

Alzheimer's Society Safeguarding Children Policy and Procedure

Policy and procedure apply to:		Employees: All	Volunteers: All
		Contractors: All	Other: non defined
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1. What you need to know

1.1 Policy Statement:

Alzheimer's Society (the Society) is committed to working in ways which promote the freedom and the dignity of those it comes into contact. Fundamental to this is the safeguarding of those who might be vulnerable, no matter whether they are children or adults. This policy outlines our commitment to the safeguarding of children.

This policy sets out the safeguarding framework should our people be concerned about the welfare of a child they come into contact within the course of their work or volunteering with the Society. Through this policy we are looking not only to develop but proactively maintain an environment in the Society which is aimed at preventing or deterring any actions which could place any children at risk of harm, whether this is deliberate or by omission.

Everyone has a role to play in safeguarding and the Society expects everyone to take on this responsibility in supporting good safeguarding practices and behaviours.

1.2 Policy Objectives

The policy seeks to ensure that everyone involved with the Society:

- Understands their responsibility to protect children in all areas of our activities and their duty to report safeguarding concerns
- Knows what to do if they are concerned about the welfare of children or are concerned about the behavior of others towards children
- Knows where to go for advice and support if they are not sure about any aspect of protecting children.

2. Roles and responsibilities

We all have a responsibility to:

- Know and work within this policy framework to safeguard adults at risk including knowing how to report concerns.
- Promote safe practices by being an excellent role model; positively involve people in developing safe practices wherever possible and report any concerns swiftly using the mechanisms in this policy.
- Encourage open communication by treating all people equally with respect and dignity and share information appropriately with others and within the law.

2.1 Safeguarding governance

The Society's Board of Trustees is accountable for ensuring that the Society has appropriate structure, processes, and resources in place to ensure safeguarding is central to all the organisation does, and for monitoring compliance. As part of fulfilling their duties, trustees must take reasonable steps to protect from harm, people who come into contact with the Society. This includes:

- People who benefit from the Society's work
- Staff

- Volunteers
- Involvement participants (Dementia Voice Partners)
- Other people who come into contact with the Society through its work

Lines of accountability for safeguarding throughout the Society are detailed below:

- **Senior Accountable Officer:** Chief Executive Officer
- **Strategic Lead for Safeguarding:** Executive Director of Dementia Support and Partnerships
- **Senior Lead for Safeguarding:** Associate Director of Practice and Compliance.
- **Designated Safeguarding Lead:** Head of Safe Practice
- **Caldicott Guardian:** Associate Director of Practice and Compliance; Head of Quality Practice and Insight
- **Corporate safeguarding structure:** please refer to [Appendix 1](#) for detail and information

2.2 Line managers

Line managers are responsible for monitoring and embedding safeguarding practice within the activities of their team, including staff and volunteers. Examples of how this can be achieved include:

- Safeguarding must be a standing item in regular supervision
- Promote a safeguarding culture where staff and volunteers feel confident raising concerns
- Cultivate a learning culture, using audits and service reviews to strengthen awareness.
- Monitor learning and support your team to complete safeguarding training.
- Quality assurance
- Support and de-briefing

Alzheimer's Society is a learning led organisation. One-to-one meetings should be scheduled regularly, consistently, and take place at least every six weeks.

In Dementia Support and Partnerships, we use Reflective Practice as both a debriefing tool and to support continuous learning and improvement in safeguarding practice. By taking this structured approach, we ensure that safeguarding responses are informed, thoughtful, and continuously evolving to provide the best possible support.

3. Who does this policy apply to?

This policy applies to all staff and volunteers at the Society, including freelance staff and contractors. Everyone has a role to play in safeguarding and the Society expects everyone to take responsibility for good safeguarding practices and behaviours.

The Society expects all our partners to share the same commitment to safeguarding adults at risk and we expect them to have their own safeguarding policy and procedures in place which meet safeguarding requirements to a safe standard.

4. Definitions and key concepts

4.1 Definition of a child

A child is defined as anyone up to the age of 18. There may be occasions when someone is aged 18 or over but is still receiving children's services (for example a disabled young person who is in a

residential educational setting until aged 25 or a care leaver) and a safeguarding issue is raised. These matters should be dealt with through adult safeguarding arrangements as outlined in the [Safeguarding Adults Policy](#).

4.2 Definitions of abuse and neglect

There are four main categories of abuse, but more than one type of abuse may be occurring simultaneously or sequentially. Child abuse is any form of physical, emotional, or sexual mistreatment or lack of care that leads to injury or harm. It commonly occurs within a relationship of trust or responsibility and is an abuse of power or breach of trust. Abuse can happen to a child or young person regardless of their age, gender, race, or ability. These are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

There is a detailed description of each type of abuse in [Appendix 3](#). The abuser may be a family member, someone the child encounters in residential care, or in the community, including sports and leisure activities. Any individual may abuse or neglect a child or young person directly or may be responsible for abuse because they fail to prevent another person harming them or may not pass on information which could prevent or stop the abuse. Abuse in all its forms can affect a child at any age.

4.2.1 Modern Slavery

If you have a concern that a child may be a victim of modern slavery, you need to refer the matter directly to the Head of Safe Practice (or in their absence the Safeguarding Team) who will take appropriate action, as required. Please refer to [Appendix 3](#) for types of modern slavery abuse and the [Modern Slavery and Human Trafficking policy](#) on Arena.

4.2.2 Domestic abuse

Domestic abuse takes place between intimate partners or family members aged 16 or over. It could cover any different types of abuse, such as physical or sexual. It also includes coercive control.

Coercive control is a pattern of behaviour that is controlling, coercive or threatening. It is used to exert power, control, or dominate the other person and may include isolating them or depriving them of their independence.

We must always consider if there is a child in the house. Children who witness domestic abuse are also considered victims in their own right, if they are affected, even if they do not witness the abuse directly.

Domestic abuse can have a serious impact on children. Children affected may show signs of distress, anxiety, withdrawal, aggression, or difficulties in school and relationships. Our people must be vigilant for signs of domestic abuse, ensuring children feel safe, heard, and supported in accessing help.

5. Prevent strategy – radicalisation & extremism

5.1 Definition of Prevent

The Prevent duty is part of the UK government's counter-terrorism strategy. It requires organisations, including charities, to help safeguard individuals from being drawn into terrorism or extremist activities.

5.2 Purpose of Prevent

Prevent is about early intervention and protecting vulnerable people, just like other safeguarding responsibilities. Those at risk may also be experiencing isolation, exploitation, or mental health issues, so concerns should be handled with great sensitivity.

5.3 Recognising signs of radicalisation

Prevent has been criticized for disproportionately affecting certain communities, particularly Muslim and ethnic minority groups. It is crucial that we approach this responsibility with compassion, fairness, and cultural sensitivity.

To ensure Prevent is applied ethically and without bias:

- **Decisions should always be based on safeguarding principles**, not assumptions or stereotypes.
- **Concerns must be proportionate**—a person expressing religious or political beliefs is not, in itself, a cause for concern.
- **We must challenge discrimination**—if concerns are raised in a way that appears biased or unfair, we have a responsibility to address this.

5.4 Prevent duties

While cases linked to radicalisation may be rare, we still have a duty to:

- **Recognise signs of vulnerability** – such as individuals being influenced by extremist views or expressing concerning beliefs.
- **Act if there are concerns** – if someone appears at risk of radicalisation, we must follow safeguarding procedures just as we would for any other risk.
- **Share concerns appropriately** – information should be reported to the Safeguarding Team, who will decide whether to escalate to Channel, the government's support programme for individuals at risk of radicalisation.

If you suspect someone is at risk of radicalisation, follow our standard safeguarding process and report your concerns.

6. Recognising abuse or neglect

Our people must always be vigilant for signs and symptoms of abuse. Recognising the warning signs equips us to prevent harm and support those affected. Recognising these signs and symptoms signs early is essential to safeguard the child. There are some obvious indicators that may be present in any type of abuse, such as:

- visible injuries
- flinching or other signs of fear or anxiety
- subdued or changed behaviour, especially around a particular person
- disturbed sleep, nightmares, bed wetting
- unkempt appearance

- illness that could relate to stress (e.g. frequent headache or stomach-ache)

Different abuse types have more specific indicators - these are listed in [appendix 3](#).

6.1 Safeguarding and Child Protection

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child, such as making a referral to the Police and/or Children Services.

6.2 Young Carers

Our staff, contractors or volunteers may encounter a situation where there is a young carer supporting an adult service user, and the young carer is or may be at risk of harm. In these circumstances the children safeguarding reporting procedures must be followed.

6.3 Allegations of non-recent abuse

It can take many years for survivors of abuse to come forward for many different reasons; shame, fear of not being believed, difficulty in communicating or expressing the abuse. However, the alleged perpetrator may remain a risk to others and so all non-recent allegations must be examined.

Regardless of the length of time that has occurred since the abuse took place, whether involving anyone from the Society or outside of it such as partnerships/those working on behalf of the Society should still be taken seriously and acted upon in line with the Society's safeguarding policies and procedures. The Safeguarding Team will work in partnership with the police or local authorities in such cases.

6.4 Contextual Safeguarding

Some children may be vulnerable to abuse or exploitation outside their families such as at school, peer groups or the wider community or online. These threats can take a range of different forms such as; exploitation by criminal networks, trafficking, online abuse and radicalisation. The Society will consider these wider factors through their work with children to see if they are present and are a threat to their safety or well-being.

7. Best practice in safeguarding

7.1 Child centred approach

Our people should take a child-centred approach to safeguarding. This means placing the child's welfare at the heart of all decisions and actions. It emphasises the need to listen to and involve children in the safeguarding process, ensuring their views, wishes, and feelings are considered in line with their age and understanding. This approach is built on several key principles:

1. **Listening to the child:** Actively seeking and respecting the child's voice, ensuring they are heard in decisions that affect them, including risk assessments and care plans.
2. **Child's best interests:** Decisions should prioritise the child's safety, well-being, and long-term development, with a focus on minimising harm and promoting positive outcomes.
3. **Empowerment:** Supporting children and young people to feel confident in expressing themselves, understanding their rights, and accessing the necessary support.
4. **Holistic approach:** Safeguarding must consider the child's overall environment, including family, community, and school, to ensure a comprehensive response to their needs.
5. **Collaboration:** Working with children, families, and multi-agency teams to ensure that safeguarding interventions are coordinated and appropriate, with a focus on the child's needs throughout the process.

7.2 Think Family Approach

Alzheimer's Society takes a Think Family approach to safeguarding, recognising that risks and protective factors exist within family and community networks rather than in isolation. This means that when safeguarding concerns arise about a child, we also consider the needs and circumstances of parents, carers, and other family members, particularly where there are additional vulnerabilities such as domestic abuse, mental health difficulties, or substance misuse.

Where appropriate, we will work in partnership with other agencies to ensure a coordinated and holistic response. This approach helps to break cycles of harm and build long-term family resilience.

7.3 Recognising Children in Care/Looked After Children/Care Experience

Children in care or with care experience are among the most vulnerable in society and may face unique safeguarding risks, including instability, trauma, and exploitation. The Society is committed to recognising and responding to their specific needs, working in partnership with local authorities, carers, and other professionals to ensure their safety and well-being. We prioritise early intervention, tailored support, and listening to their voices to promote stability, resilience, and positive outcomes.

7.4 Working in partnership with health and social care

We work closely with local authorities, health, and social care partners to ensure a coordinated approach to safeguarding. This includes engaging with Children's Safeguarding Boards/Partnerships, contributing to multi-agency strategies, and participating in case reviews. We collaborate in safeguarding meetings to assess risks and agree on appropriate support, ensuring timely referrals when concerns arise. Information is shared responsibly, balancing confidentiality with our duty to protect individuals, in line with national and local safeguarding protocols. Strong partnerships help us prevent harm and respond effectively to safeguarding concerns.

8 Safeguarding in different contexts

8.1 When or where you may encounter a child in need of safeguarding

Our people are likely to become aware of safeguarding concern one of two ways. Either you will observe something, or someone will make a disclosure. Disclosures can come from the child or a third party. The examples below illustrate how we may come into contact with a child who may be experiencing or at risk of abuse, neglect or harm. This list is not exhaustive:

8.1.2 Unsolicited/solicited contact

We may be contacted directly by child via email/social media/other digital means or other forms of communication, in response to the content of one of our campaigns.

8.1.3 Home visits

Our Dementia Advisers could become concerned about a child during a home visit.

8.2 Concerns arising in external organisations

If you witness or a concern is disclosed within an external organisation, you must still refer your concern to the Safeguarding Team. Do not assume that the other organisation will take action. Even if they explain the action they intend to take, you must still inform the Safeguarding Team, who will liaise with the organisation and any other relevant statutory agencies as required. This applies also in the case of concerns identified in a care home.

8.3 Safeguarding Online

This may relate to concerns relating to illegal, inappropriate, or harmful content, such as sexual images, bullying, grooming and exploitation, self-harm or suicide. If you have any online safeguarding concerns these should be referred to the Safeguarding Team. Our organisation is compliant with the requirements of the Online Safety Act 2023.

8.4 Events

If witnessing a potential safeguarding concern at an event, in addition to the standard safeguarding process you must notify the Event Lead.

Concerns may be raised further to any public events, workshops, whilst meeting network volunteers or any other event where we engage with people that live with dementia and/or their carers and families.

9. Responding and reporting when you suspect abuse or neglect

9.1 Initial response to a disclosure

If a child discloses information to you about their own, or someone else's, experience of abuse or neglect it is important that you tell them that you cannot keep this confidential and that you have a duty to report this to protect them or others. This may be a disclosure of recent or non-recent abuse. It is important that you:

- remain calm and do not show shock or disbelief
- show support and compassion
- listen carefully to what is being said
- do not ask detailed, probing or leading questions
- tell them that you take what they are saying seriously
- tell them what you are going to do next and that you will only tell people who you think need to know
- make a full and written record of what has been said/heard as soon as possible after the disclosure has ended
- share this information with the Safeguarding Team as outlined above

9.2 Immediate danger

If the child is in immediate danger or requires medical attention, you **must** contact the relevant emergency services on **999** or seek immediate medical attention. Once you have done that, refer the matter to the Safeguarding Team as soon as possible, by emailing safeguarding@alzheimers.org.uk or by contacting the Safeguarding Concern Line **0208 049 9290**. Follow this up by submitting a safeguarding concern via the person/profile page on CRS.

9.3 Notifying the safeguarding team

If there is no immediate danger and you are a CRS user, please submit a safeguarding concern via the person/profile page on CRS. Full guidance can be found on our [Arena](#) pages.

Non CRS users – if you do not use CRS and there is no immediate danger, please complete the Society's safeguarding reporting form which you can download on our [Arena](#) pages and email this to safeguarding@alzheimers.org.uk

Volunteers should notify the Safeguarding Team by contacting the Safeguarding concern line on **0208 049 9290**. You can refer to our [Safeguarding for Volunteers factsheet](#).

10. Allegations or concerns relating to staff, contractors, third party suppliers, volunteers, involvement participants or ambassadors

If you have concerns about the behaviour of a person – who is working/volunteering for, or representing, the Society – towards a child, you must speak to the Head of Safe Practice, or if unavailable, the Safeguarding Case Manager immediately. You may be concerned that someone working or volunteering for or on behalf of the Society:

- is behaving, or has behaved, in such a way that a child has been harmed or may be harmed.
- may possibly have committed a criminal offence against a child.
- has behaved towards a child in a way that makes you think they may pose a risk of harm to others – including other children.
- behaves in a way that compromises the reputation and ability of the Society to safeguard children.

Examples of such behaviour (not exhaustive) could be:

- contravening or continuing to contravene safe practice guidance for working with children
- exploiting or abusing a position of trust and/or power
- consistently demonstrating a failure to understand or appreciate how their own actions could adversely impact upon the safety and wellbeing of children
- exhibiting an inability to make sound professional judgements which safeguard the welfare of children
- failing to understand or recognise the need for clear personal and professional boundaries in their work; or behaving in such a way that it seriously undermines the trust and confidence placed in them by the Society.

11. Whistleblowing

Safeguarding concerns or allegations that relate to the way the Society manages their safeguarding duties at an organisational level can also be reported via the [Whistleblowing policy and procedures](#)

12. Reporting concerns about a child

12.1 What the safeguarding team do

The Safeguarding Team is the central support team whose purpose is to promote safeguarding knowledge and best practices across the Society. It does so by being a single point of contact for the management of safeguarding concerns and allegations. Please refer to the [Safeguarding Team's Service Specification](#).

Once you have shared your concern with the Safeguarding Team, they will decide what the next course of action should be, and they will be responsible for taking actions forward if they feel a child is at risk. Early sharing of information is the key to providing an effective response where there are emerging concerns. A course of action may include:

- a discussion with the child's legal parent/guardian/carer
- a referral to a statutory agency such as the police, local authority children's services or the Local Authority Designated Officer.
- advice maybe sought from a statutory agency regarding next steps.
- In the case of a school or other educational establishment, the Safeguarding Team may liaise with them to ensure appropriate action is taken.
- If the concern is about the behaviour of a person working/volunteering for, associated with or representing, the Society toward a child, the process [Appendix 5](#) will be followed.
- In the case of a partner organisation, the Safeguarding Team may liaise with them to ensure appropriate action is taken.

13. Referrals to external authorities

13.1 Local Authority Designated Officer (LADO)

We have duty to report concerns about individuals in positions of trust if their behaviour or actions could put children at risk. This applies to our own staff and volunteers, as well as professionals from other organisations we encounter in our work. Our people must notify the Safeguarding Team if someone in a position of trust:

- Has behaved in a way that has harmed or may harm a child or adult at risk.
- Has committed a criminal offence against, or related to, a child or adult at risk.
- Has behaved in a way that indicates they may not be suitable to work with vulnerable people, including concerning behaviour in their personal life.

Where the concern relates to children, the Safeguarding team will notify **the Local Authority Designated Officer (LADO)** in line with Working Together to Safeguard Children.

13.2 Child Safeguarding Practice Review

When a child dies or is seriously harmed as a result of abuse or neglect, a review may be conducted to identify ways that professionals and organisations can improve the way they work together to safeguard children and prevent similar incidents from occurring.

Each of the three nations has its own terminology and guidance for carrying out and sharing learning from reviews, reviews are known as:

- Child safeguarding practice reviews (CSPR) in England
- Case management reviews in Northern Ireland
- Child practice reviews in Wales

The Society commits to work openly, transparently, and support any request to be a participant and/or share information as part of a statutory review process initiated by a Local Authority. Any request for information relating to a statutory review should be shared in the first instance with the Safeguarding Team who will undertake the coordination of the sharing relevant information and learning. The Safeguarding Team will undertake an internal learning review of any such case at the point of notification.

13.3 Referrals to the Charity Commission

The Charity Commission will need to be informed of any suspicions, allegations and incidents of abuse or mistreatment that fall under the definition of serious incident. Please refer any such concerns and allegations to the Safeguarding Team who will then manage and escalate this appropriately. Please refer to the [Safeguarding Serious Incident Procedure](#) on Arena for the definition of serious incident and more information.

13.4 Referrals to the Disclosure and Barring Service

If a safeguarding allegation is raised against a member of staff or volunteer of the Society, consideration will be given as to whether they are able or allowed to continue in this role depending on the outcome or any enquiries. If it is concluded that the individual should no longer be engaged in activity with adults, then the Head of Safe Practice will refer this individual to the Disclosure and Barring Service for consideration to bar the person from working with children or adults at risk.

13.5 Domestic Abuse Related Death Review

A Domestic Abuse Related Death Review is a review – lead by a local authority in England and Wales – of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were or had been in an intimate personal relationship, or a member of the same household as themselves, held with a view to identifying the lessons to be learnt from the death.

13.6 Care regulator

When safeguarding concern arise in a care setting, the Safeguarding Team will consider if a referral to the relevant care regulator is appropriate.

13.7 Referrals to the Disclosure and Barring Service

If a safeguarding allegation is raised against a member of staff or volunteer of the Society, consideration will be given as to whether they are able or allowed to continue in this role depending on the outcome or any enquiries. If it is concluded that the individual should no longer be engaged

in activity with children, then the Head of Safe Practice will refer this individual to the Disclosure and Barring Service for consideration to bar the person from working with children or adults at risk.

13.8 Modern Slavery

If you have concerns about someone who may be a potential victim of modern slavery, you must immediately inform the Safeguarding Team. The Safeguarding Team will then make a referral to the [National Referral Mechanism \(NRM\)](#). This will also notify the Home Office. Additional referrals may also be required including the Police or Adult Social Care for example, depending on the circumstances.

14. Record-keeping and information sharing

14.1 Recording of information

It is essential that the Society maintains clear and comprehensive records of any concerns or allegations of actual or suspected abuse, which should detail the actions that were taken, discussions, and the outcomes.

The importance of ensuring that accurate, up to date and clear records are:

- To prevent an unnecessary re-investigation if an allegation or concern resurfaces in the future.
- Provide clarity in a situation where a future criminal records check reveals information from a police investigation that an allegation was made against a person, but did not result in a prosecution or conviction.
- To provide information to statutory services in the event of a statutory safeguarding review, case conference or court proceedings.
- To be able to provide accurate information in response for any future request for a reference for a member of staff or volunteer.
- To provide information and evidence should a decision be made to refer a person for consideration to be barred from working with children or young people
- To support the Society with best standard practices for their policies and procedures

14.2 Best practice rules when recording safeguarding information

- Recording should always be objective
- The records must reflect the language that is used by the person making the allegation or raising a concern. It should not be altered or amended in anyway
- Recording of a safeguarding concern or allegation should be made within 24 hours of receiving the information

14.3 Retention rules concerning safeguarding concerns or allegations

The general rule where concerns or allegations have been raised relating to a child should be kept in their personnel file for 25 years. All other safeguarding allegations and concerns should be kept for 25 years. This applies to all paid staff and volunteers.

15. Consent and Confidentiality

15.1 Consent

Where it is safe and appropriate to do so, we should always seek consent from the parent or guardian to share concerns for their child's welfare with the local authority; and ask the child or young person their views. Children and families should be informed about how their information will be used unless doing so would increase the risk of harm. However:

- No consent is required to share and discuss safeguarding concerns or allegations with the Society's Safeguarding Team.
- The Safeguarding Team will reach out directly to the referrer if consent to disclose has not been provided.
- Refusal of consent does not necessarily prevent us from sharing information as the safety of the child is paramount.
- If consent is withheld the Safeguarding Team must consider whether there is an overriding public interest that would justify information sharing.
- The Safeguarding Team will share information only on a 'need to know' basis when it is in the best interest of the child. In accordance with Data Protection legislation, they will try and gain the consent first.
- These decisions will be taken on a case-by-case basis and in some instances, it may be appropriate for the allocated Safeguarding Officer to seek advice from the local authority whilst initially keeping the details of the child anonymous.

15.2 Information sharing

Sharing of information as part of safeguarding practice is covered under the common law duty of confidentiality and numerous legislation and statutory guidance.

Staff/volunteers and anyone else engaging on behalf of the Society must assume it is their responsibility to raise a safeguarding concern if they believe a child is experiencing or at risk of abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They must follow the Safeguarding process and raise the concern with the Safeguarding Team.

15.3 Confidentiality

Confidentiality is essential in safeguarding children, but it must never prevent the sharing of information when a child's safety is at risk. Best practice requires that information is shared on a need-to-know basis, balancing a child's right to privacy with the duty to protect them from harm.

15.4 Data protection

Whether information is shared with or without consent, the information sharing process should abide by the principles of the Data Protection Act 2018. In those instances, employees and volunteers should always bear in mind the requirements of the Working Together to Safeguard Children, and whether sharing it will be in the child's best interest.

The Data Protection Act 2018 should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared appropriately.

15.5 Young Volunteers and Safeguarding

Young volunteers should be aware of their safeguarding responsibilities. Please refer to the [Young People as volunteers' guidance document](#) for further information.

16. Training, learning & development

- **Mandatory training** – all new staff, volunteers and contractors, must complete safeguarding awareness training as part of their induction, ensuring they understand their responsibilities and how to report concerns.
- **Role-specific training** – additional safeguarding training is provided based on an individual's role, responsibilities, and level of contact with adults at risk. This includes enhanced training for those in frontline roles or positions of trust; specialist training for line and role managers; and enhanced training for designated safeguarding leads.
- **Refresher training** – Safeguarding training must be regularly updated in line with best practice and legal requirements. All staff are required to undertake mandatory safeguarding training every 3 years.

16.2 Training standards and compliance

All training incorporates learning from safeguarding adult reviews, case law, and emerging best practice, and aligns with national safeguarding frameworks, including:

- The UK Core Skills Training Framework (Skills for Health).
- National Safeguarding Training Standards (Social Care Wales).
- Learning and Development Framework (Safeguarding Board for Northern Ireland)

Compliance with training requirements is monitored through audits, supervision, and annual reporting.

17. Corporate safeguarding responsibilities

17.1 Safer Recruitment

Building a culture of safeguarding depends on our ability to encourage a commitment to safeguarding amongst all those who join the organisation. This process begins at recruitment.

We demonstrate our commitment to safeguarding by:

- Ensuring all Recruiting Managers have received training on safer recruitment
- Including a statement about our commitment to safeguarding in all job adverts
- Including specific safeguarding questions in interviews for roles which have direct contact with children and adults in communities
- Completing appropriate criminal record checks and requesting two references on all staff and volunteers
- Safeguarding training is a compulsory part of the induction process for all new starters
- Incorporating compliance with safeguarding in all employment and volunteering agreements

Please refer to the Safer Recruitment [guidance document](#) or the Society's People Team for detailed information on the process to follow during recruitment.

17.2 Due diligence with external partners

The Society is committed to entering in partnerships and sub-contractual relationships with safe organisations. This means that we take all appropriate steps to ensure that organisations that we subcontract to undertake a service on our behalf, who enter in partnership with us, or who utilise our brand, have adequate measures in place to prevent harm and to respond effectively if safeguarding issues do arise.

We will ensure this by undertaking safeguarding due diligence before entering in any contractual or other relationship with third parties.

Document details

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Appendices

Appendix 1: Safeguarding roles and responsibilities

Board of Trustees	Alzheimer's Society Trustees are accountable for ensuring that the organisation has appropriate structures, processes, and resources in place to ensure safeguarding is central to all that the organisation does, and for monitoring compliance. (Charity Commission for England and Wales, 2019; Charity Commission for Northern Ireland, 2019)
Audit and Risk Committee (ARC)	Audit and Risk Committee are accountable for monitoring and reviewing the effectiveness of the Society's risk management and internal control systems. With specific reference to the corporate risk register, reviewing the identification of risks, appropriateness of risk scoring, and seeking assurance over the success of mitigations.
Corporate Safe Practice Group (CSPG)	A forum to develop a strategic approach to safeguarding and health and safety across Alzheimer's Society. It plays a key role in coordinating and ensuring the effectiveness of corporate safeguarding arrangements across the charity. Key issues and risks identified, improvement activity monitored, and learning promoted. Oversight and monitoring of all safeguarding risks held on the Corporate Risk Action Plan.
Chief Executive Officer (CEO)	The Chief Executive Officer is the senior accountable officer for all aspects of safeguarding across the organisation.
Safeguarding Lead Trustee	The Safeguarding Trustee is appointed by the Board reporting periodically on the work of the Corporate Safe Practice Group and other relevant Committees as appropriate.
Executive Director of Dementia Support and Partnerships	The Executive Director of Dementia Support & Partnerships holds the operational strategic leadership of safeguarding and accountability for operational safeguarding across the organisation.
Associate Director of Practice and Compliance	The strategic leadership of safeguarding and the quality and practice of safeguarding across the organisation is held by the Associate Director. The Associate Director is accountable for fostering a culture of continuous improvement and learning across all areas of safeguarding and line manager for the Head of Safe Practice. Alzheimer's Society Caldicott Guardian.

Head of Safe Practice	Manages and leads a dedicated team of safeguarding managers, seniors and officers to ensure consistently high standards of safeguarding practice across the organisation for adults at risk, children, and young people. Is accountable for ensuring the delivery of internal escalation of risks relating to safeguarding in practice, serious incidents, and allegations against staff or volunteers.
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Appendix 2: Safeguarding escalations and governance framework



Appendix 3: Types of child abuse and neglect

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Giving young people alcohol or inappropriate drugs would also constitute child abuse. In a sports situation, physical abuse may occur when the nature and intensity of the training disregard the capacity of a young child's immature and growing body which could cause injuries.

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

Sexual Abuse involve forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Bullying has no legal definition, but it is usually understood as repeated physically or/and emotionally hurtful behaviour. It can take many forms, including:

- Physical bullying; it involves hitting, kicking and other types of physical harm including destruction of one's possessions
- Verbal bullying; it encompasses name-calling, teasing, intimidating and spreading hurtful rumours
- Cyber-bullying; it involves sending harassing, threatening and humiliating text messages, emails, posts, blogs, etc. as well as spreading hurtful rumours via the Internet and calling on the phone at inappropriate hours.

The consequences of bullying can cause serious emotional distress which often leads to anxiety, fear, low self-esteem, feelings of worthlessness and depression. Children who are bullied are often also afraid to go to school and make up health problems to stay at home. Many, however, develop actual health problems due to the stress such as frequent headaches and stomach aches, and decline in school performance.

Peer on Peer abuse can also be known as child-on-child abuse. It is when a child places harm or abuse on another child. This can be a very difficult form of abuse to address because the abuse is harmful to both the perpetrator (the child committing the abuse) and the victim (the child being abused).

Online abuse – children and young people can be at risk of online abuse from people they know as well as from strangers and online abuse may be part of abuse that is taking place in the real world e.g. bullying. The distress that a child/young person may feel through this type of abuse can be long lasting as they can feel there is no escape from online abuse, as it invades their safe space e.g. bedrooms and abusers can contact them at any time of day or night. Social media can be used as a means of contacting young people with a view to grooming them for inappropriate or abusive relationships.

Further information and guidance can be found through NSPCC, CEOP, Internet Watch Foundation and the UK Safer Internet Centre.

Female genital mutilation (FGM) It is also known as 'female genital cutting' or 'female circumcision'. FGM has significant physical and mental health consequences as a result of this. It is a practice which should not be excused, condoned or accepted. FGM is an extremely harmful practice that violates basic human rights and girls are at particular risk of FGM during the school holidays. This is the time when families may be taking their child/young person abroad for the procedure and the girl may not be aware that this is the reason they are going.

Honour based abuse – in families and communities where religious beliefs are very strong, the behaviours that are considered to be inappropriate and which may then provoke honour-based violence are varied and may change depending on the nature of the community or culture involved.

Breast ironing (also called breast flattening) is when young girls' breasts are damaged over time to flatten them and delay their development. Sometimes, an elastic belt, or binder, is used to stop them from growing. Breast ironing usually starts with the first signs of puberty and is most often done by female relatives. In most cases, the abuser incorrectly thinks they're behaving in the best interests of the child. They believe flattening the breasts will make the child less 'womanly'. They

hope this will protect the girl from harassment, rape, abduction and early forced marriage, and help them stay in education.

Domestic abuse – children and young people who live in families where they are exposed to domestic violence or abuse have been shown to be at risk of emotional, physical, behavioural and long-term developmental problems. Any pattern of incidents such as controlling behaviour which is a range of acts designed to make a young person subordinate or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain. This behaviour can deprive them of independence, resistance, escape and regulates their everyday behaviour. Coercive behaviour is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse which is used to frighten, harm or punish their victim.

Forced marriage is where a marriage is conducted without the full consent of both parties and where duress is a factor. In the case of some adults with learning disabilities or mental incapacity they may not be able to consent to the marriage. It can happen in secret and may be planned by parents, family or religious leaders, it can also involve a range of abuse including coercion. This is completely different from an arranged or assisted marriage where the families take a role in choosing and introducing the marriage partners, but the marriage is entered into freely by both people without pressure.

Child trafficking is a form of abuse where children are recruited, moved or transported and then exploited e.g. for the purpose of sexual exploitation or domestic servitude. They are often subject to multiple forms of abuse. Children may be trafficked into the UK from abroad, but they can also be trafficked from one part of the UK to another.

Child criminal exploitation is where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 years into any criminal activity. The victim may have been criminally exploited, even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact, it can also occur through the use of technology. (Home Office definition).

County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend. (National Crime Agency definition).

Debt bondage is when children, where they are tricked into working for little or no money to repay a debt.

Child Sexual Exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of

technology. In some activities such as physical sports these can create opportunities where the contact leads to sexual abuse and could go unnoticed

Self-harm is not a form of child abuse but should be taken seriously and reported to like any other form of abuse. Self-harm is when a young person intentionally damages or injures their body and is usually a way of coping with or expressing overwhelming emotional distress. Often, the physical pain of self-harm may feel easier to deal with than the emotional pain that is behind this. It can also enable a young person to feel that they are in control of at least one part of their lives. Young people often try to keep self-harm a secret because of shame or fear of discovery.

Grooming is when a person builds an emotional connection with a child/young person with the intention of sexual abuse, sexual exploitation or trafficking. It involves making a child/young person feel comfortable through a variety of different methods thus developing trust, before initiating physical contact and abusing that trust. An offender is likely to look to groom the adults as well as the child/young person to gain that trust. This process can happen within a family, an organisation or online. They could be groomed by someone they know or a stranger and groomers can be any age or gender. A person who sexually abuses children/young people are very skilled at gaining the confidence of a child/young person or parent and look for opportunities where they can have unsupervised access to that child/young person.

Some of the signs that an individual may be grooming a child or young person are listed:

- Inappropriately dressed about the child/young person
- Gives special attention to a particular child/young person
- Isolating a child/young person from other people
- Touching, hugging, tickling, wrestling with a child/young person
- Giving gifts e.g. cigarettes, alcohol or drugs or money with no explanation or reason
- Creating opportunities to be alone with a child/young person where no other adults are around e.g. offering to give a child a lift or special trip
- Discussing their own sexual experiences and encouraging a child/young person to share their feelings or sexual experiences
- Sharing and viewing abusive images of children/young people
- Not adhering or respecting the code of conduct or behaviours of good practice in the Society, especially where there are different programmes being offered to children/young people

12.1 Fabricated or Induced Illness (FII) and Perplexing Presentations (PP)

Fabricated or Induced Illness (FII) and Perplexing Presentations (PP) occur when a parent or carer exaggerates, misrepresents, or causes symptoms of illness in a child. This can lead to unnecessary medical treatment, causing harm or distress.

FII is a form of abuse where the child is subjected to medical treatments or investigations due to false claims about their health. Perplexing Presentations refer to situations where concerns arise about a child's health that do not yet meet the threshold for FII but require careful assessment.

Our people should remain vigilant for signs of FII and notify the Safeguarding Team if they notice

- Inconsistent medical history

- Repeated medical treatment with no clear diagnosis
- Frequent changes in Doctor or hospital
- Unexplained or inconsistent symptoms that do not match clinical findings
- An apparent lack of concern from the parent about potential harm.

Local authorities have separate referral process for FII and PP. The Safeguarding Team will liaise with the relevant Local Authority to ascertain the correct referral process for FII and PP in their area.

Appendix 4: Signs and indicators of abuse and neglect

Some of these characteristics listed in this may be indicators of abuse or neglect and there may be more than one sign or indicator. It is not always easy to recognise a situation where abuse may occur or has already taken place.

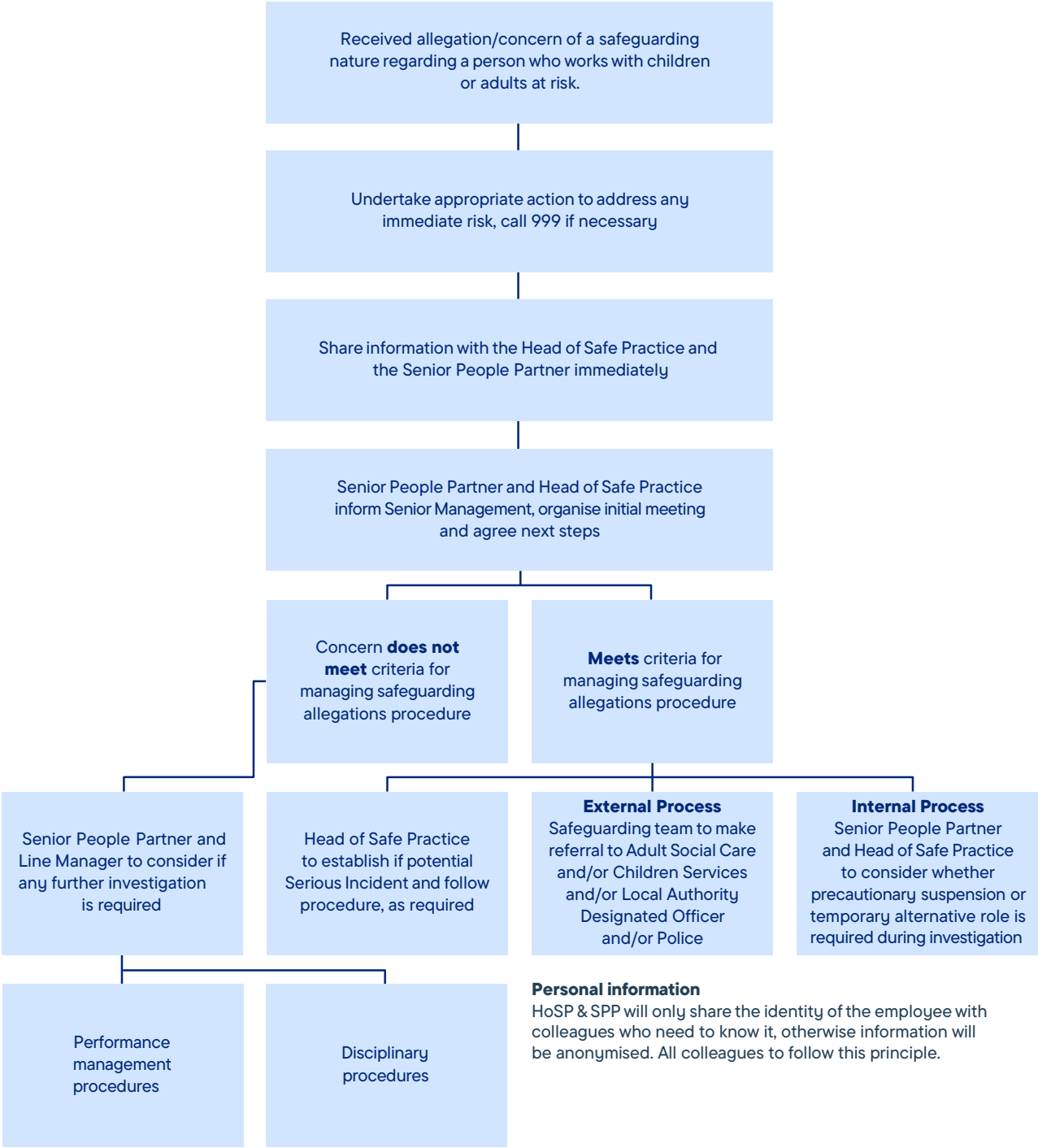
Some of the following signs might be indicators of abuse or neglect:

- Children/young people whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children/young people with clothes which are ill-fitting and/or dirty or with consistently poor hygiene;
- Children/young people who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children/young people who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason, or disability;
- Children/young people who are regularly missing from school or education or who are reluctant to go home after school or an activity at the Society;
- Parents who are dismissive and non-responsive to professionals' concerns;
- Parents who collect their children/young person from activities when inebriated, or under the influence of drugs;
- Children/young people who drink alcohol regularly or abuse substances from an early age;
- Children/young people who are concerned for younger siblings without explaining why;
- Children/young people who talk about running away or have run away before;
- Children/young people who shy away from being touched or flinch at sudden movements

Appendix 5: Managing safeguarding allegations and concerns

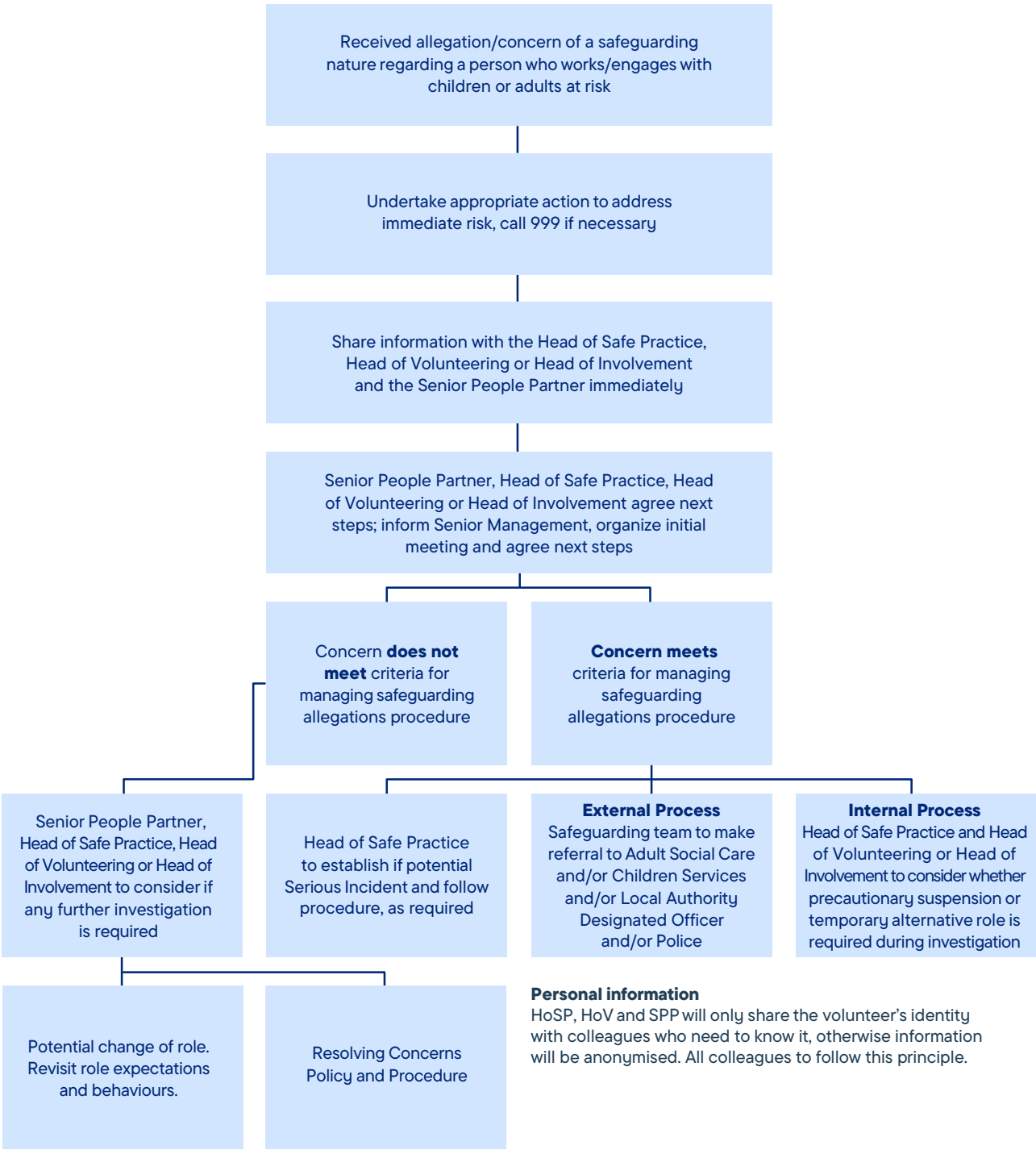
Alzheimer’s Society

Managing safeguarding allegations and concerns against employees



Alzheimer’s Society

Managing safeguarding allegations and concerns against volunteers and involvement participants



Appendix 6: Legal Framework

- Children Act 1989
- Children Act 2004
- Children (Leaving Care) Act 2000
- Children and Social Work Act 2017
- Children and Families Act 2014
- Counter-Terrorism and Security Act 2015 (Prevent Duty)
- Data Protection Act 2018
- Domestic Abuse Act 2021
- Domestic Violence Crime and Victims Act 2004
- Equality Act 2010
- Female Genital Mutilation Act 2003
- Forced Marriage (Civil Protection) Act 2007
- Human Rights Act 1998
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015
- Modern Slavery Act 2015
- Online Safety Act 2023
- Police Act – CRB 1997
- Police, Crime, Sentencing and Courts Act 2022
- Protection from Harassment Act 1997
- Protection of Freedoms Act 2012
- Public Interest Disclosure Act 1998
- Rehabilitation of Offenders Act 1974
- Safeguarding Vulnerable Groups Act 2006
- Serious Crime Act 2015
- Sexual Offences Act 2003
- United Convention of the Rights of the Child 1991
- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2023
- Youth Justice and Criminal Evidence Act 1999 – Special Measures

Wales specific legislation:

- Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020
- Children (Wales) Act 2020
- Wales Safeguarding Procedures
- Working Together under the Children Act 2004 (Wales)

Northern Ireland specific legislation:

- Children (Northern Ireland) Order 1995
- Children's Services Co-operation Act (Northern Ireland) 2015
- Cooperating to Safeguard Children and Young People (Northern Ireland)
- Domestic Abuse and Civil Proceedings Act (Northern Ireland) 2021
- Safeguarding Board Act (Northern Ireland) 2011