, young people and their families has a role to play in safeguarding children and vulnerable adults. Staff and volunteers in a medical or educational setting are particularly important as they are in a position to identify concerns early and provide help for children, young people and vulnerable adults, to prevent concerns from escalating. Medical and educational settings and their staff and volunteers form part of the wider safeguarding system and should work with relevant social care, the police, local in-country services and other services to promote the welfare of children, young people and vulnerable adults and protect them from harm.

A child in law and throughout this policy is defined as *anyone under the age of 18*. Care Act 2014 term and definition: Adults with care and Support Needs - The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 or over, 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.
- Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support include assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations

Safeguarding: This policy recognises the importance of safeguarding and promoting welfare, and therefore utilises the definition of safeguarding used in the Children Act 2004 and in the government's statutory guidance document *Working Together to Safeguard Children (2018)*, which details inter-agency working to safeguard and promote the welfare of children. *Keeping Children Safe in Education 2018* and the *Care Act 2014* (in context to vulnerable adults) define principles which aim to emphasise that everyone in care is a human being with wants and needs and describes the specific actions for care providers. This can be summarised as:

- protecting children, young people and learners from maltreatment; and
- protecting vulnerable adults from mistreatment and improving their quality of life.

The main pillars of this legislation are recognised as:

- Empowerment - People are supported and encouraged to make their own decisions and informed consent.
- Prevention - It is better to take action before harm occurs.
- Proportionality - The least intrusive response appropriate to the risk presented.
- Protection - Support and representation for those in greatest need.
- Partnership - Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability - Accountability and transparency in delivering safeguarding.

The following acronyms are used throughout:

- PSO – Principal Safeguarding Officer
- DSL – Designated Safeguarding Lead
- Thirtyone:eight- The Churches' Child Protection Advisory Service (formally known as CCPAS)
- DBS – Disclosure and Barring Service
- LSCB – Local Safeguarding Children Board
- DO – Designated officer (formally LADO)

- LADO- Local Authority Designated Officer

1.2 Legislation and Government Guidance

There has been a wealth of legislation and government policy relating to protection of Children, Young People and Adults at Risk. This includes:

- [The Children Act 1989](#)
- [The Protection of Children Act 1999](#)
- [Criminal Justice and Court Services Act 2000](#)
- [Care Standards Act 2000](#)
- [The Victoria Climbié Inquiry 2003 – Lord Laming Report](#)
- [The Sexual Offences Act 2003](#)
- [The Children Act 2004](#)
- [Safeguarding Vulnerable Groups Act 2006](#)
- [Working Together to Safeguard Children 2015 \(2018 update\)](#)
- [Keeping Children Safe in Education 2019](#)
- [Inspecting safeguarding in Early years, Education and Skills settings 2016](#)
- [Care Act 2014](#)

1.3 Linked Government Guidance

The government have produced statutory and non-statutory guidance for staff. MSUK staff can report their concerns about a particular safeguarding or child protection issue to their Principal Safeguarding Officer however there are many resources available listed below.:

- [Child missing from education](#)
- [Child missing from home or care](#)
- [Child sexual exploitation \(CSE\)](#)
- [Bullying including cyberbullying](#)
- [Domestic violence](#)
- [Drugs](#)
- [Fabricated or induced illness](#)
- [Faith abuse](#)
- [Female genital mutilation \(FGM\)](#)
- [Forced marriage](#)
- [Gangs and youth violence](#)
- [Gender-based violence/violence against women and girls \(VAWG\)](#)
- [Mental health](#)
- [Private fostering](#)
- [Preventing radicalisation](#)
- [Sexting](#)
- [Teenage relationship abuse](#)
- [Trafficking](#)

It is within this policy context that MSUK operates its Safeguarding Policy and associated policies and procedures.

To fulfil and discharge our responsibility to safeguard children, young people and adults, MSUK is committed to:

- protecting children, young people and adults at risk from all forms of abuse and safeguarding risks, including, but not limited to, those identified in Keeping Children Safe in Education (2016);
- protecting children, young people and adults at risk from the dangers of extremism and radicalisation, and promoting a resilient and tolerant ethos within our services (see Preventing Violent Extremism and Radicalisation Policy);
- exercising proper care in the recruitment, selection, appointment and support of staff working with children, young people and adults at risk whether paid or voluntary;
- working in partnership with children, young people and adults at risk, valuing their contributions, while ensuring they are safe and protected while partaking in MSUK activities and programmes;
- working in partnership with parents and carers of children and young people, and offering support, encouragement, and advice.
- working in partnership with other agencies who are concerned with the well-being of children, young people and adults at risk;
- working with children, young people and adults at risk, and including them in creating a safe environment where they can take part in development activities and consequently increase in confidence;
- implementing and maintaining a robust process for dealing with concerns about possible abuse, including disclosures and allegations; and
- ensuring staff providing services on behalf of the organisation are aware of and comply with the policy in order to meet the highest possible standards of practice to safeguard young people and vulnerable adults.

2. Safer Recruiting

2.1 The authority to appoint staff, apprentices and volunteers to the organisation

Responsibility for the appointment of staff and volunteers within MSUK office is held by the Executive Director (ED). For the purpose of administering the policy, the process of appointment is delegated to a member of senior staff and the human resources department and it is their duty to report on any appointments through the ED to the Trustees.

The appointment of staff and volunteers from the UK in other Mercy Ships Operational settings is the responsibility of Mercy Ships Operations (MSO).

MSUK confirms its commitment to follow Safer Recruitment practice, which includes recruiting all staff, apprentices and volunteers in accordance with the Disclosure and Barring Service (DBS) Code of Practice and the requirements laid out in Keeping Children Safe 2019 whether those staff and volunteers work for MSUK directly, MSO, in field operations or another Mercy Ships national office.

2.2 DBS Assessments

MSUK values ensuring the correct balance between;

- the rights of applicants and
- the need to provide robust protection for children, young people and vulnerable adults.

As such the following assessments have been made on roles requiring DBS assessments through MSUK:

Role	Activity Type	DBS Requirement	Barring Assessment Requirement
MSUK Trustees	Leadership of Charity	Enhanced	None
MSUK Staff	Handling of donor data, potential supervised contact with young people but no explicit work with young people or vulnerable adults	Basic	None
MSUK Volunteers	Potential supervised contact with young people but no explicit work with young people or vulnerable adults	Basic	None
UK Medical Volunteers serving with MSO	Medical care and active regulated activity with children and vulnerable adults	Enhanced	Children and vulnerable adults barred list
UK Education Volunteers serving with MSO	Loco parentis care and active regulated activity with children	Enhanced	Children's Register
UK Volunteers serving with MSO	Delivery of medical hospital with school and ability to be part of regulated activity	Enhanced	Children's Register

All DBS checks are administered by MSUK and where appropriate reporting to MSO will be undertaken within the regulations of the association agreement to relevant HR personal only. Reporting of activities and allegations of UK

volunteers serving with MSO will likewise be reported to MSUK under the association agreement to relevant HR personal to undertake jurisdictional follow up.

2.3 Appointment Procedures and Safer Recruitment

All paid positions must have a job description and a person specification. Voluntary jobs should have a volunteer's agreement that clearly outlines the responsibilities and expectations of both the volunteer and the organisation.

1. All prospective staff, apprentices and volunteers (hereafter referred to as the 'applicant') are required as a minimum:
 - To send in a curriculum vitae including previous experience and a personal statement and a completed job application form.
 - To complete an equal opportunities form and a self-declaration form that includes personal details and a declaration of any previous criminal offences or allegations.
 - To provide details of 2 referees, one of which is the current or most recent employer.
 - To agree that they will co-operate with a basic or an enhanced DBS check should it be required – they may be requested to complete an application form prior to acceptance of the role, so that the procedure can be completed as soon as possible if appointed. Reluctance to do this will not prejudice the selection panel's decision.
 - Medical, educational and hospital ship positions – To sign a declaration that they are not disqualified to work with children, including disqualification by association. In the case that an applicant is disqualified, they will not be eligible to take up employment in any role involving direct regular contact with children.
2. The procedure for the appointment of applicants will involve:
 - An interview involving at least two individuals: from either the senior management, the Trustees, a member of Human Resources and the post line manager or supervisor and when appropriate;
 - An informal meeting with a selection of staff members, chaplaincy and volunteers working on existing projects with opportunities for all parties to feed back to the appointing panel or allocated member of senior staff. All conversations are to be treated as confidential and exist to provide a forum to comment on the applicant's suitability to work with young people, and enable applicants to gain an understanding of how the projects function.
3. If a suitable applicant is identified for the post the following conditions apply:
 - They are offered the position subject to an appropriate probation period and will have DBS checks - enhanced if necessary.
 - Applicants who are waiting for a DBS check to be returned must not start working for MSUK until the DBS check is returned.
 - On the return of the DBS certificate, should an offence against a child or children or vulnerable adult be revealed then the applicant would be informed they are unsuitable for the post.
 - On return of the DBS certificate, an offence not linked to children or vulnerable adults will be risk assessed (possibly including a further interview with the candidate) and a final decision on suitability made, in line with the Rehabilitation of Offenders Act (1974).
4. On appointment, the applicant is provided with a contract that includes a job description and outlines their responsibilities, with reference to this Safeguarding Policy terms and appropriate training in safeguarding.

3. Reporting Concerns

The guidelines in this section are for all staff and volunteers responding to incidences or concerns regarding abuse and additional safeguarding issues as outlined in 'Keeping Children Safe in Education' 2019 through MSUK. Additional policy guidance specific to other national offices or field operations are issued in locum.

3.1 Definitions and signs of abuse

Official definitions of abuse and advice on recognising signs of abuse can be found below.

Sexual Abuse	Emotional Abuse
Definition: Forcing or enticing a child or young person to take part in sexual activities. This may involve physical contact (penetrative and non-penetrative) and non-contact e.g. watching or producing sexual images, encouraging sexualised behaviour, grooming and exploitation. Signs/Indicators • Any allegations made by a child concerning sexual abuse • A child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who engages in age-inappropriate sexual play • Sexual activity through words, play or drawing • Repeated urinary infections or unexplained abdominal, 'tummy' pains • Child who is sexually proactive or seductive with adult • Inappropriate relationships with peers and or adults • Severe sleep disturbances with fears, phobias, vivid dreams or nightmares • Eating disorders – anorexia or bulimia • Evidence of grooming by individuals or groups of adult	Definition: Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill-treatment. This category is used where it is the main or sole use of abuse. Signs/Indicators • Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy. Also depression, aggression and extreme anxiety • Highly aggressive or cool to others • Nervousness, frozen watchfulness, persistent tiredness • Obsessions or phobias • Sleep or speech disorders • Negative statements about self • Extreme shyness or passivity • Sudden under-achievement or lack of concentration • Inappropriate relationships with peers or adults • Attention seeking behaviour • Running away, stealing, and lying

Physical Abuse	Neglect
Definition: Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering) to a child, including deliberate poisoning, suffocation and fabricated or induced illness. Signs/Indicators - Any injuries not consistent with the explanation given for them - Injuries which have to receive medical attention - Injuries which have not received medical attention (but should have) - Injuries that occur to places on the body not normally exposed to accidents - Reluctance to change for, or participate in, games or swimming - Bruises, bites, burn, fractures etc. which do not have an accidental explanation - Child gives inconsistent accounts for the causes of injuries	Definition: The persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold and starvation or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive. Signs/Indicators - Dirty skin, body smells, unwashed, uncombed hair and untreated lice - Under nourishment - Clothing that is dirty, too big or small, or inappropriate for weather conditions - Frequently left unsupervised or alone - Frequent diarrhoea - Frequent tiredness - Untreated illnesses, infected cuts or physical complaints which the carer does not respond to - Frequently hungry - Stealing or gorging food, overeating junk food

MSUK is committed to ensuring that all staff, the management committee, trustees and volunteers have an awareness of signs and symptoms of the abuse of vulnerable adults.

“Safeguarding adults means protecting a person’s right to live in safety, free from abuse and neglect.” (Care Act 2014)

3.2 Abuse of Vulnerable Adults

Abuse of vulnerable adults can include:

- Physical abuse:** including hitting, slapping, punching, burning, misuse of medication, inappropriate restraint
- Sexual abuse:** including rape, indecent assault, inappropriate touching, exposure to pornographic material
- Psychological or emotional abuse:** including belittling, name calling, threats of harm, intimidation, isolation
- Financial or material abuse:** including stealing, selling assets, fraud, misuse or misappropriation of property, possessions or benefits
- Neglect and acts of omission:** including withholding the necessities of life such as medication, food or warmth, ignoring medical or physical care needs
- Discriminatory abuse:** including racist, sexist, that based on a person’s disability and other forms of harassment, slurs or similar treatment
- Institutional or organisational:** including regimented routines and cultures, unsafe practices, lack of person-centred care or treatment

Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts. People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

3.2 Dealing with a Disclosure

The following guidelines are not designed to be a step by step process, but rather an indication of helpful ways to respond to a young person or adult at risk who talks about abuse:

- i. Show acceptance of what you are being told, even if the story seems to be unlikely.
- ii. Keep calm and ensure your body language remains reassuring.
- iii. NEVER PROMISE CONFIDENTIALITY. Tell the child, young person or adult at risk that the best way you can help them is to tell someone else, but you will only tell other people who can help them like yourself.
- iv. Reassure the child, young person or adult at risk they are not to blame.
- v. Be aware that the child, young person or adult at risk may have been threatened or bribed not to tell, this is especially relevant where grooming has taken place.
- vi. Never push for information, if you feel a child, young person or adult at risk was about to tell you something and then changes their minds, it is important to accept that they have.
- vii. Decided not to tell you at this time, however it is important that the child, young person or adult is left knowing that you are always ready to listen.
- viii. Helpful things to say:
 - a. "Thank you for telling me."
 - b. "It's not your fault."
 - c. "I will help you, and I will only tell other people who can help you like me."
 - d. Let the child know everything you are doing step by step. This allows the child to feel that they still have some control over what is happening to them, e.g. "I am going to leave the room now and call someone who can come and help us, when I come back, I am going to tell you what was said."
- ix. Things NOT to say:
 - a. "I am shocked!"
 - b. "Why did you not tell anyone before?"
 - c. "I can't believe it!" or "Are you sure this is true?"
 - d. WHY? HOW? WHEN? WHO? WHERE?
 - e. Never make a promise that you cannot keep

3.3 Managing Allegations Against Staff

- If a child, young person or adult at risk accuses a member of staff of abuse or inappropriate behaviour this should be reported immediately to the Principal Safeguarding Officer. If the allegation is against the PSO, the Vice Chair should be the immediate point of contact
- Those dealing with any allegations of abuse or misconduct should adhere to the principles set out in the policy. Any information received should be acted upon sensitively, effectively and efficiently. Wherever possible, those making allegations should be given information about the outcome.
- Although allegations should be reported only on a "need to know" basis, staff and beneficiaries making allegations need not be concerned that they will be breaching confidentiality or the Data Protection Act, as complying with the policy overrides such obligations. If the person making the allegation feels they need counselling or other appropriate support from MSUK, they are encouraged to seek it.
- Any allegation against a member of staff will be dealt with under the disciplinary procedure found in the 'Policy Folder in MSUK Microsoft Teams' with relevant outcomes reported to the LADO, DBS Authorities, Charity Commission, police, or other bodies as required. Steps outlined in the Safeguarding Folder found in Microsoft Teams

3.4 Reporting Processes

- i. Make notes as soon as being told, preferably within an hour, on the Safeguarding Form found in the Safeguarding folder on Microsoft Teams. When making a recording, it is important to write down exactly what the child/ young person/ adult at risk has said, what you said in reply, when it was said, and what had happened immediately beforehand (a description of the activity). Record dates and times of the events and when you made the report. Keep all hand-written notes even if these have been typed at a later time. Contact for MSUK: Hannah Mulvihill, Primary Safeguarding Officer for Mercy Ships UK via email: clive.mitchell@mercyships.org.uk or via phone: 01438 347493.
- ii. Report concerns as soon as possible to the PSO or contact MSUK UK's safeguarding partner – Thirtyone: eight either in person, via password protected email or on the phone. All meetings should be held in private and confidentiality so please ensure your PSO is alone and the conversation cannot be overheard.
- iii. Ensure that appropriate follow up has been arranged for the child/young person/ adult at risk, taking into consideration whether it is safe for the child, young person or adult to return home. This is part of the responsibility of the PSO, unless the PSO is implicated.
- iv. Action on these reports will be taken by PSO.
- v. If the concerns, disclosures or allegations in any way implicate the PSO, the report should be made directly to the Vice Chair.
- vi. Concerns, disclosure or allegations should not be discussed with anyone other than those named on this document unless specifically requested by the child, young person or adult at risk involved. It is good practice to ensure that children, young people and adults at risk feel supported through any safeguarding process; confidentiality should work to protect those at risk, not to deny them support from wider members of staff, volunteers and youth volunteers.
- vii. It is the role of the PSO to ensure that any wider staff do not take on direct responsibility of dealing with an allegation and only take on a supporting role as directed by the PSO.
- viii. All reports, including electronic reports, must be kept in a locked or secure place by the PSO. Reports will be kept indefinitely in a secure and password protected environment
- ix. It is expected that all members of staff and volunteers will follow this policy and guidance document. If however, they feel that the response of the PSO has not been appropriate, it is the right of any individual as a citizen to make a direct referral to the child protection or adult at risk agencies.