

TouchBaseTM Safeguarding Policy

December 2021

This policy applies to all TouchBaseTM associates, volunteers, sessional associates, contracted therapists, students or anyone working on behalf of TouchBaseTM. Throughout this document, they will be referred to as 'associates'. The Designating Safeguarding Lead will be referred to as the DSL.

The purpose of this policy:

- To protect children and young people who receive the services of TouchBaseTM. This includes the children of adults who use our services as well as vulnerable adults.
- To provide TouchBaseTM associates and volunteers with the overarching principles that guide our approach to safeguarding and child protection.

TouchBaseTM believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practise in a way that protects them. This document outlines the TouchBaseTM policy, with regard to these children and vulnerable adults.

If you are unhappy with the action, lack of action or general handling of a safeguarding incident by the Designated Safeguarding Lead (DSL) then please report it to the Director Louise Michelle Bomber or the Designated Safeguarding Management Officer (DSMO) Jenny Peters (jenny@stmaryslondon.org.uk)

Legal Framework

This policy, which has been drawn up on the basis of law and guidance, seeks to protect children and vulnerable adults, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1981
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012

- Children and Families Act 2014
- The Adoption and Children Act 2002
- Care Act 2014
- Special educational needs and disability (SEND) code of practice: 0 to 25 years – Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM government 2014
- information sharing; advice to practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015
- Working together to Safeguarding Children; a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2015

This policy should be read alongside procedures, contained within this document, on:

- Children at possible risk of abuse or neglect
- Vulnerable Adults and Young People 18-25 at possible risk of abuse or neglect

We recognise that:

- the welfare of the child is paramount, as enshrined in the Children Act 1989
- all children, 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 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 and young people safe by:

- valuing them, listening to, and respecting them
- appointing a Designated Safeguarding Officer (DSO) for children and young people
- adopting child protection and safeguarding practices through procedures and code of conduct for all TouchBase™ associates and volunteers
- developing and implementing an effective e-safety policy and related procedures
- providing effective management to TouchBase™ associates and volunteers to support training and quality assurance measures
- recruiting TouchBase™ associates and volunteers safely, ensuring all necessary checks are made, recording and storing information professionally and securely and sharing information about safeguarding and the practice with children, their families, TouchBase™ associates and volunteers, via leaflets, posters and one-to-one discussions
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately. Using our procedures to manage any allegations against TouchBase™ associates and volunteers appropriately

- creating and maintaining an anti-bullying environment and ensuring we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we have a safe physical environment for children and young people, TouchBase™ associates and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance

TouchBase™ Procedures:

Children at possible risk of abuse or neglect

This procedure applies to any member of TouchBase™, therapist, associate or volunteer who may be concerned about the safety and protection of the child.

1) Purpose and aim of this procedure

We aim to ensure those children and vulnerable adults who attend TouchBase™ and any other children who may come to the attention of TouchBase, receive the protection and support they need if they are at risk of abuse.

This procedure provides a clear direction to all associates and volunteers at TouchBase™ if they have concerns that a child is in need of protection.

2) Definitions

The following definitions are derived from criteria recommended by the Department of Health, Department for Education and Skills and the Home Office in a joint document “Working Together to Safeguard Children”, 1999 and the NSPCC. Someone may abuse or neglect a child by inflicting harm or by failing to prevent harm. TouchBase™ therapists or associates have a professional, ethical, and moral duty to act where there are concerns in relation to children with whom they are in contact, directly or indirectly. Any suspicion or allegation of abuse or neglect must be taken seriously, no matter how unlikely it may seem at first sight.

Significant harm

When deciding on whether a child has been or is being treated in an abusive or neglectful way, it can be helpful to consider if the child is, as a result, suffering significant harm. The concept of significant harm helps to focus on the likely consequences to the child, and to assess the seriousness of the concerns about the child’s safety or welfare. Harm resulting from physical, sexual or emotional abuse, or from neglect, may take the form of impairment of the child’s health and development, both in the short and long term, e.g. many adult survivors of sexual abuse as children suffer the effect into and sometimes throughout their adult lives.

The level at which harm to a child can be regarded as significant is difficult to define but should nevertheless form the basis of discussions/consultations about any concerns.

Consideration must be given to the nature of the abuse and the level of concerns that exist, as well as to the context within which the abuse or harm takes place. It is important to discuss all concerns with relevant others in order to assess the levels of risk to children and to determine the action which needs to be taken.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child developmental capacity, as well as overprotection and limitation of exploration and learning, preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another, it may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation of abuse (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sex abuse, as can other children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of material substance abuse. Once a child is born it may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Organised or Multiple Abuse

Organised or Multiple Abuse involves abuse involving one or more abuser and several related or non-related children and young people. It may involve groups of abusers concerned acting in concert to abuse children, an individual abuser abusing multiple children but acting in isolation, and/or individuals or groups using institutional frameworks or positions of authority to recruit children for abuse. It may involve a network of abuse across families or local communities, or within institutions such as residential homes or schools.

Historical allegations of abuse

Historical abuse refers to actual or likely abuse that an adult or child reports as having suffered as a younger child, child or young person. It is often the case that an individual may not report abuse until many years after the event. Any such allegations must be raised as a child protection or vulnerable adult concern through the same procedures for children and vulnerable adults at possible risk of abuse or neglect.

There are emerging types and methods of child abuse, including:

- Sexual exploitation
- Female genital mutilation (FGM)
- Trafficking of children, in order to exploit them sexually, financially, by domestic servitude, or via involvement in activity such as production and sale of illegal drugs
- Abuse linked to beliefs such as spirit possession or witchcraft
- Radicalisation and the encouragement or coercion to become involved in terrorist activities
- Abuse via online methods, e.g. from adults seeking to develop sexual relationships with children or to use sexual or abusive images of them
- Domestic violence (either witnessing violence between adult family members, or, in the case of older young people, being subjected to coercion or violence in an intimate relationship in the same way as an older person)

NB. This is not an exhaustive list and there may be other instances when a TouchBase™ therapist or associate ascertains that there are grounds to follow procedures for children at possible risk of abuse.

3) Indicators of abuse in children and young people

The NSPCC website provides useful information about the signs and symptoms of abuse – see link: [https:// www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/](https://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/)

Abuse is not always obvious, and there are many reasons why children may not tell anyone they are being abused. They might not even realise what is happening to them is abusive. Many of the signs suggesting abuse may also be caused by other issues, and often it is the case that investigating agencies need to build up a picture of a child's life by piecing together information held by individuals and organisations.

It is also important to point out that children and young people can experience various types of abuse at the same time. For example, all abuse involves an element of emotional abuse, neglect often occurs in contexts where children are also being subjected to physical sexual abuse.

In terms of specific signs and indicators, sometimes there are physical signs such as:

- unexplained bruises, other injuries, or health problems
- unexplained gifts or additional mobile devices
- recurring health problems that are not treated
- young children not meeting their developmental milestones (particularly if there is no disability)
- being left alone
- an unsuitable home environment, e.g. cold, dirty, physically unsafe
- pregnancy, sexually transmitted infections, or anal/vaginal soreness
- the signs that a child/young person is at risk of being subjected to forced marriage or female genital mutilation

A child or young person's behaviour can also help to indicate that they are being abused. It can be helpful to be aware of behaviour that you might normally associate with an older or younger child. Look out for signs that the child or young person is unsettled or unhappy.

These may involve:

- being withdrawn
- suddenly behaving differently
- anxiety
- clinginess
- being depressed
- aggression
- having problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- risk taking
- school absences
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm
- thoughts about suicide

4) Ways that abuse might be brought to your attention

- the child or young person might make a direct disclosure about him or herself
- a child or young person might make a direct disclosure about another child
- the child or young person might offer information that is worrying but not a direct disclosure

- a member of TouchBase™ might be concerned about the child or young person's appearance or behaviour or about the behaviour of a parent or carer towards the child or young person
- a parent or carer might make a disclosure about abuse that a child or young person is suffering or at risk of suffering
- A parent might offer information about a child or young person that is worrying but not a direct disclosure

5) Talking to a child or young person who has told you that he/she or another child is being abused

- Reassure the child that telling someone about it was the right thing to do
- DO NOT directly question (interrogate) the child
- Tell him/her that you now have to do what you can to keep him/her (for the child who is the subject of the allegation) safe
- Let the child know what you are going to do next and who else needs to know about it.
- Let the child tell his or her whole story. Don't try to investigate, but make sure that you are clear as to what he/she is saying

6) Helping a child in immediate danger

- If the child is in immediate danger and is with you, remain with him/her and call the police by dialling 999
- If the child is elsewhere, contact the police and explain the situation to them.
- If he/she needs emergency medical attention call an ambulance by dialling 999.
- You also need to contact your designated safeguarding officer to let them know what is happening.

A decision will need to be made about who should inform the child's family and the local authority children's social care department, and when they should be informed. If you have involved the police and/or the health services, they should be part of this decision. Consider the welfare of the child in decision making as the highest priority.

7) Issues that will need to be taken into account are:

- the parents' right to know (unless this would place the child or someone else in danger, or interferes with the criminal investigation)
- the implications of telling or not telling the parent
- the current assessment of the risk to the child and the source of that risk
- any risk management plans that currently exist.
- Once any immediate danger emergency medical need has been dealt with, follow the steps set out in **section 8)**

8) Making a safeguarding/child protection referral

A referral involves giving Social Services or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In all cases of allegations of abuse or neglect of a child received by TouchBase™:

Any TouchBase™ therapist or associate involved will immediately report the alleged abuse or concern to the Designated Safeguarding Officer in the first instance

Or in the second instance, to the child's allocated social worker, or adoption social worker in order to discuss subsequent action and to consider how the support and protection needs of the child may best be met.

If neither of these points of contact are available, the TouchBase™ associate will refer directly to the child's relevant statutory child protection authority. This will be according to where the child lives or if the child is under a care order the relevant children's social worker with parental responsibility.

In situations of urgent and immediate significant risk to a child, the Social Services Department and/or Police will be contacted without delay and in line with local Area Child Protection Committee (ACPC) procedures.

a) Information required

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number and position, request the same of the person to whom you are speaking
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family, e.g. GP, Health Visitor, School
- The nature of the concern; and foundation for them

RECORDING

TouchBase™ associates are required to record all allegations of abuse or neglect of children accurately and clearly on the relevant files, including details of the investigation, conclusion reached, and action taken.

This will be completed on the '**Reporting Concerns about a Child**' form within 24 hours logging details of concern, date, time, any discussions had with DSO, other agencies and signed. An accurate record of the action agreed or that no further action is to be taken and the reasons for this decision will be made. This record is kept confidentially and securely on the TouchBase™ premises.

If you are concerned about a child, you must share your concerns. You should follow the procedure below. If the child/young person is in immediate danger you should contact the police without delay.

1. Log what has been said/disclosed or what you are concerned about in writing as soon as possible. Use **'Reporting Concerns about a Child'** form.
2. Discuss, if possible, with Louise Michelle Bombèr Clinical Lead and/or the Designated Safeguarding Management Officer
3. If the child already has a social worker or adoption social worker, then it may be pertinent to discuss as appropriate and in a timely manner (within a few hours and this should be on the same day).

Then refer to the statutory child protection authority representing the locality of the client or in the case of children under a care order, the social worker with parental responsibility **(numbers and contact details are clearly defined on the wall in the TouchBase™ Offices)**.

The relevant statutory child protection authority will decide what further action to be taken regarding the child/young person/ who has disclosed or about whom you have concerns.

If you cannot achieve step 2 or 3 in a timely manner ie on the same day then contact the relevant statutory child protection authority as soon as possible and on the same day as the concern or disclosure.

In any event it is the duty of the TouchBase™ therapist or associate to contact the relevant statutory child protection authority directly when you have any concern and in the following circumstances

- When you remain unsure after consultation as to whether child protection concerns exist
- When there is disagreement as to whether child protection concerns exist
- When you are unable to consult promptly or at all with the Clinical Lead (DSO) or with the child's existing Social Worker
- When the concerns relate to any member of TouchBase™ or its associates.

If no consultation is possible at steps 1 and 2, refer directly to the statutory child protection authority, who will then make the relevant decisions.

Follow up your conversation to statutory child protection authority in writing to them within 48 hours.

Make sure all concerns are appropriately logged and followed up the **'Reporting Concerns about a Child'** form.

9) TouchBase™ Staff Monitoring and Training

- a) All of the TouchBase™ associates and therapists are thoroughly vetted in terms of their suitability to safeguard and promote the welfare of children and vulnerable adults. Each TouchBase™ therapist or associate has satisfactory references and Criminal Records check through the Disclosure and Barring Service (DBS) which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

- b) **All therapists working for TouchBase™** are specifically trained in child protection. All therapists adhere to Ethical Principles and Code of Professional Conduct according to their professional registration, UKCP BACP or IATE which take into account the principles of safeguarding children and vulnerable adults. All therapists working with TouchBase™ are professionally supervised on a regular basis and undergo regular Continuing Professional Development. They are all fully insured.
- c) **Regular safeguarding training** - all therapists, and TouchBase™ associates complete the MindEd on-line course below on Safeguarding Young People and Vulnerable Young Adults, every two years, and forward a copy of the completion certificate to Louise Michelle Bombèr once the online training is completed, to be kept on file.

To access the online training: www.minded.org.uk

- Go to 'Register' in top right corner and set up a new profile
 - Type in 'safeguarding' in the 'Search the e-learning' box
 - Choose the course 'Safeguarding Young People and Vulnerable Adults'
- d) All TouchBase™ associates and therapists receive and sign a form to say that they have read and understood this Safeguarding Policy and relevant procedures policy at start of employment.

10) Disciplinary Procedures

TouchBase™ will ensure its **disciplinary procedures** including the following provisions are properly implemented:

- A TouchBase™ therapist or associate will be suspended from their duties where they are under investigation for child abuse
- Failure on the part of a TouchBase™ therapist or associate to report to an appropriate person (as defined in this TouchBase™ procedure document) an incident of abuse, or of suspected abuse of a child with whom it comes into contact, is a ground on which disciplinary proceedings may be instituted
- Where a TouchBase™ therapist or associate is under investigation for gross misconduct.

11) Reviewing the Policies and Procedures

TouchBase™ will review the records at least annually to check the satisfactory operation of its safeguarding procedures. It will take appropriate action from such a review in relation to its policies and procedures generally, as well as taking any necessary follow up action in relation to individual cases. Such action will be recorded.

TouchBase™ will ensure that all safeguarding policies and procedures comply with the requirements of prevailing legislation, regulations, guidance and standards, and that they are consistent with its statement of purpose. It will also ensure that all people working for the purposes of the TouchBase™ are provided with the policies and procedures and that a copy is readily available on request.

TouchBase™ Procedures:

Vulnerable Adults and Young People 18-25 at possible risk of abuse or neglect

This procedure applies to any TouchBase™ therapist, associate or volunteer who may be concerned about the safety and protection of a vulnerable adult.

Purpose and aim of this procedure

It is recognized that TouchBase™ associates and therapists will at times work with those who are defined as vulnerable adults. TouchBase™ is committed to ensuring that such clients are protected from any potential form of abuse whilst using our services.

We aim to ensure those young people and vulnerable adults who attend TouchBase™ and any other young people who may come to the attention of TouchBase™, receive the protection and support they need if they are risk of abuse or if they report 'historical abuse'. TouchBase™ recognises that client welfare is paramount. Vulnerable adults and young people regardless of age, gender, ethnicity, sexuality or beliefs, have the right to be protected from abuse.

Sometimes TouchBase™ associates and therapists will be seeing young people who are transitioning between child and adult services and they will need to liaise with both services, using professional guidance and discretion. 'Every service involved in supporting a young person should take responsibility for sharing safeguarding information with other organisations, in line with local information sharing and confidentiality policies.' (Nice Guidelines 2016)

Definition

TouchBase™ defines a vulnerable adult /adults at risk (Vulnerable Adults) as an adult who '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 Act 2014. A young person 18-25 using our services may become considered a vulnerable adult during the process of work and assessment. These procedures apply to all young people 18-25 and vulnerable adults using TouchBase™ services.

Legislation

The Care Act 2014 is the first statutory framework for safeguarding adults and replaces the 'No Secrets' Guidance 2000. As of the 1st April 2015 the Care Act 2014 places adult safeguarding on a legal footing. This is a major step forward in safeguarding adults who are experiencing or are at risk of abuse or neglect and are unable to protect themselves. The Care Act promotes a change of culture in safeguarding to a person-centred approach which achieves outcomes that people want. The Act recognises that safeguarding adults at risk requires multi-agency responsibility and partnership work.

Procedure

If an allegation or concern about abuse or neglect is made after a young person turns 18, a safeguarding referral will be passed to the initial response team for the area where the young person lives or is “ordinarily resident”.

All TouchBase™ associates will ensure that all vulnerable adults and young people aged 18-25 with whom they come into contact are given information to enable them to raise concerns about abuse or neglect. This information includes the way in which they can contact TouchBase™ or the associate/therapist with whom they are working and to whom they can report an allegation. This information will also include an alternative person at the agency who they can contact to report an allegation if it relates to the associate (or other) with whom they are working; Adults will be given written information, on initial face to face contact with TouchBase™, about our safeguarding policy and procedures.

Types of Abuse or Neglect

A vulnerable adult may be subject to:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Financial abuse
- Modern slavery
- Domestic violence or abuse
- Honour based violence
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect
- Disclosures of historical abuse

Please refer to:

TouchBase™ Procedures: Children and young people at possible risk of abuse or neglect

Section 2. Definitions of abuse and neglect (pages 3-4)

Section 3. Indicators of abuse in children and young people (Page 5)

As these sections are applicable to Vulnerable Adults and Young People Aged 18-25

Ways that abuse might be brought your attention

- The vulnerable adult/young person might make a direct disclosure about him or herself
- The vulnerable adult/young person might make a direct disclosure about a child or another adult
- The vulnerable adult/young person might offer information that is worrying but not a direct disclosure
- A member of TouchBase™ might be concerned about the vulnerable adult's or young person's appearance or behaviour or about the behaviour of a parent or carer towards the vulnerable adult
- The parent or carer might make a disclosure about abuse that the vulnerable adult is suffering or at risk of suffering
- Someone might offer information about a vulnerable adult or young person that is worrying but not a direct disclosure

Helping a vulnerable adult /young person in immediate danger

- If the young person or vulnerable adult is in immediate danger and is with you, remain with him/her and call the police by dialling 999
- If the young person or vulnerable adult is elsewhere, contact the police and explain the situation to them
- If he/she needs emergency medical attention call an ambulance by dialling 999.
- You will also need to contact the designated safeguarding officer as soon as possible to keep them informed

Making a safeguarding referral for a vulnerable adult

A referral involves giving Social Services or the Police, information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

Reporting incidents of Abuse or Neglect

In all cases of allegations of abuse or neglect of a child received by TouchBase™:

TouchBase™ associates will immediately report the alleged abuse or concern to the Designated Safeguarding Lead Victoria Manzano in the first instance or in the second instance,

to the vulnerable adult's allocated social worker in order to discuss subsequent action and to consider how the support and protection needs may best be met. If neither of these points of contact are available, the TouchBase™ associate, must refer directly to the relevant Initial Response team according to where the vulnerable adult lives.

In situations of urgent and immediate significant risk the Ambulance, Social Services Department and/or Police will be contacted without delay.

Information required

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number and position and request the same of the person to whom you are speaking
- Full name and address, telephone number of family, date of birth
- Gender, ethnicity, first language, any special needs
- Names, dates of birth and relationship of household members and any significant others
- The names of professionals' known to be involved with the vulnerable adult/family eg: GP, Social Care, Specialist Services, Education Services
- The nature of the concern; and foundation for them

Recording incidents of Abuse or Neglect

TouchBase™ associates are required to record all allegations of abuse or neglect of vulnerable adults accurately and clearly on the relevant files using the '**Reporting concerns about a child or vulnerable adult**' form. This must be completed within 24 hours with details of concern, date, time, any discussions had with DSO or other agencies and signed. An accurate record of the action agreed or that no further action is to be taken and the reasons for this decision will be made. This record is kept confidentially and securely on the TouchBase™ premises.

If you are concerned about a vulnerable adult, you must share your concerns. You should follow the procedure below. If the Vulnerable adult is in immediate danger you should contact the police without delay.

1. The TouchBase™ associate will make a note of the time and date that the allegation or disclosure was made, who made the allegation or is reporting a concern, and the nature of the allegation. This should be completed on the **'Reporting concerns about a child or vulnerable adult'** form.
2. The TouchBase™ associate will record only the facts, preferably in the language/words used by the person making the allegation and will not ask any questions which may seem to be 'leading'.
3. The TouchBase™ associate will then report the allegation or their concern about the vulnerable adult to in the first instance to the DSO or in the second instance, to the young person's allocated social worker or adoption social worker in order to discuss subsequent action and to consider how the support and protection needs of the vulnerable adult may best be met. If neither of these points of contact are available for consultation, they will refer directly to the relevant adult social care team **within 24 hours**. This should be followed up in writing to the social care team within 48 hours.
4. The person making the allegation or disclosure will be informed of what will happen; they will be told that this concern may have to be reported to the adult initial response team.
5. TouchBase™ will not participate in any form of 'investigation', i.e. must not start a process of 'fact finding'. If the service is subsequently required to take part in a criminal investigation or a Serious Case Review, TouchBase™ will take appropriate advice.
6. In the majority of cases the TouchBase™ associate should offer to support the person making the disclosure/allegation and make them aware of the options that are available to them, for example contacting the local adult social care services or police. In some cases, the TouchBase™ associate may offer to help the vulnerable adult make initial contact with these agencies.
7. If, however, there is a clear and immediate danger to an individual then confidentiality will be broken, and priority given to the safety of that individual.
8. Equally if a client or third party makes an allegation of abuse, and it becomes clear to the service that no further action has been taken since first discussed, then it may be that the service decides to take steps to report the allegation. If the reporting allegations of abuse are breaching confidentiality, this will first be discussed with the DSO.

TouchBase™ Staff Monitoring and Training

- e) All TouchBase™ associates are thoroughly vetted in terms of their suitability to safeguard and promote the welfare of children and vulnerable adults. Each TouchBase™ therapist or associate has satisfactory references and Criminal Records checks through the Disclosure and Barring Service (DBS) which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.
- f) **All therapists working for TouchBase™** are specifically trained in child protection and the protection of vulnerable adults. All therapists adhere to Ethical Principles and Code of Professional Conduct according to their professional registration, UKCP BACP or IATE which take into account the principles of safeguarding children and vulnerable adults. All therapists working with TouchBase™ are professionally supervised on a regular basis and undergo regular Continuing Professional Development. They are all fully insured.
- g) **Regular safeguarding training** All TouchBase™ associates complete the MindEd online course below on Safeguarding Young People and Vulnerable Young Adults, every two years, and forward a copy of the completion certificate to Louise Michelle Bombè once the online training is completed, to be kept on file.

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 - Type in 'safeguarding' in the 'Search the e-learning' box
 - Choose the course 'Safeguarding Young People and Vulnerable Adults'
- h) All TouchBase™ associates and therapists receive and sign a form to say that they have read and understood this Safeguarding Policy and relevant procedures at the start of employment.

Disciplinary Procedures

TouchBase™ will ensure its disciplinary procedure, including the following provisions are properly implemented:

- TouchBase™ associates or therapists will be suspended from their duties where they are under investigation for child abuse;
- Failure on the part a TouchBase™ therapist or associate to report to an appropriate person (as defined in the TouchBase™ procedure document) an incident of abuse, or of suspected abuse of a child with whom it comes into contact, is a ground on which disciplinary proceedings may be instituted;
- Where a TouchBase™ associate or therapist is under investigation for gross misconduct.

Reviewing the Policies and Procedures

TouchBase™ will review the records at least annually to check the satisfactory operation of its safeguarding procedures. It will take appropriate action from such a review in relation to its

policies and procedures generally, as well as taking any necessary follow up action in relation to individual cases. Such action will be recorded.

TouchBase™ will ensure that all safeguarding policies and procedures comply with the requirements of prevailing legislation, regulations, guidance and standards, and that they are consistent with its statement of purpose. It will also ensure that all people working for the purposes of the TouchBase™ are provided with the policy and procedures and that a copy is readily available on request.