

SAFEGUARDING & CHILD PROTECTION POLICY AND PROCEDURES



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September 2023	Bruna Boscaini	September 2024
August 2024	Vanessa Fukuda	August 2025



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INTRODUCTION

This policy outlines the Indoamerican Refugee & Migrant Organisation (IRMO)'s approach to safeguarding children (under the age of 14) and young people (14–18 years old) and is written in accordance with the law and guidance that seeks to protect children and young people, as listed in Appendix A.

It will be reviewed on a yearly basis and may be supplemented in appropriate cases by further statements related to the work of IRMO. Copies and amendments will be regularly shared with all staff and volunteers whose active support is essential for the successful implementation of this policy.

IRMO recognises the need for a well-defined policy setting out the standards it aims to achieve for safeguarding children and young people within our care. This Safeguarding Policy sets out the organisation and arrangements for achieving this aim, including the detailed responsibilities for key staff.

It is very important for us to have safeguarding protection procedures in order to effectively deal with any concerns related to the neglect or physical, sexual or emotional abuse of a child/young person.

According to the government guidance and legislation, safeguarding is defined as:

1. protecting children from maltreatment
2. preventing impairment of children's health or development
3. ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
4. taking action to enable all children to have the best outcome

“The action we take to promote the welfare of children and protect them from harm – is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.” ([Working Together to Safeguard Children](#), HM Government 2018).

POLICY STATEMENT

IRMO believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people by a commitment to practice which protects them.

We recognise that:

- The welfare of the child or young person is of primary consideration. All children and young people regardless of age, disability, gender, racial heritage, religious belief or lack thereof, sexual orientation or identity have the right to equal protection from all types of harm or abuse
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare
- All our staff and volunteers need to be carefully selected and trained and accept responsibility for safeguarding children and young people they come into contact with

The purpose of the policy is to:

- Provide protection for the children and young people who receive IRMO's services
- Provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of harm

This policy is mandatory for anybody working for or on behalf of IRMO meaning all paid staff, including staff working on short-term contracts and permanent contractors, and volunteers including the Board of Trustees and Advisers. The policy must be applied whenever there is a concern about a child or young person or about the behaviour of an adult.

We will endeavour to safeguard children and young people by:

- Valuing them, listening to and respecting them
- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers
- Conducting robust recruitment and selection processes including the necessary safety checks in respect of references, declarations and DBS checks
- Sharing information about child protection and good practice with relevant stakeholders
- Reporting to Social Services concerns that a child, young person has suffered, is suffering, or is at risk of suffering abuse as per local authority safeguarding threshold
- Providing effective management for staff and volunteers through supervision, support and training including guidance on what to do if an individual is worried about a child or young person

This Policy will be reviewed when needed or at least annually.



ORGANISATION AND RESPONSIBILITIES

Trustees

The Charity Commission is clear that Trustees have primary responsibility for safeguarding in their charity. In fulfilling their duty of care to IRMO, trustees need to:

- Be responsible for monitoring safeguarding processes within the organisation, hold responsibility for ensuring that IRMO is following good practice and that policies are up to date
- Ensure that possible risks to service users and staff are correctly identified within the Safeguarding policy and be aware of potential risks that may arise.
- Undertake Level 1 Safeguarding Training
- Report any serious incidents to the Charity Commission
- Appoint a Safeguarding Trustee who will undertake Safeguarding for Trustees training where available, or an alternative.

Within IRMO the **Safeguarding Trustee** will ensure the above is monitored. Safeguarding will be a standing item in the Management Committee agenda, where a quarterly report from the Designated Safeguarding Lead will be discussed. The Safeguarding Trustee is also responsible for informing the Charity Commission of any serious incidents and ensuring that the Charity Commission action points are considered regularly. The Safeguarding Trustee will also input into and agree the annual Safeguarding Policy review which will be reported to the Management Committee.

Director

The Director is accountable for:

- The implementation, maintenance, monitoring and review of this Policy across all areas of IRMO

The Director is responsible for:

- Leading by example in actively promoting safeguarding practices in IRMO
- Undertake appropriate Safeguarding Training and refresh it every two years

Managers

Programme Managers are key to the success of this policy. They are accountable for the safeguarding standards within their area of control. Specifically they are responsible for:

- Ensuring that this Safeguarding Policy is communicated and implemented within each area of control

- Making sure they and their staff understand the safeguarding procedures at IRMO
- Informing, instructing, supporting the Safeguarding team to ensure training is up to date and supervising employees
- Ensuring all safeguarding incidents are reported to a Safeguarding Designated Person (table with relevant safeguarding roles and contacts in the Designated Safeguarding Persons section)
- Ensuring implementation of safer recruitment practices for all staff and volunteers (relevant background checks, references etc.)

Staff & Volunteers

All staff and volunteers are responsible for:

- Making sure they understand the part they play regarding safeguarding children and young people
- Co-operating with Programme Managers in following the safeguarding arrangements set out in this policy
- Reporting any suspicions of abuse or neglect to a Safeguarding Designated Person
- Reporting any concerns about the behaviour of any members of staff, volunteers or contractors towards children or young people

The Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead is responsible for:

- Responding to any concerns in a timely manner and keeping written records in line with IRMO Data Protection Policy
- Referring cases on to social services or to other relevant agencies (police, specialised organisations, etc)
- Providing safeguarding advice to all areas of IRMO
- Monitoring the implementation of this policy across IRMO and reporting any concerns to staff, volunteers and trustees
- Producing quarterly safeguarding reports to IRMO's Management Committee
- Working with the Deputy Designated Safeguarding Lead (DDSL) and Designated Safeguarding Officer (DSO) to maintain this policy through planning, implementing, measuring and reviewing performance
- Ensuring that IRMO staff and volunteers are aware of this policy and have received appropriate safeguarding training
- Undertaking appropriate Safeguarding Training and refresh it every two years



Deputy Designated Safeguarding Lead (DDSL)

The Deputy Designated Safeguarding Lead is responsible for:

- Covering in the absence of the Designated Safeguarding Lead
- Reviewing policies and procedures as proposed by the DSL
- Undertaking appropriate Safeguarding Training and refresh it every two years

Designated Safeguarding Officer (DSO)

The Deputy Designated Safeguarding Officer is responsible for:

- Promoting a safe environment for children and young people by ensuring that all safeguarding policies and procedures are implemented within IRMO
- Responding to concerns from members of staff, volunteers and service users
- Ensuring that staff and volunteers have received appropriate Safeguarding training
- Updating and creating safeguarding resources for staff and volunteers and sharing appropriate safeguarding information with families, children and young people
- Ensuring that safe recruitment procedures are properly implemented throughout the whole organisation and that records and logs are kept up to date
- Undertaking appropriate Safeguarding Training and refresh it every two years

DESIGNATED SAFEGUARDING PERSONS

IRMO have appointed Designated Safeguarding Persons (in the table below) who are trained to respond to safeguarding concerns. Staff who have safeguarding concerns must raise these with a Designated Person and should not make a direct referral to any outside agency.

NAME	ROLE	PHONE	EMAIL
Vanessa Fukuda Programme Manager CYP	Designated Safeguarding Lead (DSL)		vanessa.fukuda@irmo.org.uk
Bruna Boscaini Director	Deputy Designated Safeguarding Lead (DDSL)		bruna.boscaini@irmo.org.uk
Gemma Grass-Orkin ESOL, Mentoring & Activities Lead	Designated Safeguarding Officer (DSO)		gemma.grassorkin@irmo.org.uk
Carolina Cal Trustee	Safeguarding Trustee		carolina.cal@irmo.org.uk
The DSL, DDSL and DSO all receive emails sent to: safeguarding@irmo.org.uk			

GENERAL ARRANGEMENTS FOR IMPLEMENTING THE SAFEGUARDING POLICY

Safer Recruitment

Safeguarding the children and young people who IRMO have contact with is considered at the recruitment stage. All staff, volunteers and trustees are required to attend interviews and provide references, as detailed in IRMO's recruitment, selection and induction procedures included in the IRMO Staff Handbook.

A Disclosure and Barring Service (DBS) check will also be obtained for staff, volunteers and trustees recruited to certain positions.

Eligibility to apply for a DBS check and the appropriate level of check is explained in the table below. A repeat DBS check will be obtained every two or three years for all eligible employees, volunteers and trustees, as outlined below:

Area	Role	DBS Required	Type	Renew	Training
Children & Young People (CYP)	Programme Manager	Yes	Enhanced	Every 2 years	Every 18 months
	Family Support Worker EMA Lead Advocacy Lead Youth Coordinator Community Organiser	Yes	Enhanced	Every 2 years	Every 18 months
	All CYP Volunteers & Consultants	Yes	Enhanced	Every 2 years	Every 18 months
Advice – Welfare, Housing and Health	Programme Manager	Yes	Enhanced	Every 2 years	Every 2 years
	Welfare Advisors + Volunteers	Yes	Basic	Every 2 years	Every 2 years

	Welcome Area Staff + Volunteers	Yes	Enhanced	Every 2 years	Every 2 years
	Health & Wellbeing Lead + Volunteers	Yes	Enhanced	Every 2 years	Every 2 years
Advice – Immigration	Programme Manager	Yes	Enhanced	Every 2 years	Every 2 years
	Immigration Advisors + Volunteers	Yes	Enhanced	Every 2 years	Every 2 years
Education, Training & Employment (ETE)	Programme Manager	Yes	Basic	Every 2 years	Every 2 years
	Adult ESOL Teacher	Yes	Basic	Every 3 years	Every 3 years
	Employment Advisor (working with over 18s)	Yes	Basic	Every 2 years	Every 2 years
	Employment Advisor (working with under 18s)	Yes	Enhanced	Every 2 years	Every 2 years
	ETE Assistants/ Volunteers	Yes	Basic	Every 3 years	Every 3 years
	Volunteer Coordinator	Yes	Basic	Every 3 years	Every 2 years
Operations	Operations Manager	Yes	Basic	Every 2 years	Every 2 years
	Operations Staff	Yes	Basic	Every 3 years	Every 3 years
Board of Trustees	Safeguarding Trustee	Yes	Enhanced	Every 2 years	Every 2 years
	Rest of the Board	Yes	Enhanced	Every 3 years	Every 3 years

CLAUK	CLAUK Coordinator and Volunteers	Yes	Basic	Every 3 years	Every 3 years
Management	Director	Yes	Basic	Every 2 years	Every 2 years
Consultants	Staff Clinical Supervisor	Yes	Enhanced	Every 3 years	Every 3 years
	No contact with service users	Yes	Basic	Every 3 years	Every 3 years

During interviews most candidates will be questioned regarding their understanding of safeguarding and how that might be a consideration in the role they are applying for.

In case of positive disclosures, IRMO will follow the procedure set in '[Dealing with Positive DBS Disclosure Policy](#)'.

All stages of safe recruitment, including recruitment, checks and induction, are summarised in the Safe Recruitment Checklist (Appendix F).

Induction And Training For Staff, Volunteers And Trustees

As part of IRMO's induction process, all staff and volunteers are required to:

- Complete the Safeguarding Level 1 online training delivered by the [Lambeth Safeguarding Children Partnership \(LSCP\)](#)
- Read IRMO's Safeguarding Policy and complete the internal Child Protection Policy and Confidentiality test;
- Copies of the Safeguarding certificates are logged in IRMO's drive
- The process is led by the Designated Safeguarding Officer (DSO) and overseen by the Designated Safeguarding Lead (DSL)
- Staff working with children and young people are required to attend specific in-person training with accredited organisations such as the Lambeth Safeguarding Children Partnership, London Youth and NSPCC as directed by the Designated Safeguarding Lead and Officer

Staff and volunteers working directly with children and young people should refresh their training every 18 months and build up on basic safeguarding knowledge by attending other specific safeguarding training relevant to their role, as directed by the DSL. Other staff and volunteers

should refresh it every two or three years, as explained in the chart above. The safeguarding trustee should refresh their training every two years, while other trustees every three years. Staff and volunteers should also have the health and safety procedures explained in detail to them as part of their induction.

After the induction and safeguarding training, staff and volunteers should be able to:

- Recognise signs of abuse and respond to concerns relating to children and young people
- Use appropriate reporting systems and consult the relevant Designated Safeguarding Person
- Promote safeguarding practices with IRMO staff, volunteers and service users
- Be aware of Health & Safety hazards, how to assess them and mitigate them to ensure the safety of children and young people

Safer Working

The [IRMO Staff and Volunteer Code of Conduct](#) sets out what IRMO expects from its staff, volunteers and trustees, and what they can expect from their colleagues. All staff and volunteers working at or for IRMO have a responsibility to safeguard the welfare of the children and young people that they are working with to ensure their physical, sexual and emotional safety. Alongside the Staff & Volunteers Code of Conduct, all staff and volunteers must follow the following guidelines:

	DO ✓	DON'T ✗
1	Do treat everyone with respect regardless of the child or young person race, age, gender, nationality, religion, sexuality, ability	Avoid spending excessive amounts of time alone with children or young people away from others
2	Plan activities so that they involve more than one member of staff, volunteer, or other relevant accompanying adult	Deter anyone from making allegations through fear of not being believed
3	When meeting with a child or young person this should take place as publicly as possible. If privacy is needed, the door should be left partly open and other staff and volunteers informed of the meeting	Let allegations made by a child or young person go without being addressed and recorded in the Safeguarding Concern Form

4	Always putting the welfare of each child and young person first	Engage in or permit abusive behaviour between children and young people e.g. ridiculing, bullying
5	Building balanced relationships based on mutual trust which empowers children and young people to share in the decision-making process	Give a child or young person your personal contact details and communicate with them outside of the work you are doing with them
6	Keeping up to date with policies, technical skills and qualifications	Engage in rough, physical or sexually provocative games, including horseplay or make suggestive remarks or gestures or tell jokes of a sexually inappropriate or discriminatory nature
7	Involving parents/carers wherever possible	Allow children and young people to use inappropriate language unchallenged
8	Being an excellent role model – this includes not smoking, drinking alcohol or swearing in the company of children and young people	Allow yourself to be drawn into inappropriate attention-seeking behaviour, such as tantrums or crushes but deal with such behaviour firmly and fairly
9	Securing parental consent in writing to act in loco parentis, if the need arises to administer emergency first aid and/or other medical treatment	Do things of a personal nature for children or young people that they can do for themselves

It may sometimes be necessary for staff or volunteers to do things of a personal nature for children, particularly if they are young or are disabled. These tasks should only be carried out with the full understanding and consent of children, young people and parents/carers.

Physical Contact

Staff and volunteers should not have unnecessary physical contact with children/young people. There may, however, be occasions when physical contact is unavoidable or positively desirable or necessary for safety reasons, for example:

- Providing reassurance for a distressed person
- When teaching or playing sports
- When working with a person with a disability who requests such assistance
- Administering first aid



Wherever possible there should be an attempt to ask the person to agree to such contact. Where appropriate, staff should explain their actions. This should be conducted openly and ideally with another member of staff or volunteer present. Staff should be aware of their positioning so that, where possible, others can clearly see the assistance being given.

In very rare circumstances there may be a need to physically restrain a child or young person for their own or other's safety.

Toilet

IRMO has a designated toilet only for use by children in Unit 9 and it's clearly signed.

Adults that haven't previously volunteered and that haven't had the necessary vetting checks (references, DBS), should not be left alone with children or take them to the toilet unaccompanied.

Supervision: Day trips and Residential Trips away

When travelling with children and young people, the adult to child ratio can vary depending on the size of the group, the age of the children and their behaviours and the size of the vehicle that you are travelling in.

The following table shows adult to child ratios, based on Ofsted guidelines:

Child/Young Person's Age	Adults	Number of Children
0-2	1	3
2-3	1	4
4-8	1	6
9-12	1	8
13-18	1	10
19-24	1	12

Health & Safety

IRMO will ensure, so far as it is reasonably practicable, the health, safety and welfare of its staff members, volunteers, users and other project participants. IRMO also recognises its duty not to put at risk service users, the general public or the environment in the carrying out of its duties. Staff members too have a legal responsibility to take care of themselves and others who may be affected by their work and to co-operate with IRMO in the discharge of its legal obligation.

IRMO will carry out risk assessment for the delivery of activities on site and off-site. Risk Assessments will be taken for project premises; equipment, delivery areas, transport arrangements and vehicles are safe and suitable.

In implementing this policy and procedure, IRMO will adhere to the requirements of the following legislation:

1. Health and Safety at Work Act 1974
2. Electrical Equipment (Safety) Regulations 1994
3. Gas Safety Regulations 1998
4. Furniture and Furnishings (Fire) (Safety) Regulations 1988 – as amended in 1993
5. Consumer Protection Act 1987

Photography and Video

Photos and videos of young people taking part in IRMO programmes and activities are an excellent way of communicating and promoting activities, but these images can be used to identify children and put their safety and privacy at risk. Photographs can also be adapted for inappropriate use.

No picture/video of under 18s should be published without prior written consent of parents or children over 16. Pictures and videos can only be taken with work phones and equipment and must be saved in the appropriate/password protected drive. To manage the risks associated with photographing children and young people, all employees must comply with the [IRMO Data Protection Policy](#).

Practical review

Together with the DSL, the Safeguarding Trustee will provide an annual report on the practical implementation of the Safeguarding Policy. The purpose of this report is to identify the use of the policy to safeguard staff, volunteers and beneficiaries and to provide additional information about how the policy works in practice. The Trustee and the DSL will agree to examine either an aspect of the policy, or a particular service for the purpose of the report. The report should include:

- Interviews with relevant staff, volunteers and beneficiaries
- Where appropriate, a visit to the service or activity
- If relevant, a file review of cases of concern, and cases where no safeguarding issue has been identified

RESPONDING TO SAFEGUARDING CONCERNS

Staff and volunteers may become concerned in a number of ways:

- A child or young person may tell (disclose) that they or someone else have been or are being abused
- There may be concerns due to the person's behaviour or presentation
- Concerns may be raised about the behaviour of an adult, who may be a member of staff, volunteer, another professional or a member of the public
- A parent, carer, relative or member of the public might share their concerns about a child, young person or vulnerable adult

In all cases of disclosure, the following steps must be followed:

1. Stay calm and **listen carefully**, showing that you take what they are saying seriously
2. Encourage them to talk and **avoid interrupting** them
3. Ask questions only to **clarify your understanding** of what you are being told. Do not investigate. Do not ask them to repeat their account
4. Do not promise to keep the information secret. **Explain that you have to pass the information** on to those who can help. Tell the child or young person what you are going to do next
5. **Do not confront any alleged abuser**
6. As soon as you can, **write down** what the child or young person has said, using their own words, **in the Safeguarding Concern Form** and make sure to record a clear timeline of events, recording dates, names, places, organisations, individuals, addresses, etc
7. **Report to the Designated Safeguarding Lead (DSL)** as soon as you can

Helpful statements ✓	Do not say ✗
<ul style="list-style-type: none"> → I believe you (or showing acceptance of what the child says) → Thank you for telling me → It's not your fault → I will help you 	<ul style="list-style-type: none"> → Why didn't you tell anyone before? → I can't believe it! → Are you sure that this is true? → Why? Who? When? Where? → Never make false promises

Reporting a child or young person's disclosure of abuse is not a betrayal of their trust. It is your duty and is also necessary to allow protective action to be taken in relation to the child or young person and any other.

If you feel a child or young person may be going to tell you about abuse, but then stops or tells you something else:

- Let them know that you are always ready to listen to them
- If they speak an intermediate level of English remind them of the [Childline number 0800 1111](#)
- Record the interaction on the CYP Behaviour Monitoring Form (Appendix E), report it to the DSL or DSO and continue to monitor the young person's behaviour

If you become concerned about a child or young person (due to their behaviour, presentation or other reason):

- Do not trivialise or dismiss your concerns
- If the behaviour may be sexually harmful to other young people do not explain it away as 'normal'
- Report your concerns to the Safeguarding Designated Officer (DSO) or Designated Safeguarding Lead as soon as you can, and definitely before the end of the shift/day (see page 16 for relevant designated people)
-

Information that may seem trivial can frequently form the missing piece of the puzzle and lead to protective action being taken. Children and young people who display sexually harmful behaviour need to have an assessment of their needs, including possible needs for protection.

If you become concerned about the behaviour of an adult towards a child:

- Do not dismiss your concerns
- Do not confront the person about whom you have concerns
- Report your concerns to the Designated Safeguarding Lead (DSL) as soon as you can, and definitely before the end of the shift/day (see section for relevant designated people)

It is very important you do not ignore or dismiss suspicions about another professional or colleague, however well or little you know them, or whatever position they may occupy in their organisation.

If a parent, carer or other member of the public tells you of their concerns about a child or young person or the behaviour of an adult:

- Ask for as much information as possible about the concern and what agencies are involved (i.e. school, Children's Services, local authority agencies, police, specialised organisations etc)
- Take all relevant identifying details of child or young person, parent/carers, school and, if possible, any other useful contacts (i.e. social worker, advocate etc)

- Fill the Safeguarding Concern Form (Appendix D) and report to the Designated Safeguarding Lead (DSL) as soon as you can (see section about relevant Safeguarding Designated Persons)

What happens after a safeguarding concern is reported

An investigation is made to assess the level of danger and the course of action needed to ensure the physical, sexual and emotional safety of the child or young person. Concerns are assessed against the [Safeguarding Threshold Chart](#) which provides guidelines to identify the child or young person's level of need and the most appropriate agency to refer to. Guidance on how to support the child or young person can also be sought by calling the NSPCC helpline or local social care providers.

For cases that do not require a referral to Children's Services, the Designated Safeguarding Lead will ensure that the child, young person and their parent/carer are supported to access the services they need by connecting or referring internally or externally.

Concerning behaviour that does not meet any referral threshold, should be accurately recorded in the CYP Behaviour Form (Appendix D) and discussed as soon as possible with the Designated Safeguarding Lead (DSL) or Designated Safeguarding Officer (DSO).

Concerns about the behaviour of a member of staff or volunteer

The following procedures should be used in respect of all cases where it is alleged that a person who works or volunteers with children or young people has:

- behaved in a way that has or may have harmed a child or young person
- possibly committed a criminal offence against or related to a child or young person
- behaved towards a child or young person in a way that indicates they may pose a risk of harm

All allegations must be investigated as a priority to avoid any delay. The time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation.

If there is an immediate risk, appropriate actions may need to be taken e.g. urgent involvement of police; suspension of member of staff or volunteer and removal from IRMO premises; securing evidence; urgent medical attention.

Any allegation or concern against a member of staff or volunteer should be reported as follows:

Concerned About	Report to
Member of staff, volunteer or partner	Designated Safeguarding Lead (DSL)
Designated Safeguarding Officer (DSO)	Designated Safeguarding Lead (DSL)
Designated Safeguarding Lead (DSL)	Deputy Designated Safeguarding Lead (DDSL) and Safeguarding Trustee
Deputy Designated Safeguarding Lead (DDSL)	Designated Safeguarding Lead (DSL) and Safeguarding Trustee
Safeguarding Trustee	Designated Safeguarding Lead (DSL) and IRMO Director

Concerns will be taken in confidence and even if they are subsequently seen to be mistaken, staff or volunteers raising them will not suffer any adverse consequences. The only exception to this would be where it could be conclusively shown that the concerns were raised maliciously.

Where concerns have been raised about a member of staff or a volunteer and these relate to behaviour that has harmed, or may have harmed a child or young person; possibly committed a criminal offence against, or related to a child or young person; or behaved in a way that indicates they are unsuitable to work with children or young people, then:

- The relevant Designated Safeguarding Person needs to be informed immediately
- The Designated Safeguarding Person receiving the information must start an investigation as soon as possible and take action
- A clear and comprehensive summary of any allegations made, details of how the allegations were followed up, resolved and of any action taken will be recorded
- This record will be kept in the person's confidential personnel file and a copy should be given to the individual
- Such information will be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age, or for ten years if that is longer
- This information will be shared with the The Lambeth Designated Officer (formerly known as LADO) - contact details below
- If the member of staff or volunteer has been sacked, dismissed, redeployed or has resigned, IRMO will refer them to [Disclosure and Barring Services \(DBS\)](#)

Sharing Confidential Information and Retaining Records

All children and young people, and their families, are entitled to their privacy. However, where there are concerns about the safety or welfare of a child or young person, those concerns and the



necessary personal information will need to be shared with those who can make decisions about action to safeguard the child or young person.

There is nothing in any legislation that prohibits the sharing of confidential and personal information where there are concerns about the safety or welfare of a child or young person, or where a criminal act may be, or may have been committed.

Staff and volunteers should **accurately fill the Safeguarding Concern Form (Appendix D)** at the earliest opportunity and it should be passed to the relevant safeguarding person. They must keep all written documents relating to a safeguarding issue in a secure place. There is a secure folder with restricted access for all electronic documents.

These detailed records should be kept until IRMO is confident that the information is held accurately with the agency responsible for taking further action to safeguard the child or young person i.e. partner agencies, social services or the police. A chronology of decisions made and actions taken can then be kept on file, once the detailed records are deleted or destroyed. This record should be held until the child/young person reaches the age of 25 ([Information and Records Management Society \(IRMS\) 2016, NSPCC 2022](#)).

The Safeguarding Trustee is responsible for notifying the Charity Commission of any serious incidents relating to safeguarding in line with the [Charity Commission's Reporting Serious Incidents Policy](#).

Working with Partner Agencies

Working with partner agencies, including reporting to local authority agencies is a key step for ensuring the safety of children and young people. The local authority for reporting concerns is determined by the child/young person's address and postcode. Below is a list of key contacts:

Agency	Contacts
Lambeth Safeguarding Children Partnership	https://www.lambethsaferchildren.org.uk/take-action
Lambeth Integrated Referral Hub	020 7926 3100 helpandprotection@lambeth.gov.uk
Lambeth Designated Officer (formerly known as LADO)	0207 926 4679 lado@lambeth.gov.uk
Police	101 or 999
NSPCC Child Protection Helpline	0808 800 5000

London Safeguarding Children Partnership

[Directory for local authorities safeguarding contacts](#)

APPENDIX A – Law and Guidance

The Children Act 1989
The Children Act 2004
Working Together To Safeguard Children 2023
What to do if you're worried a child is being abused 2015
Equality Act 2010
Prevent Duty Guidance

APPENDIX B – Recognising Signs and Symptoms of Abuse

Definitions of Abuse

“Child abuse and neglect” is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child’s health or development. Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child. Working Together to Safeguard Children sets out definitions and examples of the four main categories of abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

These categories can overlap and an abused child does frequently suffer more than one type of abuse.

Physical Abuse

Physical abuse may involve poking, pushing, hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. It can also include “fabricated” or “induced” illness where a parent or carer simulates the symptoms of, or deliberately causes, ill health in a child.

Signs of physical abuse may include		
Any injuries not consistent with the explanation given for them	Injuries which occur to the body in places which are not normally exposed to falls or impact	Unexplained bruising, marks or injuries on any part of the body
Bruises which reflect hand marks or fingertips (from slapping or pinching)	Cigarette burns /Bite marks/ Scalds, burns	Broken bones
Injuries which have not received medical attention	Neglect-under nourishment, failure to grow, constant hunger,	Repeated urinary infections or unexplained stomach pains

	stealing or gorging food, untreated illnesses, inadequate care	
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Changes in behaviour which can also indicate physical abuse:

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example, wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour
- Running away from home

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development. This may involve

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Serious bullying, causing children frequently to feel frightened or in danger - e.g. witnessing domestic violence
- Exploitation or corruption of children

Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

Signs of emotional abuse may include			
A failure to thrive or grow particularly if a child puts on weight in other circumstances e.g. in hospital or away from their parents' care	Development delay, either in terms of physical or emotional progress	Persistent tiredness	Sudden speech disorders

Changes in behaviour which can also indicate emotional abuse include:

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Being unable to play
- Attention seeking behaviour
- Fear of making mistakes
- Self-harm
- Fear of parent being approached regarding their behaviour

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 and includes penetrative and non-penetrative acts. It may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways. Sexual abuse includes abuse of children through sexual exploitation.

Signs of sexual abuse may include		
Pain or itching in the genital/anal area	Bruising or bleeding near genital/anal areas	Sexually transmitted disease
Vaginal discharge or infection	Stomach pains	Discomfort when walking or sitting down
Pregnancy	Having nightmares	Bedwetting
Fear of being left with a specific person or group of people	Not allowed to have friends (particularly in adolescence)	Running away from home
Sexual knowledge which is beyond their age or developmental level	Sexual drawings or language	Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive
Eating problems such as over-eating or anorexia	Self-harm or mutilation, sometimes leading to suicide attempts	Saying they have secrets they cannot tell anyone about

Substance or drug abuse	Suddenly having unexplained sources of money	
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Sexually Harmful Behaviour

A significant proportion of sexual abuse is carried out by children and young people on their peers. Such abuse should always be taken as seriously as that perpetrated by an adult. The behaviour should not be dismissed as “normal”. A referral to social services should always be made.

Abuse of Trust

All members of staff and volunteers at IRMO have a relationship of trust with the children and young people who use our services. It is an abuse of that trust, and could be a criminal offence to engage in any sexual activity with a young person aged under 18 or a vulnerable young person under the age of 25, irrespective of the age of consent and even if the relationship is consensual.

Organised Abuse

This is sexual abuse where there is more than a single abuser and the adults concerned appear to act in agreement to abuse children and/or where an adult uses an institutional framework or position of authority to recruit children for sexual abuse.

Online Abuse

Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile phones. And it can happen anywhere online, including:

- social media
- text messages and messaging apps
- emails
- online chats
- online gaming
- live-streaming sites

Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online.

Child Sexual Exploitation (CSE)

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained. FGM is child abuse and is illegal in the UK. It can be extremely dangerous and can cause: severe pain, shock, bleeding, infection such as tetanus, HIV and hepatitis B and C, organ damage, blood loss and infections, death in some cases. A child or woman who's had female genital mutilation (FGM) may: have difficulty walking, standing or sitting, spend longer in the bathroom or toilet, appear withdrawn, anxious or depressed, display unusual behaviour after an absence from school or college, be particularly reluctant to have routine medical examinations, ask for help, but may not be explicit about the problem due to embarrassment or fear.

Criminal exploitation

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes. It's not illegal for a young person to be in a gang – there are different types of 'gang' and not every 'gang' is criminal or dangerous. However, gang membership can be linked to illegal activity, particularly organised criminal gangs involved in trafficking, drug dealing and violent crime. There are some signs to look out for if you're worried a child or young person has joined a gang, or is being criminally exploited. It might be hard to spot at first, but the sooner you're able to talk to the young person the more you'll be able to help them. Signs are: frequently absent from and doing badly in school, going missing from home, staying out late and travelling for unexplained reasons, in a relationship or hanging out with someone older than them, being angry, aggressive or violent, being isolated or withdrawn, having

unexplained money and buying new things, using new slang words, committing petty crimes like shoplifting or vandalism, unexplained injuries and refusing to seek medical help, carrying weapons or having a dangerous breed of dog, taking drugs and abusing alcohol.

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. It may involve a parent or a carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the failure to ensure that a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any time. These four definitions do not minimise other forms of maltreatment.

Recent guidance notes other sources of stress for children and families, such as social exclusion, domestic violence, the mental illness of a parent or carer, or drug and alcohol misuse. These may have a negative impact on a child’s health and development and may be noticed by an organisation caring for a child. If it is felt that a child’s well-being is adversely affected by any of these areas, the same procedures should be followed.

Signs of neglect may include		
Constant hunger, sometimes stealing food from other children	Constantly dirty or smelly or inappropriate dress for the conditions	Loss of weight or being constantly underweight

Changes in behaviour which can also indicate neglect include:

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Mentioning being left alone or unsupervised

Recognising Potential Risk to an Unborn Child

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby. Indicators may include:

- Domestic abuse within the household

- Alcohol and substance misuse by mother, leading to possible harm to the unborn child, or by others with risk to newborn
- Secret or hidden pregnancy or the mother's mental health problems

These concerns should be addressed as early as possible in order to provide sufficient time for full assessment and support so as to enable the parents (wherever possible) to provide safe care.

People with Disabilities

IRMO is wholly committed to upholding the rights of children and young people with disabilities who use our services and particularly their right to be free from violence, abuse or neglect by their parents or anyone else who looks after them. Research suggests that children and young people with disabilities are more vulnerable to physical, emotional or sexual abuse or neglect than a non-disabled child. The level of risk may be raised by:

- A need for practical assistance in daily living, including intimate care from what may be a number of carers
- Carers and staff lacking the ability to communicate adequately with the child
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed
- Physical dependency with consequent reduction in ability to be able to resist abuse
- An increased likelihood that the child is socially isolated
- Lack of access to “keep safe” strategies available to others
- Communication or learning difficulties preventing disclosure
- Parents' or carers' own needs and ways of coping conflicting with the needs of the child
- In addition to the indicators of abuse and neglect listed above, the following indicators must also be considered in relation to disabled children:
 - Force feeding, or impatience in feeding leading to under feeding/under nourishment
 - Unjustified or excessive physical restraint
 - Rough handling
 - Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing or social contact
 - Misuse of medication, sedation, heavy tranquillisers
 - Invasive procedures against a child's will
 - Deliberate failure to follow medically recommended regimes
 - Misapplication of care programmes or regimes
 - Ill-fitting equipment (e.g. callipers, sleep board causing injury or pain, inappropriate splinting)
- Undignified or culturally inappropriate intimate care practices.

Some sex offenders may target children and young people with disabilities in the belief they are less likely to be detected.

Institutional Abuse

Children and young people with disabilities are particularly vulnerable to this kind of abuse where practices and behaviours by staff in organisations have become institutionalised or commonly accepted practice. However those behaviours may cause significant harm (as above) and/or may be an abuse of the child's rights. Examples of the latter could be

- Where a child's communication board does not accompany the child everywhere
- Staff who assume a child's wishes or communication and speak for them
- Staff who do not facilitate a child's own communication because of the difficulty or time it takes
- Attributing difficult or challenging behaviour to the child's condition rather than identifying it as communication

All staff and volunteers within IRMO must be alert to signs of institutional abuse or unprofessional practices or behaviour and raise their concerns as per the procedures outlined above.

APPENDIX C – IRMO Prevent Policy

Tackling the Risk of Radicalisation

IRMO is committed to deliver its services in an environment free of radical and extreme views of political and religious nature. This policy intends to provide a framework of action for dealing with issues relating to vulnerability, radicalisation and exposure to extreme views. IRMO Prevent Policy is not about preventing individuals from having political and religious views and concerns, but about identifying cases of radicalisation that may represent concerns in terms of safeguarding. 'Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm' (Home Office, Prevent Strategy – June 2015)

Definitions

Radicalisation: 'the process by which a person comes to support terrorism and forms of extremism leading to terrorism' (Prevent Strategy)

Extremism: 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect tolerance of different faith and beliefs; and/or calls for the death of members in our armed forces, whether in this country or overseas' (Prevent)

Identifying the Issue

There is no single way of identifying who is likely to be vulnerable to being drawn into terrorism. Factors that may have a bearing on someone becoming vulnerable may include: peer pressure, influence from other people or via the internet, bullying, crime against them or their involvement in crime, anti-social behaviour, family tensions, race/hate crime, lack of self-esteem or identity and personal or political grievances. However, there are a number of signs and indicators that an individual could be being drawn in:

- Isolating themselves from family and friends
- Talking as if from a scripted speech
- Unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use
- Disclosures by young people of their exposure to the extremist actions, views or materials of others, especially where the young person has not actively sought these out.
- Graffiti symbols, writing or art work promoting extremist messages or images
- Young people accessing extremist material online, including through social networking sites



- Distributing extremist literature and documentation
- Young people voicing opinions drawn from extremist ideologies and narratives
- Changes in behaviour which could indicate that they are in need of help or protection
- Use of extremist or 'hate' terms to exclude others or incite violence
- Intolerance of difference, whether secular or religious or views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture
- Attempts to impose extremist views or practices on others

Action Required for All Staff and Volunteers

If staff or volunteers have concerns that a young person they are working with might be at risk of extremism or radicalisation, the DSL will report to:

- The Prevent Education Officer in Lambeth, Lydia Nixon: LNixon@lambeth.gov.uk or prevent@lambeth.gov.uk
- The Counter Extremism Coordinator in Lambeth, Rupert Sutton: RSutton@lambeth.gov.uk or call 020 7926 7025

APPENDIX D – IRMO Anti-bullying Procedures

Our Anti-Bullying Policy can be found here.

Bullying can be focused around issues, such as:

Racism	racial taunts, graffiti, gestures
Sexual	unwanted physical contact or sexually abusive comments
Homophobia	taunting because of, or focussing on the issue of sexuality
Body	insulting a person physically

Bullying can be acted out in a variety of ways, such as:

Verbal	name-calling, sarcasm, threatening, teasing, sexual comments
Social	spreading rumours, leaving people out, embarrassing people
Physical	pushing, kicking, hitting, punching or any use of violence
Cyber	all areas of internet, such as email, Facebook & internet chat room abuse
Mobile	threats by BBM, Facebook, text messaging & calls & misuse of associated technology i.e. BBM, camera & video facilities

Stop bullying on the spot

- The bullying behaviour must be stopped immediately.
- Model respectful behaviour – intervene, separate people and make sure everyone is safe
- Find out what happened.
- If you are not sure of, or need to clarify, the situation, get the facts – keep all children involved separate and get the stories from several sources both adults and children. Listen without blaming or labelling bullying until you are sure.
- Determine if it's bullying – what is the history/is there a power imbalance/ has it happened before, or are you worried it will happen again?

Support young people who are bullied

- Listen and focus on the young person or child, show you want to help and that it is not their fault. They may find it difficult to talk about, and may need extra support, e.g. Counselling.

- Give advice about what to do – think through what to do if it happens again, other sources of advice or support – assertiveness skills/building confidence and self-esteem.
- **AVOID:** telling a young person/child to ignore it, say they provoked it, advise physical fighting back or suggesting to parents that they should contact other parents – provisions should mediate.
- Follow up – ensure consistent support

Support children who bully and address bullying behaviour

- Make sure the young person/child knows what the problem behaviour is – children who bully must learn their behaviour is wrong.
- Show young people that bullying is taken seriously – model respectful behaviour when addressing the problem.
- Work with the young person/child to understand some of the reasons he/she bullied – to fit in/issues at home/stress/they have been bullied.
- Use consequences to teach – consequences that build or involve learning empathy.
- Involve young people who are bullied in making amends or repairing the situation – write a letter to apologise, clear up, do a good deed.
- **AVOID** strategies that don't work or have negative consequences – e.g. 3 strikes and you are out, peer mediation/conflict resolution (bullying is about an imbalance of power), group treatment tends to lead to reinforcing behaviour in each other.
- Follow up: continue to work with the young person/child to help them understand how their actions affect other people.

Support bystanders who witness bullying

- Even if young people are not bullied or bullying others they can be affected by bullying. Many times, when they see bullying, they may not know what to do to stop it. They may not feel safe stepping in the moment, but there are many other steps they can take.



APPENDIX E – IRMO Safeguarding Concern Form

How to complete this form:

- Create a copy of the form by accessing it via [IRMO's Google Docs Template Gallery](#)
- Name document as YYMMDD SCF Full Name Views ID No (e.g. 240601 Maria Santos ID 8767)
- Share the form with DSL or Deputy DSL ASAP by emailing it to safeguarding@irmo.org.uk
- Delete all copies of the form once sent and received – do not save it on your laptop or Drive

This form is to be used in the event of a member of staff or volunteer having a concern about the safety of a child, young person or adult. It is to be used only for the recording of factual information – not your interpretation of an event. Please make sure when recording what an individual has said to you or another person that you write the individual's exact words.

Remember:

1. Let the child, young person or adult know that you need to pass on this information.
2. Do not ask leading questions – record actual details.
3. Make sure it is clear if you are recording something you witnessed or something someone has told you.
4. Maintain confidentiality on a need-to-know basis.
5. Make sure the form is deleted once sent via email and received by DSL. **DO NOT STORE IT ON YOUR LAPTOP OR DRIVE.**

Details of staff/volunteer completing the form

Full Name:		Date:	
Role:		Time:	

Tick as appropriate:

I am reporting my own concerns

I am reporting concerns raised by someone else

If responding to concerns raised by someone else, please **provide their name, role and contact details:**

--

Details of child/young person

Full Name:			
DOB:		Gender:	Choose option
Address:		Postcode:	
		Borough:	



Email:		Mobile:	
Languages:		Interpreter:	Choose option
SEND:	Choose option	If Yes, explain Child's SEND	

If other children live at this address, add their details below (add more rows if necessary)

Full Name:		DOB:		Gender:	Choose option
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Details of child's parents/carers info

Mother name:		DOB:		Mobile:	
Email:					
Father name:		DOB:		Mobile:	
Carer name:		DOB:		Mobile:	
Language:				Interpreter :	Choose option

School details

School name:	
Address:	
Phone number:	

GP details

GP name:	
Address:	
Phone number:	

Details of the incident/concern

Date:		Time:		Place:	
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Observations/concerns:

Please provide details of the incident or concerns you have, including a description of any injuries, whether the information is first-hand and or the accounts of others, including any other relevant information.

The individual's account/perspective:

Please write the child/young person's exact words.

Details of anyone alleged to have caused the incident or to be the source of any concern:

Details of anyone who witnessed the incident or shares the concerns:

External agencies

Which agency have you contacted? (tick as appropriate):

- NSPCC
- Social Services
- Police
- Other, please specify:

When?

Action/advice received:

Actions

Action needed	By whom?	By when?	Outcome

Date	Signature	Name & Role

DSL to Complete



Date received:		Date reviewed:	
Reviewed by:	<i>Name & Role</i>		
Agency referred to:	<i>Agency Name</i>	Referral date:	
Follow up on:		Case closed on:	



APPENDIX F – CYP Behaviour Monitoring Form

How to complete this form:

- Create a copy of the form by accessing it via [IRMO's Google Docs Template Gallery](#)
- Name document as YYMMDD SCF Full Name Views ID No (e.g. 240601 Maria Santos ID 8767)
- Share the form with DSL or Deputy DSL ASAP by emailing it to safeguarding@irmo.org.uk
- Delete all copies of the form once sent and received – do not save it on your laptop or Drive

IRMO Behaviour Monitoring Form

This form should be used **for concerns that do not reach the [safeguarding threshold](#)** but are still important to log and track. The issue/concern/behaviour needs to be accurately recorded in the form below and brought to the attention of the DSL or Deputy DSL.

Key Information			
Date of incident/concern:		Time:	
Place of incident/concern			
Reported by:		Role:	
Child/YP Name:			
Views ID:		DOB:	

Brief Description of Incident/Concern			
Choose level of concern:	Choose one option	Record of previous behaviour concern For Safeguarding team	Choose one option
Possible Contributing Factors:			
Consequences/Follow-Up Actions:			

Date	Signature	Name & Role

For DSL to COMPLETE	
Actions:	1.



	2.		
Date Received:		Date Reviewed:	
Reviewed by:		Case Closed on:	

APPENDIX G – Safe Recruitment Checklist

IRMO SAFE RECRUITMENT CHECKLIST

RECRUITMENT

1. Create Role Description that clearly outlines key responsibilities and **advertise it** as widely as possible

2. Select candidates against selected criteria and offer an interview date

3. Interview with at least two IRMO staff on the panel and ensure that you use an interview grid. ([Example](#))

4. Make a **conditional offer** to successful candidate(s) and start all relevant checks

CHECKS

Carry out an appropriate **DBS check** (basic or enhanced as stated in [IRMO Children Safeguarding Policy](#))

```

graph TD
    A[Positive disclosure] --> B[Risk assessment]
    B --> C[Candidate unsuitable]
    B --> D[Candidate suitable]
    E[Negative disclosure] --> F[Request at least two satisfactory references]
    F --> D
    G[include info relating to involvement with children for CYP roles] --- F
            
```

INDUCTION

Organise induction, send welcome pack and [IRMO Volunteer Handbook](#)

Ask to complete the [Safeguarding & Confidentiality Quiz](#) and [Level One Online Safeguarding Course](#)

Check quiz answers and follow up on any doubts the candidate may have

SAFEGUARDING ADULTS AT RISK POLICY



Last reviewed	Reviewed by	Next Review
October 2023	Bruna Boscaini	October 2024

Introduction

The purpose of this policy is to outline the duty and responsibility of staff, volunteers, trustees and partners working on behalf of and with IRMO in relation to safeguarding adults at risk.

IRMO is committed to the principles that all adults have the right to live free from fear of harm and abuse and have their rights and choices respected regardless of their age, gender, disability, culture, language, racial origin, nationality, immigration status, religious belief or sexual orientation.

The key objectives of this policy are:

- To provide staff and volunteers with an overview of safeguarding and supporting adults at risk.
- To explain the responsibilities of IRMO and its staff, volunteers, trustees and strategic partners in relation to adults at risk.
- To provide a clear procedure that will be implemented where abuse of adults at risk arises.

Definition: Adult at risk

For the purpose of this document an adult at risk is defined as a person who is 18 years of age or over and who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation.

Statement of Values

The following values will inform and guide all work with adults at risk:

- Privacy: the right of individuals to be left alone or undisturbed and free from intrusion or public attention into their affairs.
- Dignity: all people will be treated with respect. Each individual's unique characteristics and intrinsic value will be recognised.
- Independence: the right to act and think without reference to another person.

- Choice: the opportunity to make both small and more significant life choices, with assistance as appropriate to understand context and options; the opportunity to make choices in the individual's own interest, exercising the choice to take risks.
- Rights: the maintenance of all entitlements associated with citizenship, including full participation in the life of the community.
- Fulfilment: the realisation of personal aspirations and abilities in all aspects of daily life; the development of competence in valued, meaningful skills and attributes.

The Role of Staff, Volunteers, Trustees and Strategic Partners

All staff, volunteers, trustees and partners working on behalf of and with IRMO have a duty to promote the welfare and safety of adults at risk. While working for IRMO, they may receive disclosures of abuse and observe adults at risk who are at risk. This policy will support an individual to make informed and confident responses to specific issues.

Definition: What Do We Mean by Abuse

Abuse is a violation of a person's human rights or dignity by someone else. There are many kinds of abuse, some of which are listed below:

- **Physical Abuse:** This may include hitting, slapping, pushing, kicking, restraint or inappropriate sanctions.
- **Sexual Abuse:** This may include rape and sexual assault or sexual acts to which the adult at risk has not consented, could not consent or was pressured into consenting.
- **Psychological Abuse:** This may include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or Material Abuse:** This may include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits.
- **Neglect or Acts of Omission:** This may include ignoring medical or physical care needs, failure to provide access to appropriate health care, social care, education services or misuse of medication, adequate nutrition or heating.
- **Institutional abuse** - This can sometimes happen in residential homes, nursing homes or hospitals when people are mistreated because of poor or inadequate care, neglect and poor practice that affects the whole of that service.

Any of these forms of abuse can be either deliberate or be the result of ignorance, or lack of training, knowledge or understanding.

Responding to allegations of abuse

When dealing with initial allegations of abuse the interests and welfare of the adult at risk are paramount, all employees must:

1. Listen carefully and ensure the adult at risk adult knows that you are taking what s/he says seriously
2. Stay calm
3. Reassure the person that s/he is doing the right thing in telling you
4. Explain what you are going to do next
5. Do not appear shocked, horrified, disgusted or angry
6. Show sympathy and concern but do not make comments or judgments
7. Do not give sweeping reassurances
8. Do not confront the alleged perpetrator. If the alleged perpetrator is a colleague, do not mention the allegation to any person other than the Designated Safeguarding Lead (DSL) or Deputy - see contact details at the end of this document.
9. Do not put pressure on the individual for details
10. Do not promise to keep secrets
11. Write a factual and chronological account of what you have heard

Reporting allegations of abuse

All staff and volunteers should be clear that every allegation/suspicion of abuse involving an adult at risk must be treated seriously and reported to the Designated Safeguarding Lead (DSL) or Deputy. This includes situations where the alleged perpetrator is a colleague or another adult at risk adult.

In the unlikely event that it is not possible to report concerns to the Designated Safeguarding Lead or Deputy, the relevant social care team, the police or the Care Quality Commission (if the abused person lives in a residential unit) should be approached.

If the adult at risk is in hospital at the time the alleged abuse first comes to light, then the hospital social work team should be notified in the first instance. This includes adults at risk being treated in Accident and Emergency Departments.

Role of the DSL or Deputy

The role of the DSL or Deputy is to support the member of staff, trustee, volunteer or partner involved with the incident and to ensure the correct procedures are followed.



Safe recruitment procedures

All the staff and volunteers who are entrusted with adults at risk and have regular contact with them in the course of his/her duties must be subject to the full range of pre-employment checks.

Safe recruitment applies to both staff and volunteers and this should include:

- Select and interview applicants following clear recruitment criteria
- A full investigation of applicants' criminal record history through an enhanced DBS check
- Taking up two relevant references
- Proof of identification

Induction and training for staff and volunteers

All staff and volunteers should be given details of this policy as part of their induction and they should participate in training courses on the protection of adults at risk where available. Staff and volunteers should also have the health and safety procedures explained in detail to them as part of their induction. From this training, staff and volunteers should be able to recognise signs of abuse and know the appropriate reporting systems for this. Staff should receive guidance on how to respond to disclosures of abuse.

DBS checks

All staff and volunteers working with adults at risk are required to have a valid Criminal Records Background check (DBS) or be willing to obtain one through IRMO.

Contacts

AGENCY	CONTACT
Lambeth Adult Care Services	020-7926-5555
Police non-emergency	101
Emergency services	999

Designated Safeguarding Persons

IRMO have appointed Designated Persons (refer to the table below) who are trained to respond to safeguarding concerns. Staff who have safeguarding concerns must raise these with a Designated Person and should not make a direct referral to any outside agency.

NAME	ROLE	PHONE	EMAIL
Vanessa Fakuda Director	Designated Safeguarding Lead (DSL)		safeguarding@irmo.org.uk
Bruna Boscaini Director	Deputy Designated Safeguarding Lead (DDSL)		safeguarding@irmo.org.uk
Gemma Grass-Orkin ESOL, Mentoring & Activities Lead	Designated Safeguarding Officer (DSO)		safeguarding@irmo.org.uk
Carolina Cal Trustee	Safeguarding Trustee		malikah.shah@irmo.org.uk