SAFEGUARDING POLICY AND PROCEDURES
IMPORTANT CONTACTS

St John Ambulance National Safeguarding
National Safeguarding telephone 0303 003 0105
Telephone 020 7324 4285/4286/4287/4289
Email safeguarding@sja.org.uk

District safeguarding team
Telephone
Email

Regional Safeguarding Manager
Name
Telephone
Email

External local contacts
Local police
Telephone

Local social services
Telephone

Other useful numbers
Name
Job title
Telephone
Email

Other important St John Ambulance local contacts
Regional Youth Manager
Name
Telephone
Email

Regional Public Relations Officer
Name
Telephone
Email

District Manager
Name
Telephone
Email

Area Manager
Name
Telephone
Email

For Ambulance Operations  National Safeguarding on call 0303 003 0105 Option 1
CQC Registered Manager
Name
Telephone
Email

Station Manager
Name
Telephone
Email

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PART ONE
FUNDAMENTAL PRINCIPLES

All those working with children and vulnerable adults must promote their welfare, health, wellbeing and development and take every reasonable precaution to protect them. This means they should consider what is in the best interests of the child or vulnerable adult.

The trustees of St John Ambulance have overall responsibility for safeguarding within the organisation. They ensure that the organisation complies with duties under legislation.

All employees and volunteers have a role to play in identifying concerns, sharing information and taking prompt action.

Policy statement
St John Ambulance seeks to provide an environment where all can work safely to serve the community at large and for their own personal development. We do and will take every reasonable precaution to minimise risk. This policy also applies to The Priory of England and the Islands.

The organisation is committed to ensure that all, and specifically those who are vulnerable, are kept safe from harm while they are involved with the organisation in any way.

Employees and volunteers have a personal responsibility for safeguarding the welfare and wellbeing of all children and vulnerable adults by protecting them from abuse and will support them wherever this happens.

The term child has the specific legal meaning of anyone below the age of 18 years and the term adult refers to anyone aged 18 years or over.

A vulnerable adult is someone who has needs for care and support, is experiencing, or is at risk of, abuse or neglect and is unable to protect him or herself (sometimes referred to as ‘an adult at risk of harm’).

Our commitment
St John Ambulance will:

> stop abuse or neglect whenever possible
> prevent harm and reduce the risk of abuse or neglect
> promote the general welfare, health, wellbeing and development of all and take every reasonable precaution to minimise risk
protect, maintain and uphold the human rights of children and vulnerable adults
eliminate discrimination
take steps to deal with bullying or exploitation of any kind whenever or wherever it may be found
provide support, training and protection for everyone.

To meet this commitment St John Ambulance will ensure that:

- employees and volunteers are familiar with and have access to the safeguarding policy and procedures
- the organisation continues to monitor the implementation of the safeguarding policy and procedures and takes any measures required to strengthen and improve existing practice
- employees and volunteers have their own copy of the safeguarding pocket card and know who to contact for further information and advice
- children and vulnerable adults, parents and carers know how to voice their concerns and obtain help if they are unhappy or worried about anything
- effective procedures are in place for responding to complaints, concerns and allegations of suspected or actual abuse
- everyone knows how to report any alleged malpractice or negligence and will be supported when speaking out
- it maintains a national safeguarding team of employees and volunteers to ensure appropriate support is provided to all St John Ambulance personnel and service users
- a safeguarding unannounced support visit is made to every volunteer unit once per year
- there is appropriate documentation for completion when recording any untoward occurrence
- it maintains a register of all causes for concern. The National Safeguarding department manages all causes for concern and liaises with internal and external bodies as appropriate
- there are appropriate risk assessments for all its activities
- every employee and volunteer is trained in the fundamentals of safeguarding and that further training for anyone working with children or vulnerable adults is provided
- clearly defined recruitment procedures including ID checks, references and Disclosure and Barring Service (DBS) checks are followed for every applicant before they are allowed to work with children or vulnerable adults
- employees and volunteers working directly with children or vulnerable adults complete a minimum probationary period of six months during which they are supported, supervised and appraised
- all those working directly with children or vulnerable adults receive an annual appraisal throughout their period in post
- DBS checks are updated every three years or whenever there is a change of role to one which involves working with children or vulnerable adults
- For those undertaking regulated activity, Level Two Safeguarding training will be provided.
PART TWO
HOW TO RECOGNISE ABUSE

Abuse is a form of maltreatment. It is the violation of an individual’s human and civil rights, usually for gratification. Abuse can be self-inflicted or inflicted by another person or persons. In the context of safeguarding it is used to refer to any knowing, intentional or negligent act by another that causes harm or a serious risk of harm to another. Any form of abuse is usually perpetrated as the result of deliberate intent. However vulnerable people can also be harmed, damaged or distressed by acts of neglect or ignorance.

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. It may result in death.

Types of abuse

Online abuse

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse. It can take place anywhere and anytime.

Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online).

Children can feel like there is no escape from online abuse – abusers can contact them at any time of the day.
or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

Online abuse can include:

**Online bullying or cyberbullying**
Cyberbullying is an increasingly common form of bullying behaviour which happens on social networks, games, and mobile phones. Cyberbullying can include spreading rumours about someone, or posting nasty or embarrassing messages, images, or videos.

Cyberbullying includes:
- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- ‘trolling’ - sending menacing or upsetting messages on social networks, chat rooms or online games
- excluding children from online games, activities or friendship groups
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name
- sending explicit messages, also known as sexting
- pressuring children into sending sexual images or engaging in sexual conversations.

**Online grooming**
Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation, or trafficking.

Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a young person or child.

They can spend time learning about a young person’s interests from their online profiles and then use this knowledge to help build up a relationship.

It’s easy for groomers to hide their identity online – they may pretend to be a child and then chat and become ‘friends’ with children they are targeting.

Groomers no longer need to meet children in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

**Online child sexual abuse**
When sexual exploitation happens online, young people may be persuaded, or forced, to:
- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone
- have sexual conversations by text or online.

Abusers may threaten to send images, video or copies of conversations to the young person’s friends and family unless they take part in other sexual activity.

Images or videos may continue to be shared long after the sexual abuse has stopped.

**Sexting**
Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually-explicit messages. They can be sent using mobiles, tablets, smartphones, laptops etc – any device that allows you to share media and messages.

Sexting may also be called ‘trading nudes’, ‘dirties’ or ‘pic for pic’. The creating or sharing of explicit images of a child is illegal, even if the person doing it is a child.

**TOP TIP**
CEOP (Child Exploitation and Online Protection) Command enables anyone worried about online sexual abuse or the way that someone has been communicating with them online to make a report to one of CEOP’s Child Protection Advisors

**TOP TIP** Further information can be found in the image and reputation policy on Connect

**Discriminatory abuse**
Discriminatory abuse is when someone picks on a person because something about them is different. This can include unfair or less favourable treatment due to a person’s race, sex, gender reassignment, age, disability, religion or belief, sexual orientation, appearance or cultural background, marriage or civil partnership, pregnancy and maternity.

Signs of possible discriminatory abuse include but are not limited to:
- harassment
- offensive materials or graffiti
- verbal abuse, gestures or statements which are unwelcome and intended as insults
- threatening or obscene behaviour
- jokes of a derogatory nature
- bullying, offensive language or violence
- excluding or treating differently
- preventing contact with particular individuals.

**Domestic abuse**
Abuse or violence in a relationship is about a pattern of behaviour that one person uses against another to intimidate them and get them to do what they want.

Domestic abuse is any incident of threatening behaviour, violence or abuse. Domestic abuse will include emotional, psychological, physical, sexual and financial
abuse between those who are or have been intimate partners or family members, regardless of gender, sexuality, age, race, wealth or geography. Possible signs indicating this abuse can be found under the relevant headings in this section.

There are 11 things that are illegal for a person to do to their partner:

- share sexually explicit images of them
- restrict their access to money
- repeatedly put them down
- stop them seeing friends or family
- scare them
- threaten to reveal private things about them
- put tracking devices on their phones
- jealousy that leads to violence
- make them obey their rules
- control what they wear
- force them to do things they don’t want to.

**Emotional or psychological abuse**

Emotional or psychological abuse is the persistent emotional maltreatment of a person that adversely affects their wellbeing or development. Some level of emotional abuse is involved in all types of ill treatment, though it may occur alone.

Signs of possible emotional or psychological abuse include but are not limited to:

- delayed physical or emotional development or sudden speech disorders
- compulsive nervous behaviour, eg. highly anxious or obsessive behaviour
- excessive deference, need for approval, attention or affection
- reluctance to have parents/carers contacted
- fear in the eyes, avoiding looking at individuals, flinching on approach
- ambivalence towards individuals
- low self-esteem
- unexplained fear or defensiveness
- threatening or aggressive behaviour.

**Female genital mutilation (FGM)**

Female genital mutilation (sometimes known as female circumcision or referred to as cutting) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. It is also illegal to take a female out of the country to do this.

FGM is usually carried out on females before puberty. A high risk time is the six week summer holiday which is sometimes known as the ‘cutting season’. The procedure is traditionally carried out by a woman with no medical training. Anaesthetics and antiseptic treatments are not generally used, and the practice is usually carried out using knives, scissors, scalpels, pieces of glass or razor blades. Females may have to be forcibly restrained.

Signs of possible recent abuse include but are not limited to:

- severe pain
- shock
- bleeding
- wound infections, including tetanus and gangrene, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C
- inability to urinate
- injury to vulvar tissues surrounding the entrance to the vagina
- damage to other organs nearby, such as the urethra (where urine passes) and the bowel burning.

Signs of possible past abuse include:

- chronic vaginal and pelvic infections
- abnormal periods
- difficulty passing urine, and persistent urine infections
- cysts and the formation of scar tissue
- complications in pregnancy and newborn deaths
- psychological damage, including low libido, depression and anxiety.

**Financial or material abuse**

Financial or material abuse is the theft or misuse of a person’s property or assets.

Signs of possible financial or material abuse include but are not limited to:

- money going missing and/or having no cash available
- small items disappearing regularly
- unusual or inappropriate financial transactions
- person is without belongings, clothes or services which they can afford
- person managing financial affairs appears evasive or difficult
- carer seeks to secure financial assets rather than provide personal care
- recent or long-lost relatives or acquaintances expressing sudden or disproportionate affection for a vulnerable adult with money or property
- recent changes to their legal documents.
Neglect and acts of omission
Neglect is the continuing failure to prevent harm that damages or impairs health and/or development by not meeting a person's basic physical and/or psychological needs.

Signs of possible neglect include but are not limited to:
- poor health
- being constantly hungry or thirsty
- loss of weight or being constantly underweight
- being tired all the time
- lack of personal care; inadequate or inappropriate clothing
- being dressed inappropriately for the weather, unkempt, dirty or smelly
- untreated medical conditions
- injuries that have not been treated or have been treated inadequately
- lack of respect for their privacy or dignity.

Organisational abuse
Organisational abuse is the mistreatment, abuse or neglect of children or vulnerable adults by an organisation or its personnel.

It can take place within settings and services that children or vulnerable adults live in or use, and it violates their dignity, resulting in a lack of respect for their human rights.

It can take the form of an organisation failing to respond to or address incidents of poor practice brought to its attention.

Organisational abuse means that a culture is created where emotional, physical and sexual abuse become acceptable and can be regarded as the norm. As part of that culture all too often visits are discouraged and the involvement of relatives or friends are kept to a minimum.

Possible signs indicating this abuse can be found under the relevant headings in this section.

Physical abuse
Physical abuse is an individual's body being injured or hurt due, for example to assault, hitting, slapping or pushing. Physical abuse can take many forms and the actions taken are intentionally hurtful and harmful.

Signs of possible physical abuse include but are not limited to:
- any injury which is not fully explained or inconsistent with the account given
- unexplained bruises or welts on face, lips, mouth, body, arms, back, buttocks or thighs
- bite marks
- bruises in various stages of healing
- clusters of bruises forming regular patterns, reflecting the shape of an object or fingers
- unexplained burns, especially on soles of feet, palms and back; immersion burns, scalds, rope marks, electrical appliance or carpet burns
- cigarette burns
- unexplained fractures to any part of the body, especially in various stages of healing; multiple or spinal injuries
- unexplained lacerations or abrasions to mouth, lips, gums, eyes or external genitalia
- avoidance of physical contact
- malnutrition, rapid or continued weight loss, insufficient food on premises, dehydration, complaints of hunger
- incontinence
- loss of physical functions due to misuse of medication
- restriction of freedom of movement.

Sexual abuse
Sexual abuse is the involvement of the person in sexual activities which they do not want or truly understand, or to which they are unable to give valid or effective consent. This may involve rape, sexual assault, inappropriate sexual contact or exposure to inappropriate material.

Signs of possible sexual abuse include but are not limited to:
- significant change in sexual behaviour, language or outlook
- overtly sexual behaviour, often inappropriate to age or development
- bruising or other injuries on areas of the body normally covered – for this reason, they may only be noticed during activities such as swimming
- torn or stained underwear
- pain or itching, bruises or bleeding in genital or anal area
- stomach pains or discomfort when walking or sitting down
- sexually-transmitted, urinary tract or vaginal infections
- pregnancy in a person who lacks capacity or who is very young
- self-inflicted injury or attempted suicide.

Specific safeguarding issues
There are specific types of behaviour that are abusive and can result in harm. Although abuse is most often
caused by others, on occasions it may be self-inflicted. These include:

**Breast ironing**

Breast ironing – also known as breast flattening – is the process whereby young pubescent girls’ breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely.

It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage and therefore be kept in education. Much like female genital mutilation (FGM), breast ironing is a harmful cultural practice and is child abuse.

**Bullying**

Bullying is behaviour that is:

- threatening, aggressive or intimidating
- abusive, insulting or offensive
- cruel or vindictive
- humiliating, degrading or demeaning.

Bullying can occur between children, adults or between adults and children. Bullying can take many forms. It can be physical, verbal or non-verbal. Mobile phones, the internet or instant messaging can be used to bully. Whatever form the bullying takes, many who are bullied will not tell anyone.

- Bullying can be inflicted by anybody whether as an individual or in a group
- It often occurs in circumstances where it is difficult for the bullied to defend themselves
- Bullies will usually pick on those they consider to be vulnerable and less able to protect themselves, such as those who are younger, different or disadvantaged in some way
- Some individuals may be picked on because of race, class, religion, gender, sexuality, disability or appearance. Others are bullied for no obvious reason
- It can leave those bullied feeling lonely, isolated and very unhappy
- Some children and adults have taken their own lives when bullying became too much to bear
- Bullying has an effect on everyone, not just those directly involved. Some feel they can only stand on the side lines and do nothing because if they intervene they run the risk of being turned on themselves
- Bullying causes much fear and misery and should never be taken lightly.

**Cuckooing**

Cuckooing is the process whereby criminal gangs target the homes of vulnerable people in order to use their premises for criminal activity.

Many of the victims are particularly vulnerable and criminal gangs may use threats and intimidation to gain access to the property to engage in criminal activity such as drug dealing, sexual exploitation etc.

Signs of cuckooing include but are not limited to:

- an increase in the number of visitors to what is usually a multi-occupancy or social housing property
- different people that you do not recognise coming and going at the property
- new or hire cars parked outside the property
- changes in the resident’s behaviour (they might become reclusive, but you see other people coming and going from the property)
- changes in the resident’s appearance (they may have visible injuries or look like they are in discomfort from hidden ones)
- signs of drug paraphernalia around the property
- disengagement with support services
- a local increase in anti-social behaviour.

**Criminal exploitation: county lines**

Criminal exploitation of children or vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns.

Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs.

It can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threat of violence. It can be perpetrated by individuals or groups, males or females, and young people or adults.

It is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.
Drug, alcohol and substance misuse
Misuse is defined as a pattern of habitually taking any substance which can cause harm for mood altering purposes. Substances which can be identified as causing harm may be legal or illegal.

Signs of possible drug, alcohol and substance misuse include but are not limited to:

- unexplained change in personality or attitude
- sudden mood swings, irritability, or angry outbursts
- lack of motivation, lethargy or appearing ‘spaced out’
- confusion
- unexplained shortage of money
- fraud, theft
- unexplained weight loss/gain.

Forced marriage
Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage.

Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (for example, if they have learning disabilities).

Grooming
Grooming is the planned and deliberate act of manoeuvring another individual into a position that makes them more isolated. They become dependent and likely to trust the abuser, and more vulnerable to abusive behaviour.

Grooming occurs when someone builds an emotional connection with a child or vulnerable adult to gain their trust for the purposes of abuse or exploitation. They can be groomed online or in person, by a stranger or by someone they know – for example a family member, friend or professional. Groomers can be male or female. They can be any age.

The internet has created new opportunities for abusers to target the vulnerable. They do this by taking advantage of an unsuspecting individual and then proceed to groom. Because the internet is largely unregulated, it has become a significant tool for manipulation in the hands of an abuser.

Caring and concerned adults may also be groomed by the abuser, winning their trust, and as a result a situation which should cause concern becomes acceptable.

Those affected may not realise they have been groomed, or that what has happened is abuse and abusers will try to overcome a child or an adult’s natural resistance in stages by:

- making and sustaining contact
- offering gifts or rewards as bribes
- using secrecy and possible threats so that they become isolated
- introducing them to abuse that appears natural.

Homelessness
Being homeless or being at risk of becoming homeless (ie, without a permanent dwelling) presents a real risk to a person’s welfare.

Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property.

Honour-based violence
Honour-based violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing.

Abuse committed in the context of ‘preserving honour’ often involves a wider network of family or community pressure and can include multiple perpetrators.

Modern slavery (human trafficking)
Modern slavery includes forced labour, domestic servitude or coercing, deceiving, degrading and forcing an individual into a life of abuse.

Signs of possible modern slavery include but are not limited to:

- physical appearance
- isolation
- poor living conditions
- few or no personal effects
- restricted freedom of movement
- unusual travel times
- reluctance to seek help
- people who rarely come out of the house and speak little or no English
- faces that can be seen at windows often looking stressed and never smiling
- house or flat curtains closed during much of the day
- excessive packaging of home delivery meals left outside a house
- frequent visitors to residential premises
places where ‘workers’ appear underage or speak no or little English

> children collected at the school gate by different people each day who are clearly not the parents or grandparents.

In addition, further possible signs that indicate modern slavery can be found under the headings Emotional and psychological abuse and Physical abuse in this section.

Peer on peer abuse
Children can abuse other children. It can take many forms including: bullying; sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

Sexual violence and sexual harassment can occur online and offline. Evidence shows that girls, children with special education and needs disabilities (SEND) and lesbian, gay, bisexual and transgender (LGBT) children are at greater risk.

Peer on peer abuse tends to be experienced by children aged 10 and upwards, with those abusing them being slightly older.

Signs of possible peer on peer abuse include but are not limited to:

> physical injuries
> drug and alcohol abuse
> going missing
> committing criminal offences
> disengagement from school
> poor mental health
> sexual health concerns.

Radicalisation
Radicalisation is defined as the process by which those who are vulnerable come to support terrorism or violent extremism and, in some cases, to directly participate in or support terrorist groups. There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame. It may follow experience of racism or discrimination. They believe that joining a movement offers social and psychological rewards such as adventure, camaraderie and a heightened sense of identity.

Signs of possible radicalisation include but are not limited to:

> changes in behaviour
> sense of isolation or failure
> expression of extremist views
> use of inappropriate language – racist or hate terms
> supporting violent methods and actions
> accessing extremist material online, including through networking sites (eg. Facebook, YouTube)
> travel for extended periods to international locations known to be associated with extremism.

Self-harm
Self-harm is the act of deliberately causing harm to oneself either by causing a physical injury or by putting oneself in dangerous situations.

Self-harm is primarily a coping strategy and can provide a release from emotional distress and enable an individual to regain feelings of control. There is no typical person who self-harms. It can be anyone.

Signs of possible self-harm include but are not limited to:

> covering up cut marks with clothing
> frequent thoughts of helplessness, hopelessness, or worthlessness
> shame, guilt, low self-esteem
> unexplained injuries
> fear
> depression
> loss of sleep
> unexplained weight loss or gain
> confusion
> unexpected or unexplained change in behaviour
> feeling guilty.

Self-neglect
Self-neglect is neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

Possible signs indicating self-neglect can be found under the heading of Neglect in this section.

Sexual exploitation
Sexual exploitation is a type of sexual abuse in which children or vulnerable adults are sexually exploited for money, power or status.

Some children and vulnerable adults are trafficked into or within the UK for this purpose. They may be tricked into believing they are in a loving, consensual relationship.
Abusers will use various means to gain compliance such as drugs, alcohol, gifts, threats and bribes.

Signs of possible sexual exploitation include but are not limited to:

- being missing from home or care
- physical injuries
- drug or alcohol misuse
- involvement in offending
- repeated sexually-transmitted infections, pregnancy and terminations
- absence from school
- change in physical appearance
- being estranged from their family
- inappropriate use of social networking sites and other media devices
- receipt of gifts from unknown sources
- recruiting others into exploitative situations
- poor mental health, self-harm
- thoughts of or attempts at suicide.

**TOP TIP** If you are concerned, supportive advice is available to you through your local safeguarding teams. Know how to contact them on 0303 003 0105
PART THREE
HOW TO RESPOND TO A CONCERN

It is a sad fact of life that, from time to time, those organisations which exist to help the community are targeted by those who pose a threat to children and vulnerable adults. St John Ambulance is no exception. Abuse can occur anywhere at any time. If you have any suspicions, concerns or are made aware of possible abuse you must follow the reporting procedure.

In the course of your work you will be party to information about individuals which is not in the public domain. Any information you receive belongs to the organisation and may only be used for St John Ambulance purposes.

As a general rule, information cannot be shared outside the organisation without authority. In the case of information relating to children or vulnerable adults that authority will be given by the National Safeguarding department.

If information is required immediately by an outside agency (eg. social services, police, CQC or LADO) any relevant information must be shared on a need to know basis. This is because the safety, protection and wellbeing of the child or vulnerable adult is paramount and will override the normal rules of confidentiality.

Concerns that a child or adult may be at risk of suffering harm may arise from information given to you, behaviour by the child/vulnerable adult, an injury that arouses suspicion or contact with someone known to pose a risk to children/vulnerable adults.

**What to do if someone shares a concern with you**

Someone who is worried about what is happening or someone who has been harmed may talk to you. They may raise concerns which may be internal or external to the organisation. In most cases a person will confide in someone they know and trust. As a part of the organisation this could be you. If a child or vulnerable adult confides in you or you learn from anyone else, then you must report that concern.

**What you must do**

- Remain calm, approachable and receptive
- Listen carefully without interrupting
- Make it clear that you are taking what is being said seriously
- Acknowledge you understand how difficult this may be
- Reassure them that they have done the right thing in telling
Let them know that you will do everything you can to help them.

Record carefully using the words of the child or vulnerable adult and sign, date and time your notes.

Record only what has been said, heard, seen and what you have done.

**What you must not do**

- Do not show any shock or distaste.
- Do not probe or investigate yourself – only listen, record and report.
- Do not ask any questions that suggest the answer.
- Do not speculate or make assumptions.
- Do not make any comments about any of the people involved.
- Do not make promises you cannot keep.
- Do not promise to keep the information secret but explain that there may be a need to share it in confidence with an appropriate person.
- Do not delay in contacting your safeguarding team, whatever the time, and always make sure you keep them aware of any further developments.
- Do not discuss the situation with anyone who does not need to know.

**Reporting a safeguarding concern**

The flowchart below sets out the steps for reporting a concern or allegation of abuse in all cases except for ambulance services (see page 16).

If there is an imminent risk of significant harm contact the police or your local social services immediately. Do not leave that person until you can hand them over to the appropriate responsible person. Say that you are making a referral and need to speak to the appropriate person.

When making such a contact you should:

- say who you are
- give the details of the person at risk
- state what they have told you
- provide any relevant background information
- ask what will happen next.

Then contact your safeguarding team after you have spoken to the authorities. Do not delay in contacting your safeguarding team, whatever the time, and always make sure that you keep them aware of any further developments. Do not discuss the situation with anyone who does not need to know. Continue to be caring and supportive for the child or vulnerable adult.

In a non-emergency situation inform your safeguarding team and then the appropriate manager within 24 hours.

The confidential reporting a cause for concern form has been developed to help this process and can be used by anyone who has a concern that needs to be raised and addressed. The form is available on Connect, from your safeguarding team or your line manager who can help you complete it if required.

Once you have made contact with your safeguarding team the following steps will be taken:

- The National Safeguarding department (NSD) at National Headquarters will be informed.
- Once the matter has been reported to the NSD a unique case number will be allocated, which will be passed onto you as confirmation that the matter is being dealt with appropriately.
- Thereafter the Regional Safeguarding Manager, Registered Manager CQC, Regional Director and other relevant personnel will be informed on a need to know basis.

Remember that the media may also become involved. If you are approached do not give any comment. Never provide a statement to the media, or answer any questions from them – simply ask for their details and say a representative of the organisation will contact them. Then immediately pass this information onto your regional Public Relations Officer.
Reporting a safeguarding concern for Ambulance Operations
The flowchart below sets out the steps for reporting a concern or allegation of abuse for Ambulance Operations.

Is it an emergency?
Is there an imminent risk of significant harm?

YES
Inform the police immediately

NO
Follow NHS Trust procedures
Inform the receiving organisation (unless directed otherwise)
Inform the National Safeguarding department
Inform the appropriate manager(s)
Reporting a cause for concern form to be completed and submitted within 24 hours of incident
If working for an external health care organisation, an additional report form may be required.

Imminent risk of significant harm means that a child or vulnerable adult is in danger at that moment and to do nothing would result in actual harm to the individual. Do not leave that person until you can hand them over to the appropriate responsible person.

TOP TIP
This information can also be found on the safeguarding pocket card – make sure you carry yours at all times.

➢ In an emergency where there is an imminent risk of significant harm, the police must be notified immediately, directly or via control.
➢ The person identifying the concern is responsible for reporting the matter.
➢ In non-emergency situations a Community First Responder will report to the attending ambulance crew.
➢ In all cases, once the local process for reporting a concern has been followed and agreement has been given, the patient journey will be completed. The ambulance crew must inform the receiving organisation of the concern unless directed otherwise.
➢ If working for an external health care organisation, report the incident as instructed (e.g. the identified single point of contact). You must then inform both the National Safeguarding department (NSD) and the appropriate manager(s). In the case of FGM, this must be reported via the Ambulance Trust to NHS England.
➢ The reporting a cause for concern form is to be completed and submitted to NSD within 24 hours of the incident.

➢ It is the duty of NSD to take the necessary safeguarding steps and to report to the Care Quality Commission detailing the concern and the action taken.

Additional requirements for Ambulance Operations
➢ In the course of your work, occasions can arise where you are on your own with a patient. Where such a situation is unavoidable, as far as possible ensure someone else can see or hear you whilst maintaining the patient’s dignity, privacy and modesty.
➢ Wherever possible when providing care, treatment or support to an unaccompanied child or vulnerable adult, try to ensure that a third person who should be a health care professional or an appropriate adult or a police officer is present.
➢ If you need to remove clothing for detailed examination, ensure that it is done with the minimum of disturbance and with the patient’s consent where possible.
➢ Make sure the patient’s belongings are with them at all times. If you have to search through their belongings for information about their medical condition, do so in front of a reliable witness. If possible ask the patient’s permission before doing this.
➢ It is good practice to document high value items e.g. wallets, jewellery on the patient report form (PRF). Afterwards ensure all clothing and medications accompany the patient to hospital or are handed over to the police.
➢ When a patient is upset, try to provide comfort and support without unnecessary, inappropriate or excessive physical contact.
➢ It is not acceptable to restrain. Further advice when transporting an individual requiring restraint should be sought from a qualified provider e.g. ambulance control or the police.
➢ In the event of physical aggression, seek assistance immediately from ambulance control.

TOP TIP
Remember the National Safeguarding telephone number – 0303 003 0105 and select option 1 for Ambulance Operations.

Safeguarding training for ambulance crews
➢ Introduction to Safeguarding.
➢ Level One online training found on Connect.
➢ Level Two training.

Information about those who require a higher level of training, specifically HCPs (Level 3), is outlined in the two intercollegiate documents Adult Safeguarding: Roles and Competencies for Health Care Staff and Children Safeguarding: Roles and Competencies for Health Care Staff.
Reporting a safeguarding concern for the Sussex Homeless Service

The St John Ambulance Homeless Service provides primary health care and first aid to homeless and vulnerably housed people in Hastings and Brighton. Teams of St John Ambulance volunteers and staff run drop in clinics at day centres. Also, in Brighton a mobile treatment centre is crewed on the seafront every Thursday evening.

During the course of working with this vulnerable group of people it is inevitable that staff and volunteers will be told of or notice issues that are or could become safeguarding concerns. It is important that any concern is appropriately referred on.

The flowchart below sets out the steps for reporting a concern or allegation of abuse for the Sussex Homeless Service.

- **Is it an emergency?**
  - **YES** Inform the police immediately
  - **NO** Liaise with the Service Co-ordinator and partner agencies as appropriate

Make the safeguarding referral – use your local (Sussex) contact details for these referrals whenever possible

Health and Social Care Connect 0345 6080 191

In addition, you are required to submit safeguarding concerns to NSD within 48 hours of the incident using the reporting a cause for concern form, which is a Word version on the PC in the treatment rooms at Seaview and First Base or you can find it on Connect

If you have not made a safeguarding referral NSD can make this on behalf of the service.

Imminent risk of significant harm means that a child or vulnerable adult is in danger at that moment and to do nothing would result in actual harm to the individual. Do not leave that person until you can hand them over to the appropriate responsible person.

**TOP TIP** More information on local reporting can be found at eastsussex.gov.uk/socialcare/getting-help-from-us/contact-adult-social-care/

For information about Brighton adult social care, telephone 01273 295555, email accesspoint@brighton-hove.gov.uk or visit brighton-hove.gov.uk/content/social-care/access-point-support-and-social-care-services

Additional requirements for the Sussex Homeless Service

- In the course of your work, occasions can arise where you are on your own with a client. Where such a situation is unavoidable, as far as possible ensure someone else can see or hear you whilst maintaining the client’s dignity, privacy and modesty
- Wherever possible when providing care, treatment or support to an unaccompanied child or vulnerable adult, try to ensure that a third person who should be a health care professional or an appropriate adult or a police officer is present
- If you need to remove clothing for detailed examination, ensure that it is done with the minimum of disturbance and with the client’s consent where possible
- Make sure the client’s belongings are with them at all times. If you have to search through their belongings for information about their medical condition, do so in front of a reliable witness. If possible ask the client’s permission before doing this
- It is good practice to document high value items eg. wallets, jewellery on the patient report form (PRF). Afterwards ensure all clothing and medications accompany the client to hospital or are handed over to the police
- When a client is upset, try to provide comfort and support without unnecessary, inappropriate or excessive physical contact
- It is not acceptable to restrain. Further advice when transporting an individual requiring restraint should be sought from a qualified provider eg. ambulance control or the police
- In the event of physical aggression, seek assistance immediately from day centre staff.

Safeguarding training for volunteers and staff running the Sussex Homeless Service treatment centres

- Introduction to Safeguarding
- Level One online training found on Connect
- Level Two training.

Information about those who require a higher level of training, specifically HCPs (Level 3), is outlined in the two intercollegiate documents Adult Safeguarding: Roles and Competencies for Health Care Staff and Children Safeguarding: Roles and Competencies for Health Care Staff.
To report or not to report

What if I am wrong?
Yes, you could be wrong, but you cannot afford to take the risk of not reporting your concerns. Not to report could represent a lost opportunity to help the child or vulnerable adult and could then result in criticism of you and the organisation.

‘X’ always seems such a nice, gentle, helpful person – I am sure they would never hurt anyone
Appearances can be deceptive. Abusers will do everything they can to appear normal and caring. They will ensure that trust has been firmly established to give them continued access to those they have identified as vulnerable.

If something was really wrong surely somebody else or another responsible organisation would have noticed and done something?
Others may have noticed a change in behaviour and reported that fact but that in itself did not cause action to be taken – the additional information you provide could be vital.

It’s none of my business – I only see this person once a week and I wouldn’t like it if someone interfered in my family life
It is your business – the protection of anyone at risk takes precedence over anything else, and what you have seen or have been told may be extremely important.

How could I live with myself if ‘X’ found out that I had reported them – especially if I was wrong?
You raised concerns about something which appeared inappropriate to protect someone at risk. How would you feel if that person was to be seriously harmed and you had done nothing to share or raise your concerns?

What if they took that child or adult away?
A child or vulnerable adult will only be taken away from their home as a last resort if there is serious risk of further significant harm.

Maybe I’ll wait for a while and see if things get better – if there is something wrong, someone else is bound to notice and report it
It is vital that you act immediately. There is no guarantee that what you have seen will be noticed elsewhere and once rebuffed, ignored or not taken seriously the person may be reluctant to tell anyone else. Delay could be very serious to the individual concerned. You are not making a definitive judgement and it is not your role to investigate but to report. However, your information may be an important piece of a jigsaw puzzle which, when put together, may provide a fuller picture. You will need to inform your safeguarding team and the appropriate manager.

Mental health
Around one in four people in the UK experience a mental health problem each year, according to Mind, the mental health charity. There are many different mental health problems such as anxiety, depression, phobias and eating disorders. Help is available but too many people go without the vital support they need to feel better. St John Ambulance is committed to fighting the stigma around mental health.

Everyone has good and bad days. However, feeling stressed or low for a long time can be a sign of a mental health problem. There are some common signs that people may need some extra support such as:

- frequently experiencing problems falling asleep or regularly waking up very early
- persistent headaches, palpitations and nausea
- increased anxiety and irritability
- persistent low mood
- experiencing deep feelings of anger at minor irritations
- avoiding people or activities that they’d normally enjoy
- replaying difficult situations in their mind that can lead them to question or doubt themselves and their actions.

If you spot any of your colleagues displaying these behaviours, it’s important to talk to them to see how they’re doing as sometimes they just need someone to talk to. For an adult employee or volunteer, support services are available on our MyWellbeing hub.

All adults in St John Ambulance have access to a confidential assistance programme provided by Workplace Wellness to help people manage and reduce the impact of life’s ups and downs, both at home and at work. The telephone helpline (0800 1116 387) gives people access to 24/7 confidential and independent support from accredited counsellors and information specialists, depending on what you need.

There can be difficult feelings and behaviours which are associated with mental health problems, and sometimes people may try to deal with these overwhelming feelings and situations through self-harm or suicidal thoughts. A safeguarding referral should be made in instances where someone is experiencing, or at risk of, harm and neglect, such as self-harm. If someone is feeling as though they may act on suicidal feelings and unable to keep themselves safe, then this is a mental health emergency. It’s important to treat it as seriously as any physical health emergency and seek urgent help – for example by dialling 999, going to the nearest A&E, or calling the Samaritans on 116 123.

TOP TIP
Free and confidential advice and support from Workplace Wellness is available 24 hours a day – telephone 0800 111 6387 or visit my-eap.com (organisation code: SJAwell)
PART FOUR
HOW TO MEET OUR RESPONSIBILITIES

St John Ambulance is committed to ensuring that all those working with children and vulnerable adults must promote their welfare, health, wellbeing and development and take every reasonable precaution to protect them. Through the National Safeguarding department, the trustees ensure that there are appropriate policies and procedures in place. However, safeguarding is everyone’s responsibility.

Your responsibilities

➢ Understand and be familiar with the safeguarding policy and procedures
➢ Undertake training to the appropriate level to support your role and ensure that this is regularly updated
➢ Follow safe working practice
➢ Act appropriately and be able to challenge inappropriate behaviour in others
➢ Be able to recognise signs of abuse
➢ Know how to follow and use the procedure for reporting concerns or alleged or suspected incidents of abuse
➢ Where there is a role requirement ensure that you have a current DBS certificate
➢ Always wear your ID badge when engaged in St John Ambulance activities (events, meetings, training)
➢ Ensure you follow the policy on the General Data Protection Regulation (GDPR).

TOP TIP You have a responsibility to challenge any inappropriate behaviour that could harm an individual or the reputation of St John Ambulance

Supporting you in your responsibilities

District Safeguarding Officer and safeguarding team
The District Safeguarding Officer and safeguarding team provide advice, guidance and practical support to employees and volunteers to ensure that they work safely with children and vulnerable adults in all St John Ambulance activities. DSOs and safeguarding teams will:
➢ undertake appropriate safeguarding training
➢ advise you on any issues or concerns about working practices
- visit units on a regular basis
- manage any causes for concern that occur within the district.

**Regional Safeguarding Manager**
- Manages and provides support to the District Safeguarding Officers and safeguarding teams
- Representing the National Safeguarding department, advises and supports the Regional Director and the Regional Management team.

**CQC Registered Manager**
A Registered Manager is the person appointed by the provider (SJA) to manage the regulated activity on their behalf, where the provider is not going to be in day-to-day charge of the regulated activities themselves.

As a registered person, the Registered Manager has legal responsibilities in relation to that position. A Registered Manager shares the legal responsibility for meeting the requirements of the relevant regulations and enactments with SJA.

The Registered Manager must ensure that they and SJA comply with two sets of regulations, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009. The particular regulation relating to safeguarding is Regulation 13 – Safeguarding service users from abuse and improper treatment. This includes:
- neglect
- subjected people to degrading treatment
- unnecessary or disproportionate restraint
- deprivation of liberty.

The appropriate Registered Manager must be informed of all safeguarding concerns relating to regulated activity prior to any external body being informed.

The Registered Manager must ensure that CQC are then notified about abuse or alleged abuse concerning a person or persons (child or adult) who use the service as defined in Regulation 18: Notification of other incidents Care Quality Commission (Registration) Regulations 2009 Regulation 18(2), in relation to regulated activity. This notification can be submitted by the safeguarding team on behalf of the Registered Manager.

**National Safeguarding department**
- Develops strategy, policy and procedure for working safely with children and vulnerable adults
- Promotes safe practice
- Seeks to ensure compliance with this policy
- Manages and supports Regional Safeguarding Managers
- Advises and oversees the management of all causes for concern
- Provides support and relevant information for CQC Registered Managers.

**Your training**
You are responsible for undertaking safeguarding training as detailed in your role description to the appropriate level for your role and ensuring that this is regularly updated.

**Safe working practice**
Developing an atmosphere of mutual support and care is essential in helping all employees and volunteers to be comfortable about discussing inappropriate attitudes or behaviour. Always ensure your own behaviour is beyond reproach at all times. Do not believe that ‘it won’t happen to me’. The reality is that people who may be blameless, but disregard safe practice, may be subject to accusations of wrongdoing including abuse. If you have any concerns about an individual, or suspect that abuse is taking or has taken place, it is your responsibility to report in accordance with this policy.

Safe working practice means working professionally to create a safe environment. You can help to achieve this by:
- being friendly, courteous and kind; never making suggestive or discriminatory comments
- treating all with dignity and respect regardless of race, gender, age, disability, religion, sexuality, appearance or cultural background
- respecting personal privacy
- taking into personal privacy
- being available to listen
- being ready to refer to someone more experienced than yourself if required
- never ignoring a concern or failing to take action
- knowing how to contact your safeguarding team
- avoiding any questionable activity eg. rough or sexually provocative games – horseplay and violent games must be avoided
- challenging unacceptable behaviour and reporting any concerns or allegations of abuse
- avoiding favouritism or singling out those who cause trouble or offer challenging behaviour
- avoiding one-to-one contact - whenever possible ensure other people can see or hear you
- not using any form of inappropriate language or subject matter – be careful not to do or say anything that could be misinterpreted as innuendo
- never ignoring or trivialising bullying
- not allowing or engaging in any kind of physical contact that is inappropriate – remember someone else may misinterpret your actions
- establishing links with parents and carers
- making sure you have all appropriate contact details readily available for those in your care.
If an exceptional situation occurs, seek advice immediately. Where policy cannot be followed or a situation arises that could be misconstrued, detail the circumstances and reasons for what has occurred in a report, which must be forwarded to your safeguarding team within 24 hours of what has taken place.

**Physical contact**

Physical contact should be avoided wherever possible. If inappropriate, such contact will be construed as indicating some form of abuse. Where physical contact is required, take the following steps:

- Respect the dignity, privacy and feelings of the individual
- When a person is upset, try to provide comfort and support without unnecessary or excessive physical contact
- With physical contact in first aid practicals and demonstrations, be sensitive and always avoid inappropriate touching of a child or vulnerable adult. Ideally, demonstrate on a colleague or other responsible adult with their pre-arranged permission or ask a participant to demonstrate on another participant. There will be occasions when cadets aged 16+ are involved in adult assessments
- There should be no need to adjust clothing. If required, this should be done either by the individual or a peer. On occasions it may be necessary to check and adjust protective or safety clothing and equipment. This should be done with care, openly in the presence of the entire group
- It is not acceptable to restrain. If restraint and control are required, appropriate qualified support will need to be obtained, eg. the police. Only in an emergency where immediate intervention is required to preserve life or limb is restraint justified eg. grabbing a child to prevent them running into the road
- In the event of any physical aggression seek appropriate assistance immediately
- Be aware of an individual’s sensitivity during first aid practice work. Where possible, give prior notice so that they wear suitable clothing.

**Communication**

Ways of communicating have changed. Today this includes the wider use of technology such as mobile phones, text and multimedia messaging, emails, videos, web-cams, websites and blogs. Communication between adults and those who are vulnerable, by whatever method, should take place within clear and explicit boundaries.

**Communication principles**

- Know and follow the St John Ambulance image and reputation policy
- St John Ambulance employees and volunteers are individually responsible for the content they publish on the internet or any other form of user-generated media. Be mindful that what you publish will be public for a long time – protect your privacy
- Respect patient confidentiality, data protection and copyright
- Be mindful of your association with St John Ambulance in online social networks. If you identify yourself as a St John Ambulance employee or volunteer, ensure that your profile and related content is consistent with the professional standards required by the organisation
- Always respect other people in the way that you would like them to respect you
- Adhere to terms and conditions laid out by social media channels.

**Safe practice**

- You should ensure that all communications are transparent and open to scrutiny
- Details of mobile numbers and emails must be securely stored as required by the St John Ambulance data protection policy
- You should not ask for, or respond to any request for personal information from a child, other than that which is appropriate as part of your role within St John Ambulance
- For children under 11, you should make all arrangements by contacting parents or carers direct. If you send text messages or emails or use social media to contact older children, send copies to parents or carers and to a person with appropriate responsibilities within St John Ambulance
- Adults must not share their personal social networking site contact details with those under 18.

**Photography and videos**

It may be appropriate on occasion to record photographic and video images of employees or volunteers, or to allow them to record images of each other, eg. to assist learning, to celebrate achievement or for publicity.

- Only record images when it is agreed and understood that this will be done
- Be clear why images are being recorded and what will happen to them

**TOP TIP** Follow safe practice at all times – always remember to work safely and do not take any unnecessary risks

**TOP TIP** Further information can be found in the image and reputation policy on Connect
Ensure that all images are available for scrutiny, in order to screen for acceptability

Do not take images in one-to-one situations

Do not take images ‘in secret’ or in a situation that may be construed as being underhand

Report any concern about inappropriate or intrusive photographs being taken or subsequently found

If any image is used, do not name the individual, unless you have specific consent and there is a need to do so

Where St John Ambulance has decided that images should be retained for further use, they should be securely stored and accessed only by those authorised to do so

No photos or videos of St John Ambulance events or activities should be taken without the agreement of all concerned and following the principles set out above.

Because of the potential for images of children to be misused for pornographic or grooming purposes:

- images of children must not be displayed on websites, in publications or in a public place without the consent of both the child and the parent or carer
- parents or carers are to be routinely asked to give general consent for their child to be photographed or images recorded. This should be updated as required

Activities: minimising the risk of harm

Employees and volunteers should be aware that St John Ambulance provides risk assessment guidance. A risk assessment is an important step in protecting the health and safety of employees and volunteers, and others who may be affected by our activities, as well as a requirement of the law.

A risk assessment is simply a careful examination of what could cause harm, so that you can weigh up whether you have taken sufficient precautions, or should do more to prevent it. The aim is to try to make sure that no one suffers harm.

A hazard is anything which can cause harm. Risk is the likelihood or chance of that happening. So the important thing you need to decide is whether the hazard is significant and what action you can take so that the risk is minimised, or whether the activity should be discontinued.

There are a number of practical matters to consider when planning activities, including:

- the type of activity
- the environment where the activity is taking place
- the number of participants
- the age of participants
- the skill, ability and competence of those taking part and of the persons supervising or leading the activity.

The risk assessment must be formally recorded. This will provide a clear audit trail, which can be used in the event of an inquiry or complaint.

Basic principles of making a risk assessment

- Complete a thorough risk assessment of the venue, the activity and its suitability for the proposed participants. This should also include detail of action to be taken in the event of an untoward incident or occurrence
- Undertake a risk assessment for every activity. If it is a regular activity the existing assessment will need to be reviewed regularly and amended as required
- Inform and obtain permission from those with parental or caring responsibilities for the activities that are being organised
- Ensure that all participants are aware of identified risks and safeguards in place
- Ensure that appropriate supervision is in place
- Ensure any activity using potentially dangerous equipment has constant supervision by a responsible person with the appropriate qualifications
- In the event of any dangerous or inappropriate behaviour by anybody present ensure that it is stopped immediately
- Ensure that those with caring responsibilities for children or vulnerable adults are aware of where they are and what they are doing, and that appropriate staffing ratios are maintained
- All risk assessments should be subject to on the spot monitoring and change. This is know as ‘dynamic’ risk assessment where changes are made in response to an increased level of risk or additional hazards that become apparent
- Ensure outside providers are made aware of and comply with the St John Ambulance procedures.

Five steps to assess general risk

1. Identify the hazard
2. Decide who might be harmed and how
3. Evaluate the risks and decide on precautions
4. Record your findings and implement them
5. Review your assessment and update if necessary.

Safer recruitment

St John Ambulance seeks to prevent people who pose a risk of harm from working with children or adults by adhering to statutory responsibilities to check employees and volunteers who work with children and vulnerable adults.

As the majority of employees and volunteers will be engaging in regulated activity, an enhanced DBS certificate which includes barred list information, will be required for most roles.
Supervision

St John Ambulance owes all employees and volunteers a duty of care. Specifically, with regard to children and vulnerable adults, this means acting as a prudent parent or carer would and protecting them from harm, whether intentional or unintentional.

Making arrangements for appropriate supervision is one of the most effective ways of preventing harm to any of its personnel or to the reputation of the organisation.

Having clearly defined supervision arrangements will not only minimise the risk of accidents but will contribute to the safety of all.

It is your duty:

- to inform the responsible parent or carer of any accidents that have occurred within the activities provided
- to complete a report form and send it to the appropriate manager
- to make sure there is a follow-up call to those with parental or caring responsibility
- to inform the appropriate manager of any injuries you have been told about that occurred outside the organisation.

From time to time, a unit may have visitors. It is important that all visitors are supervised at all times. Supervision means that the visitor is within your eyeline and you are assured that children and young people are kept safe from harm.

Additional requirements for working safely with children

- Ensure the unit has an up-to-date copy of the safeguarding policy and procedures and know whom to contact for further advice, information and support
- Never plan to run a unit or training session on your own
- Always maintain the required ratios of adults to those under 18 years of age (see table at the end of this section)
- In case of emergency ensure you have contact details of parents and carers
- Try to ensure you have the appropriate balance of male and female personnel for whatever activity is taking place. If necessary introduce a rota scheme
- Remember to check and record any visitors and guests very carefully whether their visit is by invitation or unsolicited
- Plan the arrival and departure of children. Ensure that responsible adults are at the premises before the children are expected to arrive. Do not leave the premises until all children have left or been collected by parents or carers
- Only with written parent or carer approval and the agreement of the unit manager will those under 16 be allowed to make their own way to meetings and leave without supervision. Agree arrangements that everyone is happy with
- For children under 11, arrangements should be made by contacting parents or carers direct. If you send text messages or emails to older children, send copies to parents and to a person with appropriate responsibilities within the organisation. Details of mobile numbers and email addresses must be kept in a safe place
- Involve children in establishing their own list of rules for outlining what is and is not acceptable in their Unit. These should be prominently displayed and followed by all adults and children
- Be firm and fair with children. Avoid favouritism and singling out those who cause trouble. Remember it’s the behaviour that is not acceptable and not the child
- When you find a child is trying to get a lot of attention, re-direct them into positive activity
- Do not allow children or adults to engage in abusive activities such as initiation ceremonies, ridiculing or bullying
- Avoid all one-to-one situations with a child. Where such a situation is unavoidable, always keep a door open and ensure someone else can see or hear you
- It is sometimes necessary for employees and volunteers to carry out personal tasks for children and vulnerable adults, particularly if they are very young or disabled. Ensure that tasks are carried out with the full understanding and consent of parents and carers. Staff should be sensitive to and respectful of the child or vulnerable adult’s feelings and undertake personal tasks with the utmost discretion
- In an emergency which requires physical contact, parents and carers should be fully informed as soon as possible of what has happened
- You and other adults in charge of children should not drink alcohol, both because you are in charge and also to set a good example. This applies even if you are off duty but around children
- On residential events or courses, do not allow males to enter female accommodation (or vice versa). If the need arises for a male to enter female accommodation (or vice versa), that person must always be accompanied
- The transportation of badgers, cadets or members of the public in privately registered vehicles shall not be organised or authorised as an official SJA activity by any representative of SJA. Formally organised transportation shall only be undertaken in appropriate SJA vehicles with the driver being suitably qualified
- As a St John Ambulance volunteer or employee, do not take a child to your own home or any other
premises where you will be alone with them (this does not apply if the child is related to you)

➤ Never trivialise child abuse
➤ Record and report any allegations by a child including any made against you.

**TOP TIP** For further guidance on 16+ refer to the youth volunteering policy on Connect

### Adult supervision ratio requirements when working with those under 18 years of age

When working with groups of children or young people it’s important that there are enough qualified adults to provide the appropriate level of supervision.

The NSPCC state that: ‘staffing and supervision ratios can sometimes be difficult to judge. It’s important that you have enough volunteers to ensure children are safe – and that these adults are suitable to undertake various tasks as needed’. Wherever possible, for mixed gender groups of children the supervising adults should reflect the mixture of genders.

As a minimum there should always be at least two adult volunteers at least one of whom is qualified for the role of youth leader. It may not always be possible to stick to recommended ratios. However, every effort should be made to achieve the best level of supervision of children at all times.

Adults who do not meet the criteria for a disclosure and barring (DBS) check should be supervised at all times. All adults who have contact with children should understand and agree to follow the safeguarding policy and procedures.

#### UNDER 10 YEARS

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<th>MEETINGS</th>
<th>ADULTS REQUIRED</th>
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<tr>
<td>Up to 6</td>
<td>Up to 8</td>
<td>Minimum 2</td>
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<td>9-16</td>
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#### 10-17 YEARS

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**TOP TIP** Remember if a child or vulnerable adult confides in you or if you hear from anyone else, then you must report that concern

### Other considerations for working safely with children and adults

➤ St John Ambulance is committed to creating an equal, inclusive and diverse organisation that provides a high quality and safe service to all members of the community
➤ As far as possible, St John Ambulance seeks to meet an individual’s needs as well as the needs of the organisation
➤ Units should be mindful that some people may benefit from additional help: eg. is disabled and has specific additional needs; has special educational needs; and is a young carer
➤ Youth units should also be mindful that the most common reason for children becoming looked after is as a result of abuse and/or neglect. It is essential that this potentially vulnerable group are kept safe
➤ Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. This can include for example that they are disproportionately impacted by behaviours such as bullying without outwardly showing any signs
➤ Transgender and non-binary children and adults have the right to be treated in a manner consistent with their identity. Facilities, for example, on residential trips will need to be checked carefully to ensure that, where ever possible, an individual’s needs and the organisation’s can be met
➤ LGBT (lesbian, gay, bisexual and transgender) people can feel more vulnerable with regards to bullying and mental health. The organisation wishes all employees and volunteers to feel valued, accepted and included.

**TOP TIP** If any exceptional circumstances arise, contact your local safeguarding team for advice
PART FIVE
ASSOCIATED ST JOHN AMBULANCE POLICIES,
PROCEDURES AND GUIDANCE

Anti-bullying, harassment and victimisation policy
The purpose of this policy is to ensure that employees, volunteers and young people can participate in St John Ambulance activities free from harassment, bullying and victimisation.

Conduct and performance policy
The purpose of this policy is to set out the expectation that all employees and volunteers will strive to achieve high standards of conduct and performance. Procedures which underpin the policy ensure individuals are supported to perform well in their roles and mitigate for when levels of performance and/or conduct fall below the acceptable.

Data protection policy
This policy ensures compliance with the General Data Protection Regulation (GDPR).

Disciplinary procedure
This procedure sets out the levels of conduct and work performance required for all of its employees and volunteers. In the case of repeated under-performance or misconduct, or a misconduct of a serious nature, SJA may initiate this formal disciplinary procedure.

Driving policy
This policy applies to all vehicles used on behalf of St John Ambulance (whether owned, leased, hired or borrowed by St John Ambulance) on the public highway and/or on private land for St John Ambulance purposes. Examples of these purposes include, but are not limited to, vehicles operated by Workplace Training, commercial and voluntary first aid services, ambulance services, social care and youth transportation.

Email policy
The purpose of this policy is to ensure the proper use of St John Ambulance’s email system. St John Ambulance has a duty of care and regulation regarding the information it stores, and services it provides.

Equality, inclusion and diversity (EID) policy
The purpose of this policy is to ensure that the work and volunteering environment is free from harassment and bullying and that everyone is treated with dignity and
respect, whether they are a patient, customer, volunteer, casual worker or employee. St John Ambulance is committed to creating an equal, inclusive and diverse organisation that provides a high-quality and safe service to all members of the community.

**Events Operation Manual**
The purpose of this manual is to support all personnel in planning SJA services, resources and activities for an event.

**Grievance procedure**
From time to time an employee may have a concern, problem, or complaint which they wish to raise. Employees are encouraged to attempt to resolve these informally. The formal procedure is in place to deal with issues that can not be resolved informally.

**H&S risk assessment policy**
The purpose of the St John Ambulance policy on risk assessment is to ensure that all activities and processes carried out within St John Ambulance are adequately risk assessed and where necessary control measures are put in place to ensure the safety of all employees or volunteers and others who may be affected by our activities.

**H&S violence and aggression policy**
The purpose of the St John Ambulance policy on violence and aggression is to ensure that St John Ambulance does all that is reasonably practicable to ensure that employees and volunteers are not exposed to violence or aggression in the working environment.

**ICT acceptable usage policy**
The purpose of this policy is to enable information and communications technology (ICT) to promote effective communication and working practices within St John Ambulance. The policy sets out the standards that users of these systems are required to observe.

**Image and reputation policy**
The purpose of this policy is to help represent St John Ambulance in the most effective way possible, reduce risks to the charity’s reputation when interacting with the media, using social media, and participating in other public-facing events, and while doing so, reduce any risks to the safety and wellbeing of the individuals.

**Incident management framework policy**
The purpose of this policy and its supporting procedures and guidelines is to provide comprehensive instructions and guidance on incident reporting and management to all personnel (employees, volunteers and contractors). It also enables the charity to learn from the incidents and it supports continuous improvement.

**Modern slavery and ethical sourcing policy**
This policy aims to prevent opportunities for modern slavery to occur within its supply chain.

**Risk assessment guidance**
This guidance is aimed at helping line managers within St John Ambulance carry out general risk assessments.

An Event Risk Assessment, Ambulance Operations Risk Assessment and Dynamic Risk Assessment are available via Connect.

**Risk policy**
This sets out the organisation’s risk policy, detailing key principles and roles and responsibilities around risk management.

**Whistleblowing policy**
The purpose of this policy is to encourage employees and volunteers to speak up and raise concerns about any wrongdoing within St John Ambulance.

**Youth activities and outdoor learning policy**
This policy establishes the minimum standards that must be adhered to when providing and delivering events, outdoor learning and adventure activities for young people within the organisation.

**Youth volunteering policy**
The purpose of this policy is to provide the governance framework and standards for volunteering roles in which young people can volunteer and for their involvement in the charitable activities of the organisation.

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**TOP TIP** More information about these and other policies can be found on Connect.

**TOP TIP** Free and confidential advice and support from Workplace Wellness is available 24 hours a day – telephone 0800 111 6387 or visit my-eap.com (organisation code: SJAwell)
PART SIX
USEFUL ORGANISATIONS

**Action on Elder Abuse**
A nationwide charity working to protect and prevent the abuse of vulnerable older adults.
Telephone 020 8835 9280
Helpline 0808 808 8141
elderabuse.org.uk

**Age UK**
Age UK offers a free, confidential, national phone service for older people, their families and friends, carers and professionals. They have a team of expert advisers who give advice and information that is reliable and up-to-date.
Telephone 0800 055 6112 (8am-7pm, 365 days a year)

**Alcohol Change UK**
A charity that helps with alcohol issues. Their vision is of a world free from serious alcohol harm.
alcoholchange.org.uk

**Barnardo’s**
Works to transform the lives of vulnerable children and young people.
Telephone 020 8550 8822
barnardos.org.uk

**Beat**
An eating disorder charity that can support anyone affected by an eating disorder.
Helpline (adult) 0808 801 0677 (youth) 0808 801 0711
beateatingdisorders.org.uk

**Brook**
Information on sexual health and support around relationships.
brook.org.uk

**Child Exploitation and Online Protection (CEOP) Command**
Works across the UK tackling child sexual abuse and providing advice for parents, young people and professionals. Also see ThinkuKnow on page 28.
Helpline 0870 000 3344
cceop.police.uk

**Childline**
A free and confidential helpline for children and young adults in the UK. It offers help and advice plus volunteering and fundraising details.
Helpline 0800 1111
childline.org.uk
Citizens Advice
Helps people resolve legal, money and other problems by providing free, independent and confidential advice.
citizensadvice.org.uk

Crimestoppers
Crimestoppers believe that everyone has the right to feel safe from crime. Whoever you are, wherever you live, from communities to companies. They also share advice on how to protect the people you care about from crime so everyone can feel safe.
Telephone 0800 555 111
(24 hours a day, 365 days a year)
crimestoppers-uk.org

Cruse Bereavement Care
The leading national charity for bereaved people in England, Wales and Northern Ireland.
Helpline 0808 808 1677
cruise.org.uk

Daughters of Eve
A non-profit organisation that works to protect girls and young women who are at risk from female genital mutilation (FGM). By raising awareness about FGM and signposting to support services, they aim to help people who are affected by FGM and ultimately help bring an end to this practice.
dofeve.org

Dementia Friends
Alzheimer’s Society’s Dementia Friends programme is the biggest ever initiative to change people’s perceptions of dementia. It aims to transform the way the nation thinks, acts, and talks about the condition.
dementiafriends.org.uk

Disrespect Nobody
A campaign promoting healthy relationships.
disrespectnobody.co.uk

Drinkaware/Drinkline
Telephone support for adults and young people. Offers free, confidential, accurate and consistent information and advice to callers who are concerned about their own or someone else’s drinking.
Telephone 020 7766 9900
Helpline 0300 123 1110
drinkaware.co.uk

Equality and Human Rights
Helps to promote equality and human rights, provides guidance and raising awareness of your rights.
Helpline 0808 800 0082
equalityhumanrights.com

Family Lives (formerly Parentline Plus)
A free, confidential 24-hour helpline for parents concerned with a range of issues
Helpline 0808 800 2222
familylives.org.uk

Gingerbread
Information, help and local groups for lone parents.
Helpline 0808 802 0925 (Mon-Fri 9am-5pm)
gingerbread.org.uk

Kidscape
Kidscape produces leaflets and booklets on bullying, and runs a helpline.
Telephone 020 7730 3300 (Mon-Fri)
Parent advice line 020 7823 5430
kidscape.org.uk

Language Line
Immediate interpreter provision in 100 languages, 24 hour service.
Telephone 0800 169 2879
languageline.com/uk

LGBT Foundation
A national charity that aims to achieve change with and on behalf of LGBT people and continue to meet their needs by providing vital and inclusive services.
Helpline 0345 3 30 30 30
lgbt.foundation

Life Signs
A self injury guidance and support network that helps raise awareness about self-injury and helps people who rely on self-injury.
lifesigns.org.uk

Mankind
A helpline service for male victims of domestic abuse or domestic violence.
Telephone 01823 334 244
mankind.org.uk

Mermaids
Provides a helpline aimed at supporting transgender youth up to and including the age of 19, their families and professionals working with them.
Helpline 0344 334 0550 (Mon-Fri, 9am-9pm).
mermaidsuk.org.uk

Migrant Help UK
Supporting survivors of human trafficking and modern day slavery, Migrant Help provides specialist support programmes and a 24/7 confidential advice line for across the UK.
Free helpline 0808 8000 630
migranthelpuk.org

Mind
The leading mental health charity promoting understanding of mental health.
Telephone 020 8519 2122
Helpline 0300 123 3393
mind.org.uk

Modern Slavery Helpline
To get help, report a suspicion or seek advice, phone their helpline.
Helpline 0800 0121 700 (non-emergencies phone 101).
modernslaveryhelpline.org
National Domestic Violence
Gives information on housing, welfare, health and legal rights, refers women and children to refuges across the country, makes referrals to temporary emergency accommodation and helps to get support from the police. Free 24 hour national domestic violence helpline.
Telephone 0800 970 2070
ncdv.org.uk

Net Aware
Net Aware is a guide to the social networks children use, giving parents advice about features like privacy settings, safety and reporting problems.
net-aware.org.uk

NSPCC
Works to end cruelty to children in the UK by standing up for their rights, listening to them, helping them and making them safe. Free 24 hour national helpline for information and confidential advice about all types of problems.
Telephone 0808 800 5000
nspcc.org.uk

One in Four
Offers a voice to and support for people who have experienced sexual abuse and sexual violence.
Telephone 020 8697 2112
Email admin@oneinfour.org.uk
oneinfour.org.uk

Prevent
If you are unsure or suspicious about somebody’s activities or behaviour, however insignificant it may seem at the time, please report your concerns to the anti-terrorist hotline.
Hotline 0800 789 321
gov.uk/report-terrorism

Rape and Sexual Abuse Support Centre (RASASC)
National freephone helpline for female and male survivors, partners, friends and family.
Telephone 0808 802 9999
Email info@rasasc.org.uk
www.rasasc.org.uk

Refuge
National charity that provides emergency accommodation and support for women and children experiencing domestic violence.
Telephone 020 7395 7700
Helpline 0808 200 0247
refuge.org.uk

Respect
Information on national services for perpetrators of domestic violence.
Helpline 0808 802 4040
Men’s advice helpline 0808 801 0327
respect.uk.net

Samaritans
National free suicide helpline 116 123
samaritans.org

Scope
Scope’s Disablement Information and Advice Lines (DIAL) UK offer information and help for people with disability and their families.
Helpline 0808 800 3333 (9am-9pm)
scope.org.uk

Stonewall
Working for equality and justice for all lesbian, gay, bi and transsexual people.
Telephone 020 7593 1850
Helpline 0800 050 2020
stonewall.org.uk

Talk to Frank
Friendly, confidential drugs advice.
Helpline 0300 123 6600 (24 hours a day, 365 days a year)
Email frank@talktofrank.com
talktofrank.com

The Silver Line
Confidential free helpline for older people across the UK, open every day and night of the year offering information, friendship and advice
Helpline 0800 4 70 80 90
thesilverline.org.uk

ThinkuKnow
A programme from the Child Exploitation and Online Protection Centre (CEOP) that aims to help children stay safe online.
thinkuknow.co.uk

UK Safer Internet Centre
Helpline for professionals working with children and young people, specifically tackling the area of e-safety.
Helpline 0344 381 4772 (Mon-Fri, 10am-4pm)
saferinternet.org.uk

Young Minds
Support for anyone with concerns about the mental health of a child or young person.
Telephone 020 7089 5050
Parents helpline 0808 802 5544
youngminds.org.uk