

SAFEGUARDING POLICY

Version 3	Approved by Board of Trustees	14 August 2025
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Introduction

Area 43 has developed this comprehensive Safeguarding Strategy which is integrated across all of its activities. Our Safeguarding and Child Protection Policy Statement sets out the measures we have implemented. All our staff members have an essential part to play in ensuring this Strategy is robust and sustainable. It is, therefore, a **requirement that all staff and volunteers familiarise themselves with this Policy and Procedure.**

The broad aim of the safeguarding procedure is to:

- Provide a safe and supportive environment for children, young people and adults where they can develop their potential.
- Create a strong safeguarding culture within our organisation.
- Ensure that our staff feel adequately informed and supported to take a confident, pro-active part in sustaining the safeguarding culture within Area 43 and the settings we work in.

This document specifically sets out our responsibilities in those situations where there are concerns about the safety and welfare of a child, young person or adult.

The document recognises and incorporates the principles set out in the UN Convention on the Rights of the Child and relates to any child or young person under the age of 18 years. It accords with guidance from [The Wales Safeguarding Procedures](#), which ensure that safeguarding practice accurately reflects statutory guidance and is standardised across all agencies and all of Wales. The Wales Safeguarding Procedures replace the All Wales Child Protection Procedures (2008) and the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (updated 2013).

The document recognises and incorporates the guidance set out in the [National Safeguarding Training, Learning and Development Standards](#), which ensure that staff are provided with the appropriate level of training for their level of safeguarding responsibilities (updated 2023).

For support and resources, visit Cysur: [Mid and West Wales Safeguarding Board Safeguarding Children and Adults](#)

The requirement to abide by Area 43's safeguarding measures is part of staff's contractual obligations. Becoming aware of, or recognising that a child, young person or vulnerable adult may be suffering abuse or neglect or having a concern about the behaviour of an individual towards others more vulnerable can cause anxiety. This anxiety can sometimes inhibit us from taking appropriate protective action or we can be left wondering what we could or should do. This document sets out clear procedures that must be followed in any situation where you are concerned about the safety or welfare of a client or other individual.

Definitions

Child: Under the UN Convention on the Rights of the Child, a 'child' is deemed to be any person under the age of 18 years. Although recognising the preference of many youngsters to be referred to as 'young people' any person under the age of 18 falls within the remit of these procedures and of the wider child protection system.

Adult: People are not intrinsically vulnerable, but some situations can make people vulnerable. A vulnerable adult is a person over 18 years of age 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 for himself or herself, or unable to protect himself or herself against significant harm or serious exploitation. This definition may include a person who:

- Has learning disabilities;
- Has mental health problems, including dementia;
- Is an older person with support/care needs;
- Is physically frail or has a chronic illness;
- Has a physical or sensory disability;
- Misuses drugs or alcohol;
- Has an autistic spectrum disorder.

Remit

Where the children of clients, staff members or visitors are present on Area 43's premises (or other settings where Area 43 is delivering services), they remain the responsibility of their parent/carer, or those acting 'in loco parentis' (eg, teachers) or are otherwise involved in a managed activity. However, *whatever the status of the child or young person, any concerns about his or her safety or welfare should be reported in accordance with these procedures.*

Disabled children and young people across the range of impairments are at significantly greater risk of all forms of abuse than non-disabled children. This vulnerability can stem from:

- Assumptions made about disabled children resulting in indicators of possible abuse being mistakenly attributed to the child's impairment.
- Beliefs that disabled children are not abused or beliefs that minimise the impact of abuse. These can lead to the denial of, or failure to report abuse.
- General lack of communication and consultation with disabled children over their experiences, views, wishes and feelings and the lack of choice and control they have over many aspects of their lives.
- Communication difficulties or lack of access to an appropriate vocabulary which may make it difficult to tell others what is happening.
- Some disabled children may have learned from their care or wider experience to be compliant and not to 'complain'. For these reasons we need to be especially aware of the needs of disabled children and *all concerns about the safety or welfare of disabled children or children with 'special needs' should be reported in accordance with these procedures.*

Our presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives and we will take account of an adult's ability to make such informed choices. However, that does not preclude us from seeking guidance or referring to statutory agencies as necessary, all concerns about the welfare or safety of an adult who may be at risk should in the first instance be reported to the relevant Designated Safeguarding Lead.

Children and vulnerable adults from minority ethnic communities, other marginalised communities or who are black British or dual heritage can be left vulnerable to abuse due to:

- Language and cultural barriers
- The child or adult being reluctant to report abuse through fear of disloyalty or of not being listened to or believed
- The child's or adult's prior experience of discrimination
- Workers and others mistakenly dismissing concerns as valid cultural practices
- Workers and others being anxious about being labelled racist by raising concerns

All concerns about the safety or welfare of any child, young person or vulnerable adult should be reported in accordance with these procedures.

All children, young people and vulnerable adults should be treated without distinction in respect of age, gender, nationality or ethnic status, family status, religion, ability or disability, appearance, sexuality or developing sexuality. All children, young people and adults should be treated with dignity and respect.

The Designated Safeguarding Lead

- **Area 43's Designated Safeguarding Lead is: Rachael Eagles, Chief Executive Officer**
- **Area 43's Deputy Designated Safeguarding Lead is: Kathryn Cox, Clinical Director**
- **Area 43's Designated Safeguarding Trustee is: Rachel Troup**
- **Clinical Supervisors can also be contacted in the first instance**

Area 43 has overall responsibility for all safeguarding activities. The Designated Safeguarding Lead, or their deputy, will be consulted in all situations that arise on the premises, or where concerns about the safety or welfare of a child or vulnerable adult need further exploration.

The role of the Designated Safeguarding Lead is set out in detail below:

If one Designated Safeguarding Lead is not available, you should contact the other. See Section 'Reporting Concerns' below for further details on reporting concerns.

The Designated Safeguarding Lead will fall within Group D (specialist) in the National Safeguarding Training, Learning and Development Standards, and will receive appropriate training.

The Deputy Designated Safeguarding Lead will fall within Group C (advanced) in the National Safeguarding Training, Learning and Development Standards, and will receive appropriate training.

All other staff will receive training for Group B or Group A depending on their role's level of contact with children and vulnerable adults.

Counsellors will also operate within the [BACP Ethical Framework](#).

The Designated Safeguarding Trustee

Area 43's Board of Trustees has a Designated Safeguarding Trustee who is available to act as an independent resource that can offer advice, on request, to management that are dealing with and reporting safeguarding incidents. Operating as a person independent from management to whom safeguarding issues can be directly referred, if it is felt that management is not dealing with an issue appropriately or if it involves the management team. However, the Board in its entirety is collectively responsible for safeguarding and should not delegate all aspects of safeguarding to a single trustee or the Designated Safeguarding Lead. The Designated Safeguarding Lead for Area 43 will report quarterly to the Board. This data will be provided to the Designated Safeguarding Lead by the service managers.

The Designated Safeguarding Lead in Schools or other Educational Settings

The Designated Safeguarding Lead in educational settings where Area 43 staff provide services, is the first point of contact for any concerns. If concerns are raised and reported, it is the responsibility of the reporter to ensure that they are dealt with in accordance with these procedures and the procedures laid down by each setting.

Members of the Public

Although these procedures are mandatory for members of staff, this is a public document and therefore any parent, carer or other member of the public who becomes concerned about a child's or young person's safety or welfare or that of a vulnerable adult, is exhorted to pass on their concerns following these procedures.

Confidentiality

All children, young people and adults are entitled to have their privacy and that of their families protected. However, where there are concerns about the safety or welfare of a child or young person, or an adult who might be at risk, or where a criminal act might have occurred or could be prevented, there is nothing in any legislation that prohibits the sharing of personal and sensitive information. In fact, all relevant guidance highlights the responsibility to pass on concerns so that any safeguarding action can be taken. This information will be shared on a 'need to know' basis and will comprise only the information necessary to affect such action. The individual about whom the safeguarding concern has been raised, must sign a copy of the request of information form when Third Party Material is requested, consent must be obtained before releasing any information. (See also the

policy on Third Party Material (TPM) requests.) A copy of the Third Party Material request form procedure is attached at Appendix 2.

Abuse of Trust

Staff will not, under any circumstances, form a relationship with a client that may have romantic or sexual connotations, even if the relationship is mutually consensual and irrespective of the age of consent. To do so, is an abuse of trust and will be subject to disciplinary procedures. You could also be liable to criminal prosecution.

Staff will all adhere to the guidelines in the Sexual Offences Act (2008), where it pertains to those in a position of trust, and also to the Positions of Trust: Police, Crime, Sentencing and Courts Act (2022), which expands on the principles of what constitutes a position of trust.

What might make you worried about a child or an adult?

Generally, children, young people and adults are safe and well cared for, both by their families and the organisations that provide activities or care for them. However, children, young people and adults can be abused or neglected by someone inflicting harm or failing to act to prevent harm.

Children and adults may be abused in a family, in an organisational or community setting, by those known to them or, more rarely, by a stranger. Children, young people and adults from all walks of life, cultures and religions may suffer abuse or neglect.

Abuse of children or young people may be (*see Appendix 1 for definitions of abuse*):

- **Physical:** eg, being hit or deliberately burnt;
- **Sexual:** eg, being used for someone else's sexual gratification, whether or not the child or young person is aware of what is happening;
- **Neglect:** eg, not being adequately cared for, not getting necessary medical or dental treatment;
- **Emotional:** eg, being scapegoated or continuously criticised. Emotional abuse is a factor in all categories of child abuse but can occur alone.

Bullying

Children and adults report that they find bullying by other children or young people extremely hurtful. The effects of bullying, like abuse, can last into adulthood and affect an individual's emotional well-being. Complaints or allegations of bullying should always be taken seriously, and appropriate action must be taken.

Sexual Exploitation

The coercion or manipulation of children, young people or adults who may be at risk, into taking part in sexual activities. It involves an exchange of some form of payment, which can include:

- Money, mobile phones and other items.
- Drugs, alcohol.
- A place to stay, 'protection', affection.

The vulnerability of the young person and the grooming process employed renders them powerless to recognise the exploitative nature of relationships and therefore unable to give informed consent.

Abuse of young people or vulnerable adults may be (*see also Appendix 1*):

- **Physical:** eg, being hit or misuse of medication or restraint.
- **Financial:** Across a range of inappropriate or criminal behaviour.
- **Sexual:** Sexual acts to which the adult has not, or could not consent, or has been pressurised into consenting.
- **Psychological/emotional:** verbal abuse and threats, deprivation of contact or isolation.
- **Neglect or acts of omission:** withholding the necessities of life or ignoring such needs.
- **discriminatory abuse:** verbal or physical abuse based on or directed towards individual's ethnicity, disability, for example.

- **Institutional abuse:** routines, systems and regimes of an institution resulting in poor or inadequate standards of care.
- **Abuse of trust:** actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and well-being of a person at risk.

You may become worried about a child, young person or adult because:

- A child, young person or adult may tell you something that makes you worried about their safety or the safety of another child, young person or adult.
- Someone else may report that a child or adult has told them, or they are very worried that a child may be being harmed.
- A child or adult may show physical injury for which there appears to be no satisfactory explanation.
- A child's or adult's behaviour may make you concerned that they may be being harmed.
- Something in the behaviour of another adult, or a young person, or the way they relate to a child or adult, makes you feel uncomfortable and/or anxious.
- Something about the child's/young person's use of social media might make you concerned.
- You may observe a child or adult abusing or bullying another.
- Remember disabled children and those with special needs are particularly vulnerable and it is important to be alert to the safety and welfare of disabled children and young people.

IF YOU ARE WORRIED ABOUT A CHILD, A YOUNG PERSON OR AN ADULT WHO MAY BE AT RISK YOU NEED TO SHARE YOUR CONCERNS AT THE EARLIEST OPPORTUNITY

You are not expected to be an expert, in fact, it is not your responsibility to decide if a child or adult is being harmed. Social services and the Police have the duty to investigate possible child abuse. Adult Social Care, the Police and regulatory bodies have the authority and expertise to investigate possible adult abuse.

However, if you are worried then it *is* your responsibility to pass on any concerns you might have, following these procedures. If you are unsure, you should speak to your Clinical Supervisor in the first instance, and then take any necessary further action. The information you have may not seem significant to you, but it may be crucial when put together with information held elsewhere. If you think your concerns are not being taken seriously then it is your responsibility to take that forward. If you do not have a Clinical Supervisor, you should take your concerns to the Designated Safeguarding Lead.

How to Respond to Concerns about a Child, Young Person or Vulnerable Adult

For support and resources, visit Cysur: [Mid and West Wales Safeguarding Board Safeguarding Children and Adults](#)

There are many reasons why professionals and other adults do not respond to concerns that a child, young person or adult may be being harmed. For many of us, our natural inclination is to seek an alternative explanation for any concerns we may have. However, unless we can entertain the possibility and are aware of and alert to signs of possible abuse, we may leave a child, children or adults at risk, vulnerable and unprotected. See *Appendix 1 for definitions of abuse.*

The safety and welfare of children, young people and vulnerable adults must be our paramount consideration. Protective action and support to families from the statutory authorities allows many, many children to live safe, fulfilled lives and can also support vulnerable adults to make informed decisions about their own circumstances.

Reporting Concerns

ALL CONCERNS ABOUT THE SAFETY OR WELFARE OF A CHILD, YOUNG PERSON OR ADULT MUST BE REPORTED TO THE DESIGNATED SAFEGUARDING LEAD AT THE EARLIEST OPPORTUNITY

If you are working externally in a setting that is not Area 43 and the Designated Safeguarding Lead in the School is not easily available, share the information with the Headteacher. Area 43's Safeguarding Procedures in the Client's School Setting document gives this outline for school-based Counsellors. You should also refer to the BACP Ethical Framework for further guidance. Once the safeguarding incident has been shared with the school, complete the "raise a safeguarding concern" on Lamplight.

If you have raised a safeguarding incident with the school's Designated Safeguarding Lead and they disagree that it needs to be escalated, or if you are unsure whether a safeguarding incident needs to be raised, and need to seek further advice, contact your clinical supervisor or a member of the supervision team and/or the Clinical Director. A minimum of two hours should be allowed for the supervisors to respond, unless there is a concern that the client is at immediate risk, or it is at the end of the day. In this instance, Area 43's DSL should be contacted. If you believe that the child / young person is at immediate risk, contact the appropriate CRT team and complete a Multi-Agency Referral Form (MARF).

Children and Young People

Carmarthenshire

During Office Hours (Central Referral Team)	Tel: 01554 742322 Fax: 01554 742176
Outside of Office Hours (Careline)	Tel: 01558 824283 Tel: 0300 333 2222
Email	crtchildren@carmarthenshire.gov.uk

Ceredigion

During Office Hours (Contact Centre)	Tel: 01545 574000 Fax: 01545 574002
Outside of Office Hours (Emergency Duty Team)	Tel: 0845 6015392
Email	contact-socservs@ceredigion.gov.uk

Pembrokeshire

During Office Hours (Contact Centre) During Office Hours (Duty Officer)	Tel: 01437 764551 Tel: 01437 776444 Fax: 01437 776337
Outside of Office Hours (Emergency Duty Team)	Tel: 03003 332222
Email	ccat@pembrokeshire.gov.uk

sCAMHS: <http://www.wales.nhs.uk/sitesplus/862/page/94652>
(Specialist Child and Adolescent Mental Health Service)

Hywel Dda University Health Board

Hywel Dda CAMHS website: <https://hduhb.nhs.wales/healthcare/services-and-teams/specialist-child-and-adolescent-mental-health-service-scamhs/>

To discuss a mental health concern for a child or young person not open to CAMHS, call CAMHS Single Point of Contact: 01267 674450

To discuss a young person open to CAMHS, contact their team directly:

For Carmarthenshire (Canolfan Gwili) Tel: 01267 221225

For Llanelli (Elizabeth Williams Clinic) Tel: 01554 772270

For Ceredigion (Ty Helyg) Tel: 01970 635765

For Pembrokeshire (Preseli Centre) Tel: 01437 773774

CAMHS referrals can be made by a Health Professional, Social Worker or a School Counsellor via the Single Point of Contact email address: Access.S-CAMHS.HDD@wales.nhs.uk

Crisis Referrals

For urgent mental health concerns 9-5 Mon to Fri, contact the Single Point of Contact via the details above. Alternatively, dial 111 option 2 to discuss an urgent or routine concern at any time of the day or night to speak to a Hywel Dda mental health professional.

The CAMHS Crisis, Assessment and Treatment Team can be contacted in an emergency out of hours for advice or assessment on 01267 674083, followed up with a referral to CATT.SCAMHS@wales.nhs.uk.

Adults – Across Dyfed Powys Area please see all contact details contained within this link:

<https://www.carmarthenshire.gov.wales/media/1212381/guidance-on-completing-a-pova-form.pdf>

Dyfed Powys Adults at Risk Multi-Agency Referral Form (MARF):

<https://www.carmarthenshire.gov.wales/media/1212380/adults-at-risk-multi-agency-referral-form-marf.docx>

Powys

Powys CAMHS offers assessment and treatment for children and young people, up until their 18th birthday, who have or are thought to have mental health problems or emotional health difficulties. Any Professional working with Children and Young people can contact CAMHS Duty Mon-Fri - 9-5 for initial discussion and consultation prior to agreeing referral.

Contact number -01874 615662 / 01686 617450

Powys CAMHS School In-Reach Service: Front-facing service to schools involving consultation following receipt of a referral from schools, offer of learner learning around topics related to emotional health and wellbeing and professional training, including Youth Mental Health First Aid.

Telephone: 01686 252843 / Email: PowysCAMHS.SchoolsIn-Reach@wales.nhs.uk

Crisis Resolution Home Treatment Team: These teams provide more intensive support and work out-of-hours. These teams are made up of Psychiatrists, Community Psychiatric Nurses (CPNs), Support Workers and Social Workers.

North Powys: 01686 617747

South Powys: 01874 712658

Ystradgynlais: 01639 683212

Powys Adults at risk Multi-Agency Referral Form (MARF)

<https://en.powys.gov.uk/article/3306/Adults-at-risk-multi-agency-referral-form-MARF>

In cases of urgency – eg, the child or adult feels unsafe to go home – contact the police on 101.

In an emergency – eg, the child or adult is at *immediate* risk of harm or needs *emergency* hospital treatment, phone 999 in the usual manner.

In all cases the Designated Safeguarding Lead should be informed retrospectively of all action taken. This should be done as soon as possible, and the written record passed over.

A written record must be made which should be dated and signed and should include:

- Your concerns.
- Names and contact details of all professionals consulted and/or involved.
- Decisions made.
- Action/unilateral action taken or to be taken.

Please raise a concern within Safeguarding on Lamplight (if concerns arise in school) or the Referral to CAMHS record log using the client's ID number and record the referral on Lamplight.

If a Multi-Agency Referral Form (MARF) has been submitted, this should be logged on the referrals tab in Lamplight and/or the original concern on Lamplight. If you are working in Depot or on Feelz on Wheelz, concerns should be logged on Lamplight, and you should contact the Designated Safeguarding Lead. Any emails regarding safeguarding disclosures must include your Line Manager and/or Clinical Director.

If you think your concerns are not being taken seriously or insufficient action is being taken by the Area 43 Designated Safeguarding Lead, or the Designated Safeguarding Lead at the school setting in which you are operating, and you cannot resolve this internally, then you should contact the outside agencies listed above and make a direct referral. *(See also section 'Behaviour of Others' below.)*

Staff Support: The Designated Safeguarding Lead will offer support to staff reporting concerns about a child, young person, vulnerable adult or other member of staff. As a member of staff, you are also entitled to advice and support from your Clinical Supervisor. These sources of support are available equally to a member of staff who faces allegations of inappropriate behaviour, abuse and/or neglect. *(For further guidance on allegations against staff members see sections 'Behaviour of Others' and 'Whilstblowing Statement' below.)*

Particular Situations

If a child, young person or vulnerable adult discloses abuse: It is usually extremely difficult for a child, young person or adult to disclose abuse and it is important to consider carefully how to respond. It is *not* possible to promise complete confidentiality as the information will have to be shared so necessary action can be taken to stop the abuse and protect the child, or to assist the adult in making an informed decision about their circumstances. The following guidance should be observed:

- If the child or vulnerable adult has speech or language difficulties, ensure they have access to their preferred communication aid or to an interpreter or intermediary completely independent of the concerns.
- Stay calm and listen/attend carefully to what the child or adult is communicating.
- Allow the child or adult to continue at his or her own pace and do not interrupt.
- Keep questions to a minimum – only ask questions to help you understand what you are being told. Do not ask about explicit details and do not ask questions that imply a particular answer (leading questions).
- Never promise that the information they share will remain confidential. Explain the need to disclose any information that suggests a child may be harmed so that appropriate action may be taken. It is unacceptable for children to be harmed by other children or by individuals who are meant to be caring for them. Tell an adult that they need to share their information with those who can help them make decisions and provide support.

- Reassure the child or adult that they have done the right thing in sharing the information with you.
- Inform the child or adult what you will do next and who you have to share the information with.
- Check for any immediate or short-term safety needs (eg, does the child, young person, or adult feel safe to return home? Might others also be at risk?)
- As soon as you can, record in writing what has been said, using the child's, young person's or adult's own words and including any significant names and dates. This can be done in the presence of the individual, so you can check you understand correctly. Sign and date the account.
- Share your information as soon as you can with the Area 43 Designated Safeguarding Lead, or the Designated Safeguarding Lead at the setting in which you are operating, eg, in the school

Indirect Concerns

You may not have any direct communication from a child, young person or vulnerable adult, but may be concerned about physical marks or injuries or the individual's physical presentation. Similarly, the child's or adult's behaviour may give rise to concerns, or things you overhear them say, or allude to (*see Appendix 1 for signs and indicators*). If you become concerned, you must share those concerns with the Area 43 Designated Safeguarding Lead, or the Designated Safeguarding Lead at the setting in which you are operating, eg, in the school

Domestic Abuse

Can occur in any family, or couple relationship, including same-sex, elder, teenage or vulnerable adult couples. Exposure to domestic abuse can have many long-term negative effects for children or young people and is recognised as a significant factor in emotional abuse. Domestic abuse can result in death. Where you become aware that a child, young person or vulnerable adult is exposed to, or involved in, a domestically abusive relationship, you must share your concerns with the Area 43 Designated Safeguarding Lead and the Designated Safeguarding Lead at the setting in which you are operating eg school.

In the case of adult disclosure of domestic abuse, Youth Support Workers should refer to the Multi-Agency Risk Assessment Conference (MARAC) procedure in the Youth Support Worker Handbook and inform Area 43's Designated Safeguarding Lead.

Internet and Social Media

Can present risks as well as opportunities. Children, young people and adults may be bullied or abused via social media and other electronic sites. They may also use this medium to abuse or bully others. Risks include:

- Grooming and on-line sexual abuse
- Grooming to meet
- Grooming as part of an established face-to-face relationship
- Involvement in producing sexual or child abuse images
- Exposure to pornography and/or violent content
- Cyber-bullying - receiving unwanted and unpleasant texts, images or other content, or sending them
- Inadvertent criminal behaviour eg, sexting

If you become concerned about a child's, young person's or adult's use of electronic communication you should share your concerns as soon as possible with the Area 43 Designated Safeguarding Lead and the Designated Safeguarding Person at the setting in which you are operating, eg school.

Working in Schools

Schools have a statutory responsibility for the safety and welfare of their pupils or students. If you become concerned about a child or young person or about the behaviour of an adult (including teachers and members of staff) towards a child or children, you should:

- Report your concerns to the school's Designated Safeguarding Lead and Area 43's Designated Safeguarding Lead and your Line Manager
- Make a written record of your concerns and to whom you reported using the 'Raise a Concern' feature on Lamplight (please refer to your Counselling Handbook for guidance).
- Include details of any decisions and action taken or to be taken.

- Ensure that you inform your Line Manager and the the Designated Safeguarding Lead of your written record including the client ID number. The name of the child/young person must be sent under separate cover for the purposes of confidentiality.

Behaviour of Others

If you become concerned about the behaviour of an adult, including staff members or teachers, towards a child or children, a young person or vulnerable adult;

- It is *very important* that you do not dismiss the concerns.
- Do not confront the person about whom you have concerns.
- Do not think you need to wait to get more 'evidence'.
- Do not allow yourself to be intimidated by the individual's status, job title or authority over others.
- Share your concerns as soon as you can with the Designated Safeguarding Lead in the school and Area 43's Designated Safeguarding Lead.
- If your concerns relate to a Designated Safeguarding Lead share them with the Headteacher in school, or if not appropriate to do this, with the Area 43 Designated Safeguarding Lead.

If it is not appropriate to share information about a member of staff or colleague within Area 43 then you should contact Area 43's Designated Safeguarding Trustee.

It is important to have shared these concerns even if later they may be seen to be unfounded. Those who seek to abuse children or vulnerable adults can be clever in disguising their intent and concerning behaviour needs to be noted and assessed.

As a last resort: If you have reported serious concerns about the behaviour of a member of staff or a volunteer, where that behaviour may constitute a criminal offence, or if they may have harmed or be likely to harm a child or children and you remain unconvinced that this is being, or has been, properly dealt with either within Area 43 or by the external agencies, raise the concern again with your Designated Safeguarding Lead.

For support and resources, visit Cysur: [Mid and West Wales Safeguarding Board Safeguarding Children and Adults](#)

- **Carmarthenshire** contact Delta Wellbeing on 0300 333 2222 (available 24hrs, 7 days a week)
- **Ceredigion** - Porth Gofal on 01545 574000 (during office hours) or 08456 015392 (Outside of Office hours).
- **Pembrokeshire** - Duty Officer on 01437 776444, Contact Centre on 01437 764551 / Out of Hours 03003 332222

You will also need to complete either an Interagency Form (for concerns regarding children) or a Dyfed Powys Adults at Risk Multi-Agency Referral form (MARF) (for concerns regarding adults).

You may also contact the office of the Children's Commissioner for Wales, telephone 01792 765600 or 01492 523333 or The Care Inspectorate Wales (CIW) – 0300 7900 126
ciw@gov.wales / <https://careinspectorate.wales/contact-us>

'Whistleblowing' Statement

Any member of staff or any volunteer concerned about the behaviour of other staff members, managers, trustees, volunteers, or others which may be harmful to those in their care, should share their concerns with Area 43's Designated Safeguarding Lead and the Designated Safeguarding Lead in the school (if applicable) without prejudice to their own position.

You will receive appropriate support in accordance with the Public Interest Disclosure Act 1988 and Area 43's Whistleblowing Policy.

Area 43 will support and protect those who, in good faith and without malicious intent, report suspicions of abuse or concerns about colleagues and their actions.

Staff who wish to access free confidential advice about whistleblowing can contact Protect (formerly Public Concern at Work PCaW) on 020 3117 2520 or visit their website at:

<https://protect-advice.org.uk/pcawchangesnametoprotect/>

Advice to consult: You should consult with the Designated Safeguarding Lead and your Clinical Supervisor at Area 43 in the following circumstances:

- If a child or vulnerable adult is accidentally hurt.
- If you are concerned that a young person or vulnerable adult is becoming attracted to you or a colleague.
- If you are concerned that a colleague is becoming attracted to a client.
- If a child or vulnerable adult misunderstands or misinterprets something you have done or said.

Confidentiality

Any concerns or reports about possible harm to a child or adult must be treated in the strictest confidence and respect for the privacy of the child and family or individual involved and should only be discussed with those who 'need to know' in order to decide on any safeguarding action.

The Role of The Designated Safeguarding Lead

The Designated Safeguarding Lead at Area 43 and the Designated Safeguarding Lead in schools (if applicable) are there to help and support you as well as ensuring that any necessary correct action is taken to safeguard a child, young person or vulnerable adult who may be at risk. The importance of their role is:

- It gives confidence to those who may have worries that their concerns can be shared.
- It provides a clear and consistent route for action.
- It maintains the confidentiality of the child, family and/or individual.
- It allows thoughtful consideration on further action.
- It is protective and supportive of those who raise concerns.
- It ensures a professional response and offers security to the organisation.
- It safeguards children, young people and adults who may be at risk.

The Designated Safeguarding Lead

The first point of contact for any concerns about the safety or welfare of a child, young person or vulnerable adult is your Supervisor, then the Clinical Director and then the Designated Safeguarding Lead. For counsellors working in school settings, you should contact the Designated Safeguarding Lead at the school in the first instance, and your Clinical Supervisor and/or Clinical Director if you are still unsure.

The Designated Safeguarding Lead at Area 43 is: **Rachael Eagles, Chief Executive Officer: 01239 614566**

The role of the Designated Safeguarding Lead is to:

- Receive information from staff, volunteers, other professionals, children, parents/carers or members of the public who may be worried about a child, young person or vulnerable adult, or who may be worried about the behaviour of someone else towards a child, young person or vulnerable adult including bullying behaviour.
- Assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate.
- Consult, if necessary, with the statutory authorities as soon as possible.
- Where indicated, make a formal referral to social services or the police without delay, and follow this up in writing within 24 hours.
- Liaise with social services or the police, if necessary, following a referral.
- Ensure that all written records relating to concerns about a child or adult are completed, signed and dated, and kept securely until no longer needed.

- Keep the Designated Safeguarding Lead informed of all action relating to allegations or information concerning unprofessional, or inappropriate behaviour by a member of staff or volunteer that may pose a risk of harm to a child, young person or adult.
- Advise and support staff or volunteers in relation to child and adult protection concerns.

The Designated Safeguarding Lead will also:

- Be familiar with the statutory child protection system and the safeguarding of adults' system and keep up to date with contact details and telephone numbers.
- Be aware of the Wales Safeguarding Procedures and Protocols and the role of the Local Safeguarding Children Boards.
- Be aware of the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults and the role of the Area Adult Protection Committees.
- Identify training needs relating to child and adult safeguarding and protection within Area 43 and identify suitable training courses.
- Collate management information relating to safeguarding activity for all settings in which Area 43 operates and report on this to The Board.
- Together with the CEO, ensure that the safeguarding policy and these procedures are reviewed at least every three years or earlier in response to internal or external requirements.

Procedure for designated people (Designated Child Protection Lead in Schools or other settings and Designated Safeguarding Lead at Area 43) – Receiving and Reporting Information

The role as a Designated Safeguarding Lead is summarised above. The following sets out the detailed procedures you should follow if someone reports concerns about:

- A child or young person.
- A vulnerable adult who may be at risk.
- The behaviour of an adult, child or young person towards a child, young person or vulnerable adult.
- Allegations or concerns about a member of staff or other professional that might indicate harm, or potential harm to a child, young person or vulnerable adult.

When you receive concerns or information about a child, young person or vulnerable adult or about inappropriate behaviour by an adult or other, **you should:** *(but see below re members of staff or others in a professional role)*

- Listen carefully to ensure you understand what is being said.
- Ask questions to clarify your understanding but remember it is not your role to investigate.
- Check that you have all the necessary factual information to allow you to identify the child and family or the adult when making a referral. This should include:
 - **Names, addresses, contact details of parents/carers.**
 - **Name of those with Parental Responsibility for the child (if known).**
 - **Name, age/date of birth, address of child, young person or adult.**
 - **Name, address, contact details and present whereabouts (if known) of any alleged abuser.**
- Reassure the person reporting the concern that they have done the right thing.
- Ensure a record of the concerns, and your conversation is made, including anything the child or adult may have said, using the child's or adult's own words as reported to you, and entered onto the CRM system
- Check the account with the person reporting to you to ensure that it is accurate and that nothing significant is left out.
- If you are writing the account out before entering it into the CRM system, then you must sign and date the written account and ask the person reporting to you to sign the record also.
- Assess the information you have received and check whether there is previous information available to you that has a bearing on the situation, eg, recorded observations or concerns about a child's behaviour or presentation.

- If someone has been alleged to be the abuser, consider what contact the child or adult or other children may be having with this person and assess if any immediate safeguarding action needs to be taken.

If the Concern is About a Child or a Young Person

Decide whether the child's parent/s or carer should be informed about the concern or that you are going to make a referral to social services. This should **not** be done if the concern is about:

- Sexual abuse by family member or person closely known to the family.
- Fabricated or induced illness, or
- If you believe that to do so would further endanger the child or young person.

If you feel unsure about the significance of the information, and/or whether you should talk to the child's parent or carer, clarify this by either contacting the relevant agencies for Safeguarding to discuss the information.

Decide on further action and record the reason for your decision. Remember, taking no further action is a decision and may need to be taken following consultation as above. Any decision to 'monitor' the situation should state clearly what is to be monitored and for how long. 'Monitoring' should also be regularly recorded as well as the final outcome of the monitoring.

Maintain the privacy and confidentiality of the child and family by only sharing the information with those who 'need to know'.

Where indicated, make a formal referral following the guidelines below.

Generally, referrals should be made to Children's Services in the local authority where the child is resident.

You should not:

- Dismiss concerns reported to you without carefully considering them, and taking advice if need be.
- Go and talk to the child/young person yourself.
- Confront any alleged abuser.
- Delay in taking appropriate action.

If the Concern is about an Adult who may be at Risk;

Vulnerable adults have the right to be fully involved throughout the adult protection process and to make decisions about their safety and welfare, unless it has been assessed that they do not have the mental capacity to make any particular decision. It is not your role to determine if an adult has capacity or not (*see Appendix 1 section 'Capacity, Consent, Confidentiality and Information Sharing Mental Capacity'*). Similarly, it is not your role to decide if abuse or exploitation has taken place. Therefore, you should carefully explain to the adult that:

- Concerns have been raised with you about their safety or welfare.
- You take these concerns seriously.
- Re-assure them that they are not to blame.
- Ask for their consent for the information to be shared with other agencies on a 'need to know' basis.
- Say you will tell the appropriate person so that those with experience can support and help them.
- Explain to the adult that they will have feedback on what steps are taken.
- If consent is not given, explain carefully that you have a duty to pass the information on to other professionals who know what to do.
- Reassure them that they have the right to be fully involved in all decisions.
- Check for any immediate or short-term safety requirements.
- Decide on further action and record the reason for your decision. Remember taking no further action is a decision and may need to be taken following consultation as above. Any decision to 'monitor' the situation should state clearly what is to be monitored and for how long. 'Monitoring' should also be regularly recorded as well as the final outcome of the monitoring.

- Maintain the privacy and confidentiality of the adult by only sharing the information with those who 'need to know'.
- Where indicated, make a formal referral following the guidelines below.

You should not:

- Dismiss concerns reported to you without carefully considering them and taking advice if need be
- Confront any alleged abuser
- Delay in taking appropriate action.

Concerns about staff, trustees or volunteers

If the concern involves a member of staff, trustee or volunteer, it is NOT THE ROLE OF AREA 43 to decide internally, whether this is a disciplinary issue or a child or adult protection matter. These considerations should take place with the involvement of social services and the Police. The statutory agencies will advise on:

- When or if suspension of a member of staff is warranted from their perspective.
- What can be divulged to the member of staff regarding the allegation or concern.
- Any reason why a child's or young person's parent/carer should not be immediately informed, or those with caring responsibilities for a vulnerable adult.
- Whether a Strategy Meeting is to be convened.

You should:

- Decide if any emergency protective action needs to be taken to safeguard anyone at risk of immediate harm. Phone 999 in the normal way if necessary.
- Telephone the relevant Social Services Duty Team depending on the county of residency.
- Alert Area 43's Designated Safeguarding Lead.
- Alert Area 43's Chief Executive Officer, or in their absence, the Deputy Chief Executive Officer regarding possible suspension or disciplinary action.

Concerns and/or allegations about a member of staff will be dealt with in strictest confidentiality.

If the concern or allegation is about a member of staff or volunteer from a group attending Area 43, or you have received information raising concerns made within a school setting, you should liaise with Area 43's Designated Safeguarding Lead to identify appropriate action including timescales. A feedback mechanism should be agreed to inform you of the outcome of such action. If you remain concerned that the concern and or allegation/referral has not been taken seriously, or sufficient action has not been taken, then you should make your own referral to the statutory authorities in the normal way.

Making a Referral via MARF

You should :

- State clearly that you are reporting a child or adult protection matter.
- Write down the name and status of the person you speak to (eg, Paul Jones, Duty Social Worker).
- Give a concise account of the information you have received, including how and when it was reported to you.
- Ensure that you provide the necessary factual information to identify the child and family, or vulnerable adult, and any alleged abuser.
- Inform of any language/communication or other difficulties the child or vulnerable adult may have and give a brief description of the child/vulnerable adult, if you can, to assist the person making contact with the individual.
- Make a written record of any decisions made or action to be taken, either by you or by social services, including what you should or should not say to the child's parent or the carer of a child or vulnerable adult.
- Ask for the name of the team manager and ensure you have the correct address for the office.

- Within two working days, follow up your telephone call with a letter or other written record to the team manager confirming the referral you have made, who it concerned, what the concerns were and who the referral was made to. Keep a copy of the letter/referral form.
- Keep a written record of your referral including any decisions made or action taken or to be taken. Sign and date this record.
- Ensure all recording relating to the concerns is stored in a secure place (this should be recorded in Lamplight).
- Inform the person who first reported the concerns, of the action you have taken.
- Offer any support that may be needed.
- Within two weeks and if necessary, follow up with social services or the senior manager to ascertain what action has been taken in response to your referral. Make a written record of this and store securely with the other information.

Children’s Services are obliged by the Wales Safeguarding Procedures to acknowledge your referral and decide on what action they might take within 24 hours. They are also obliged to inform you of the outcome of the referral within 10 working days. If this does not happen, you should contact social services yourself, to ascertain the outcome of the referral. A signed and dated record should be kept of the outcome of the call. *(See also ‘What to do if you think your concerns are not being taken seriously’ above).*

Referral to the Disclosure and Barring Service (DBS)

The Safeguarding Vulnerable Groups Act (SVGA) 2006 places a duty on employers of people working with children or vulnerable adults to make a referral to the DBS when an employer has **dismissed** or **removed** a person from working with children or vulnerable adults (or would or may have if the person had not left or resigned etc.) because the person has:

- Been cautioned or convicted for a relevant offence; or
- Engaged in relevant conduct in relation to children and/or vulnerable adults [ie, an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm]; or
- Satisfied the Harm Test in relation to children and/or vulnerable adults. [ie, there has been no relevant conduct (ie, no action or inaction) but a risk of harm to a child or vulnerable adult still exists].

The DBS will make an assessment to determine if the individual’s name should be added to the Barred List ie, be barred from working with children, young people or vulnerable adults.

A referral to the DBS must be accompanied by supporting evidence. If an investigation is still outstanding or on-going when the individual leaves employment or is dismissed, this investigation should still be completed to enable comprehensive supporting evidence to be submitted. If additional information becomes available subsequent to the referral, that should also be forwarded to the DBS. All referrals to the DBS should be made on their referral form.

May 2025

This Policy should be read in conjunction with Area 43’s Counselling Handbook and the Youth Support Worker Training Handbook.

Signed:

Date:

Name:
(please print)

Version Control		
Version	Page/Paragraph	Action
Version 2	Policy put to Board	Approved by Board 13 August 2024
Version 3	Amendments put to Board	Approved by Board 11 August 2025
	P3: Designated Safeguarding Trustee Amendment: Designated Safeguarding Lead in the centre	
	P6/7: Hywel Dda University Health Board Amendment: Section replaced with updated contact information	
	P3: Designated Safeguarding lead Para 1: Area 43 has overall responsibility for all safeguarding activities	
	P4: The Designated Safeguarding Lead in Schools or other Educational Settings Para 1: Other The Designated Safeguarding Lead in educational settings where Area 43 staff provide services, is the first point of contact for any concerns when working in a school setting.	
	P4: Confidentiality The individual about whom the safeguarding concern has been raised , must sign a copy of the request of information form when Third Party Material is requested, consent must be obtained before releasing any information. (See also the policy on Third Party Material (TPM) requests.) A copy of the Third Party Material request form procedure is attached at Appendix 2.	
	P5: Children Bullying Children and adults themselves report that they find bullying by other children or young people extremely hurtful. The effects of bullying, like abuse, can last into adulthood and affect someone's an individual's emotional well-being. Complaints or allegations of bullying should always be taken seriously, and appropriate action must be taken.	
P6: Sexual Exploitation Para 2: If you think your concerns are not being taken seriously then it is your responsibility to take that forward. If you do not have a Clinical Supervisor, you should take your concerns to the Designated Safeguarding Lead.		
P10: Particular Situations Bullet Points 5 and 6		
<ul style="list-style-type: none"> Do not promise to keep the information confidential. Explain that any information that indicates a child may be being harmed needs to be passed on so that something can be done about it. It is not alright that children are hurt by adults, who should be looking after them, or by other children. Explain to an adult that their information needs to be passed to others who can support them and help them decide what they want done. Never promise that the information they share will remain confidential. Explain the need to disclose any information that suggests a child may be harmed so that appropriate action may be taken. It is unacceptable for children to be harmed by other children or by individuals who are meant to be caring for them. Tell an adult that they need to share their information with those who can help them make decisions and provide support. 		
P11: Working in Schools Bullet points 2, 4 and 5		
<ul style="list-style-type: none"> Make a written record of your concerns and to whom you reported using the 'Raise a Concern' feature on Lamplight (please refer to your Counselling Handbook for guidance). Make a written record of your concerns and to whom you reported using the 'Raise a Concern' feature on Lamplight (please refer to your Counselling Handbook for guidance). Include details of any decisions and action taken or to be taken. Include details of any decisions and action taken or to be taken. Sign and date the record. 		

	<ul style="list-style-type: none"> Ensure that you inform your Line Manager and the Designated Safeguarding Lead has a copy of your written record including the client ID number. 	
	<p>P12: As a last resort: If you have reported serious concerns about the behaviour of a member of staff or a volunteer, where that behaviour may constitute a criminal offence, or if they may have harmed or be likely to harm a child or children and you remain unconvinced that this is being, or has been, properly dealt with either within Area 43 or by the external agencies, raise the concern again with your Designated Safeguarding Lead.</p>	
	<p>P12: Whistleblowing Statement Staff who wish to access free confidential advice about whistleblowing can contact Protect (formerly Public Concern at Work PCaW) on 020 3117 2520 or visit their website at: https://protect-advice.org.uk/pcawchangesnametoprotect/</p>	
	<p>P13: The Designated Safeguarding Lead The first point of contact This is the first point of contact for any concerns about the safety or welfare of a child, young person or vulnerable adult is your Supervisor, then the Clinical Director and then the Designated Safeguarding Lead.</p>	
	<p>P17: Making a Referral via MARF Bullet point 8</p> <ul style="list-style-type: none"> Ensure all recording relating to the concerns is stored in a secure place (this should be recorded in Lamplight). 	
	<p>P: 18: This Policy should be read in conjunction with Area 43's Counselling Handbook and the Youth Support Worker Training Handbook.</p>	

APPENDIX 1

Definitions of Abuse or Harmful Behaviour

- (a) **Abuse** is a violation of an individual's human and civil rights by another person or persons. Abuse may consist of a single act or repeated acts. It may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which s/he has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person or child subjected to it. Abuse is about the misuse of power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.
- (b) **Children or Young People:** For the purposes of this document, a child is any young person under the age of 18 years. The following represent the main categories of abuse used by the statutory authorities when considering the safety of a child. (*See below for categories for vulnerable adults*).
- (c) **Physical Abuse:** This may involve a child being hit, shaken, thrown, poisoned, deliberately burned or scalded, drowned, suffocated or other ways of causing physical harm to a child. It may also be caused when a parent or carer fabricates or induces illness in a child whom they are looking after.
- (d) **Sexual Abuse:** Occurs when someone forces or entices a child to do sexual things, even if the child does not know what is going on. The activities may involve physical contact, including penetrative or non-penetrative acts. It may include non-contact activities, such as involving children in looking at, or in the production of pornographic material, or making the child watch sexual activities, or encouraging children to behave in a sexual way.
- (e) **Neglect** occurs when a parent or carer persistently fails to meet the child's physical or psychological needs including failure to provide adequate food, shelter and clothing, failure to protect the child from physical harm or danger or failure to access appropriate medical care or treatment for the child. It can also include neglect of, or unresponsiveness to a child's basic emotional needs. Neglect may also occur during pregnancy as a result of maternal substance misuse.
- (f) **Emotional Abuse:** this is when a parent or carer criticises a child so that they feel worthless, or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being placed on the child. This might also happen when a parent allows their child to be often frightened or feel in danger, eg, witnessing domestic violence or being bullied, or if the parent doesn't protect the child from people who are going to exploit or corrupt the child.

Other Harmful Behaviour

- (a) **Bullying:** Is not defined as a separate category by the authorities but the following definition is useful: Bullying is deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can be:
- Physical: Hitting, kicking, theft.
 - Verbal: Racist or homophobic remarks, threats, name calling.
 - Emotional: Isolating an individual from the activities and social acceptance of their peer group.
 - The inappropriate use of mobile phones and other social media to emotionally harm another.
- (b) **Sexual Exploitation:** Is the coercion or manipulation of children and young people into taking part in sexual activities. It involves an exchange of some form of payment, which can include;
- Money, mobile phones and other items.
 - Drugs, alcohol.
 - A place to stay, 'protection', affection.

The vulnerability of the young person and the grooming process employed renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent. It includes:

- Abuse through prostitution.
- Abuse through using children to produce child sexual abuse images and material.
- Abuse through grooming whether via direct contact or the use of technologies such as mobile phone or the internet.
- Abuse through trafficking for sexual purposes.

- (c) **Sexually Harmful Behaviour:** Harmful sexual behaviour involves one or more children or young people engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults. Two thirds of contact sexual abuse of children is committed by peers. When this situation is identified, or concerns are raised *a referral must be made to social services* so that the needs of both the victim and the child allegedly exhibiting sexually harmful behaviour can be assessed.
- (d) **Domestic Abuse:** can occur in any family or couple relationship, including same-sex, elder, teenage or vulnerable adult couples. Domestic abuse includes physical, sexual, psychological or economic harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty. Exposure to domestic abuse can have many long-term negative effects for children or young people and is recognised as a significant factor in emotional abuse. Domestic abuse often begins or escalates during pregnancy and the unborn child can be targeted directly.
- (e) **Vulnerable adults:** People are not intrinsically vulnerable, but some situations can make people vulnerable. A vulnerable adult is a person over 18 years of age 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 himself or herself, or unable to protect himself or herself against significant harm or serious exploitation. This definition may include a person who:
- Has learning disabilities;
 - Has mental health problems, including dementia;
 - Is an older person with support/care needs;
 - Is physically frail or has a chronic illness;
 - Has a physical or sensory disability;
 - Misuses drugs or alcohol;
 - Has an autistic spectrum disorder.
- (f) **Physical Abuse:** Physical abuse is the unnecessary infliction of any physical pain, suffering or injury by a person who has responsibility, charge, care, or custody of, or who stands in a position of, or expectation of, trust to a vulnerable person. Physical abuse may also be perpetrated by one vulnerable adult upon another.
- (g) **Sexual Abuse:** Adult sexual abuse refers to the direct or indirect involvement of a vulnerable adult in sexual activity to which they are unwilling or unable to give informed consent, or which they do not fully comprehend, or which violates the social taboos of family roles, eg, incest.

Sexual abuse may also be perpetrated by one vulnerable adult upon another. Any sexual activity that is not freely consenting is criminal. Where there is an abuse of trust, sexual activity may appear to be with consent, but is unacceptable because of the differences in power and influence between the people involved.

- (h) **Emotional or Psychological Abuse:** Is the wilful infliction of mental suffering, by a person in a position or expectation of trust, to a vulnerable person. It can include verbal assault, eg, shouting, screaming, humiliation, threats, depriving a person of due respect, denial of dignity and affection, bullying.

- (i) **Financial or Material Abuse:** Is any theft or misuse of a person's money, property or resources, by a person in a position of, or expectation of, trust to a vulnerable person. It can include gaining money or possession by threat, persuasion, or exploitation; blocking access to assets; extortion; falsifying records.
- (j) **Neglect:** Is the failure of any person having the responsibility, charge, care or custody of a vulnerable person to provide that degree of care which a reasonable person in a like position would provide. It can involve intentional or unintentional acts. It includes the unintentional failure of a carer to fulfil their caring role or responsibilities, because of inadequate knowledge or understanding the need for services.

Other Harmful Behaviour

- (a) **Mate Crime:** Is a type of hate crime where perpetrators befriend a person with a disability but in fact soon begin to exploit, hurt or harm them. This can include sexual abuse, forced prostitution, financial exploitation, physical abuse, violence and even murder.
- (b) **Institutional Abuse:** Abuse can occur in institutions as a result of regimes, routines, practices and behaviours that occur in services that vulnerable adults live in or use, and which violate their human rights. This may be part of the culture of a service to which staff are accustomed. Thus, such practices may pass by unremarked upon by staff. They may be subtle, small and apparently insignificant, yet together may amount to a service culture that denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of vulnerable adults.

Abuse can take many forms. It does not have to fit comfortably into any of the above. Abuse can be perpetrated by one adult at risk towards another. This is still abuse and should be dealt with accordingly.

- (c) **Physical Abuse:**

Bruises that may be indicative of possible physical abuse are:

- Bruising in babies.
- Bruising in children or adults who are not independently mobile.
- Bruising that is not on the bony parts of the body.
- Bruises to the face, back, stomach, arms, buttocks, ears and hands.
- Bruises in clusters.
- A number of bruises of a regular shape – eg, fingertip bruising.
- Bruises that carry an imprint – of an implement or cord or hand.
- Bruising where the explanation seems unlikely.

Other signs of physical abuse might be:

- Cigarette burns.
- Adult bite marks.
- Cuts, scratches, lacerations.
- Broken bones.
- Scalds especially if of a regular shape or the explanation seems unlikely.
- Flinching when touched or approached.
- Fear of parents/carers being asked about a bruise or other mark.

- (d) **Sexual abuse:**

- Sexual knowledge beyond the child's or adult's age or developmental stage.
- Inappropriate sexualised behaviour.
- Sexualised language or drawings.
- Stomach pains or pains when using the toilet.
- Urinary infections.
- Pain or itching in the genital area.
- Bruising or bleeding in the genital area.
- Referring to a secret they can't tell anyone about.

- Self-harming behaviour.
- Nightmares.

Children or vulnerable adults may disclose sexual abuse by directly telling someone about it. They may also disclose less directly, sometimes unintentionally, over a period of time, through a variety of behaviours and actions, including discussions and indirect non-verbal cues. In this respect, disclosure should be seen as a process that occurs over time.

(e) Neglect:

- Being constantly hungry, possibly stealing food from other children.
- Constantly dirty and/or smelly.
- Being very underweight or losing weight.
- Clothes not appropriate for the weather conditions.
- Being constantly tired or appearing depressed.
- Not getting appropriate medical or dental attention.
- Failure to obtain/ facilitate use of necessary prosthetic devices dentures, glasses, hearing aids, or durable surgical equipment.
- Pressure sores.
- Talking about being left alone.
- Frequently being left unsupervised especially if in risky or dangerous situations.
- Neglect can also be life threatening. Children who are neglected can suffer long term physical and emotional damage. However, it can be difficult to recognise especially where families or individuals are living in poverty.

(f) Emotional abuse:

- A failure to thrive or grow, especially if the child puts on weight when not in the care of his or her parents.
- Developmental delay in physical or emotional progress.
- Nervous behaviour, eg, rocking, hair twisting.
- Signs of depression, suicidal ideation.
- Being unable to play and/or interact with others.
- Self-harming behaviour, eg, severe scratching, cutting etc.
- Overly overtly subservient or anxious to please.

Emotional abuse can be difficult to detect as a child or adult may appear well cared for yet receive little or no love, affection or positive attention and/or be constantly put down or belittled. A child or adult living in an environment of low warmth and high criticism is likely to suffer emotional abuse.

(g) Financial or Material Abuse (Vulnerable Adults):

- Individual deprived of access to own money, missing personal items especially jewellery or items of value.
- Unexplained disappearance of financial documents, eg, building society books, and bank statements, payments or order books.
- Signatures on cheques do not resemble the vulnerable adult's signature or signed when this person cannot write.
- Unusual concern by carer that an excessive amount of money is being expended on the care of the vulnerable adult.
- Lack of amenities such as TV, appropriate clothing, personal grooming items that the vulnerable adult can well afford.

Further Information

The following are the main documents that should be accessed for further details relating to safeguarding children and young people or vulnerable adults in Wales:

- ‘Wales Safeguarding Procedures’: <https://www.safeguarding.wales/>
- For support and resources, visit Cysur: [Mid and West Wales Safeguarding Board Safeguarding Children and Adults](#)
- ‘Safeguarding Children: Working Together under the Children Act 2004’ http://wales.gov.uk/topics/childrenyoungpeople/publications/safeguardingunder2004_act/?lang=en
- ‘The All Wales Child Protection Procedures 2008’ <http://www.awcpp.org.uk/areasofwork/safeguardingchildren/awcpprg/index.html>
- ‘In Safe Hands: Safeguarding Vulnerable Adults from Abuse 2005’ <http://wales.gov.uk/topics/health/publications/socialcare/reports/ishnov09/?lang=en>
- Social Services and Wellbeing Act (Wales) 2014 http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf
- The Interim Policy and Procedures for Safeguarding Vulnerable Adults from Abuse 2013 <https://socialcare.wales/resources/wales-interim-policy-and-procedures-for-the-protection-of-vulnerable-adults-from-abuse>

Relevant research, leaflets and guidance notes can be accessed from:

- www.nspcc.org.uk/inform
- Independent Safeguarding Authority /DBS referral form and guidance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209316/dbs-referral-form-guidance.pdf
- British Association for Counselling and Psychotherapy <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/>

Capacity, Consent, Confidentiality and Information Sharing Mental Capacity

Capacity

- (a) Vulnerable adults may have or may lack mental capacity to make specific decisions. Their vulnerability entitles them to protection from abuse and neglect but if they lack capacity, they may be especially vulnerable. The Mental Capacity Act 2005 specifies that:

‘ . . . a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain’.

- (b) A person is not able to make a decision if he/she is **assessed** as unable to do any one of the following:
- understand the information relevant to the decision; or
 - retain that information; or
 - use or weigh that information as part of the process of making the decision; or
 - communicate their decision (whether by talking, using sign language or any other means).

IT IS NOT THE ROLE OF THE DESIGNATED SAFEGUARDING PERSON, OR ANY OTHER MEMBER OF STAFF, TO DECIDE IF A VULNERABLE ADULT HAS CAPACITY.

All concerns should be reported in accordance with the procedures.

Consent

- (a) The age of consent for both heterosexual and homosexual intercourse is 16 years old.
- (b) A child or young person under the age of 18 years CANNOT consent to sexual activity with a person with whom they have a Relationship of Trust (*Sexual Offences Act 2003*).
- (c) A child under the age of 13 cannot consent to sexual activity (*Sexual Offences Act 2003*).
- (d) In any circumstances, for consent to be valid the ability to refuse consent must be respected.

- (e) To give valid consent an individual should have sufficient information to understand the options.
- (f) Any coercion of an individual to consent invalidates the consent.

'Gillick Competence' and the 'Fraser Guidelines'

- (a) When deciding whether a child is mature enough to make decisions, people often talk about whether a child is 'Gillick competent' or whether they meet the 'Fraser guidelines'. These refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- (b) Since the Gillick case, legal, health and social work professionals continue to debate the issues of a child's rights to consent or refuse treatment, and how to balance children's rights with the duty of child protection professionals to act in the best interests of the child. For the purposes of this document, where indicated advice concerning Gillick competence should be sought from Children's Services as part of considering or making a referral.

Confidentiality and Information Sharing

- (a) As a general rule all personal information acquired or held in the course of working with children and families is confidential and particular care should be taken with sensitive information. However, in some instances sharing information between practitioners is essential particularly when there are concerns about the safety or welfare of a child or vulnerable adult.
- (b) There is no problem about sharing personal information about an individual if that person, or for a child, someone with Parental Responsibility has given permission. Good practice would therefore dictate that wherever possible a child's parent/carer should be informed if a referral is to be made about their family to social services. However, this *should not be done* if you think it would increase the risk to the child or be contrary to the child's welfare. You should also not seek permission if to do so could obstruct a criminal investigation, eg, where allegations of sexual abuse have been made.
- (c) Information about an individual is not confidential information if it is already in the public domain, eg, what school a child attends, or even if that child attended school that day.
- (d) When sharing personal information, you should consider:
 - Who needs to know?
 - What do they need to know?
- (e) In other words, the information given should be necessary to safeguard a child or children and should be shared with those who have the responsibility to decide what action needs to be taken – the 'need to know' basis. Area 43 is committed to the principles of the Wales Accord on the Sharing of Personal Information <http://www.waspi.org/home>

Group Work with a Critical Incident

AREA43

ESTABLISH WHO YOUR LINK WILL BE IN SCHOOL, THEIR ROLE WILL BE TO IDENTIFY PUPILS THAT WILL ATTEND THE GROUP



3 groups per day (maximum)

6 clients per group (Maximum)

2 Counsellors per group: - 1 counsellor is the lead, and 1 counsellor is the sweeper (the sweeper will help to get resources, be available to anyone that needs individual attention)

The counsellor and the sweeper sit opposite each other so they can see the whole group

1

2

THE GROUP STRUCTURE

Contract - 10 minutes
See group critical incident contract, - must be signed by all group participants

Ice Breakers - 10 minutes (details of icebreakers on google drive)

- What's your favorite?
- Drawing a dog
- Sit down and stand up



3 ACTIVITIES

Emotion's activity - 20 mins

- Choose 3 emotions
- During the event
- After the event
- Now



SAFETY

Safety - 10 mins

- Discussion on fight & flight response
- Who can you talk to - identifying people in lives, home, and school?
- Numbers for different agencies that can help - SHOUT, how to refer to Area 43 - a list will need to be made according to the incident and area
-



5

REFLECTION



Grounding - min

- What makes you smile
- What are you looking forward to?

At the end of the group the sweeper may identify individuals that looked like they may need extra support, they could be supported to make a referral if they have not already done so

After each group you will need time to discuss the group and feedback any information that is needed for the link

Notes need to be added to lamplight, recording any safeguarding if needed

CONFIDENTIALITY

All that we talk about, we will not discuss with anyone else
Any safeguarding would need to be shared, if we are concerned about your safety or the safety of others, we would do our best to discuss this with you before sharing the information

As this is a group, we ask you do not share anybody else's personal information, we cannot guarantee this won't happen, please be aware when sharing your own personal information

No information is to be shared online and we ask for all phones to be away until needed

We are ask you to respect each other in the group

We will not be speaking about the incident, we will be speaking about emotions and feelings, if you feel you would like to discuss the incident, we will be able to support you in one-to-one counselling or refer you to a specialised agency

Lead Counsellor _____

Sweeper _____

Client _____

Client _____

Client _____

Client _____

Client _____

Client _____

Date _____

THIRD PARTY MATERIAL REQUEST POLICY AND PROCEDURE

The principles set out below are intended to help practitioners working with children, young people, parents and carers to share information between organisations. Practitioners should use their judgement when making decisions about what information to share, and should follow organisation procedures or consult with their manager if in doubt. The most important consideration is whether sharing information is likely to support the safeguarding and protection of a child.

Necessary and proportionate

When making decisions about what information to share, you should consider how much information you need to release. It is key to the GDPR and Data Protection Act 2018,, that you consider the impact of disclosing information on the information subject and any third parties and only sharing necessary information. Information must be proportionate to the need and level of risk.

Relevant

You must only share relevant information with the requestor. This allows them to do their job effectively and make informed decisions.

Adequate

Information should be adequate for its purpose and be of the right quality to ensure that it can be understood and relied upon.

Accurate

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely

Information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to a child. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore place a child or young person at increased risk of harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

Secure

Wherever possible, information should be shared in an appropriate and secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

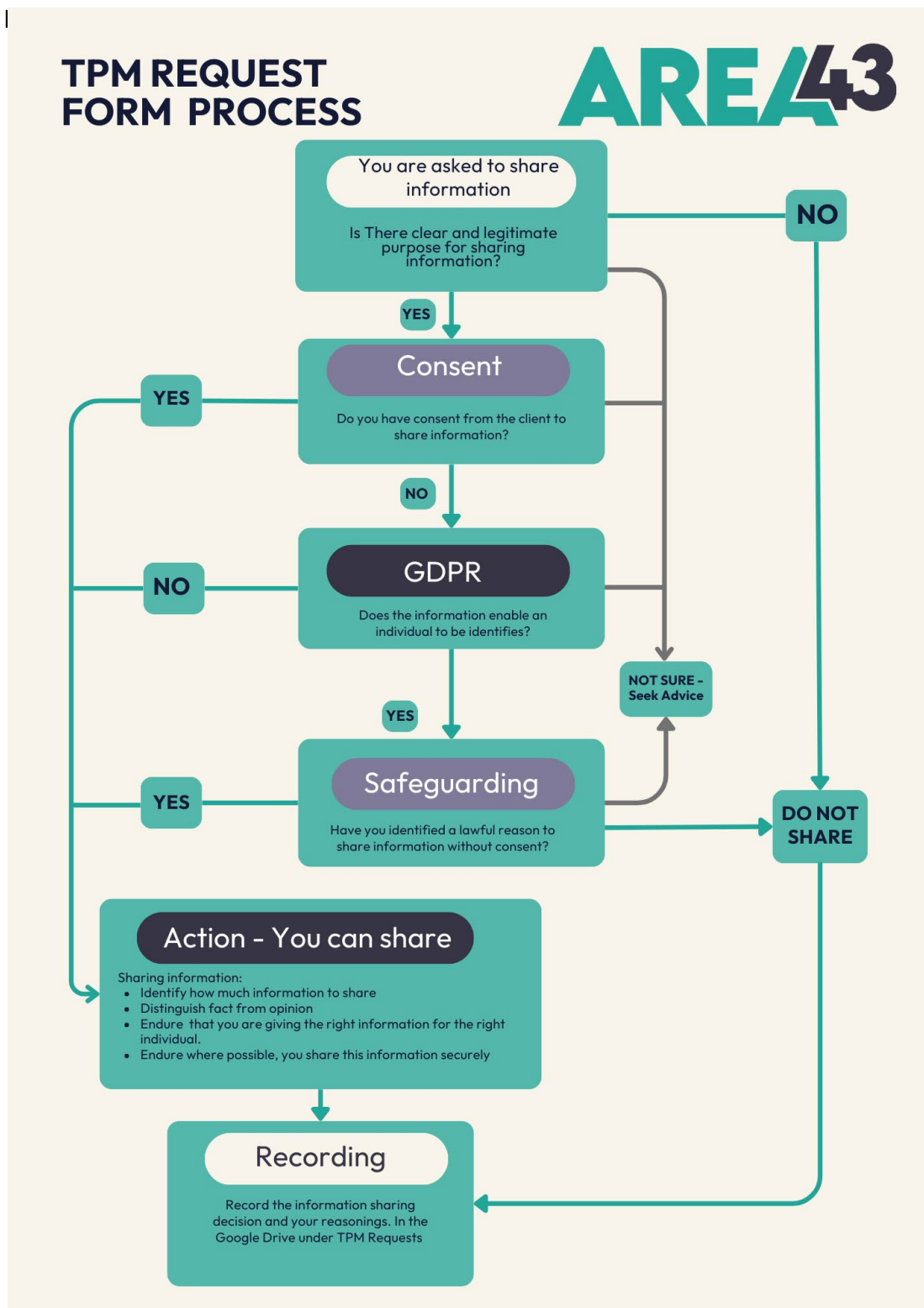
Record

Information sharing decisions should be recorded, whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be kept any longer than is necessary. In some rare circumstances, this may be indefinitely, but

if this is the case, there should be a review process scheduled at regular intervals to ensure data is not retained where it is unnecessary to do so.

When and how to share information

When asked to share information, you should consider the following questions to help you decide if, and when, to share. If the decision is taken to share, you should consider



THIRD PARTY MATERIAL (TPM) REQUEST FORM PROCESS

AREA 43

