

## Safeguarding Policy

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## 1) Aim

The Big Life group believes that it is always unacceptable for children and adults to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and adults, by a commitment to a practice which protects them. The aim of this policy is to ensure that the Big Life group safeguard the welfare of Children and Adults by:

- Providing a safe environment for children and adults
- Indicating that abuse will be taken seriously and acted upon
- Identifying children or adults who are suffering or are likely to suffer significant harm
- Stopping abuse and neglect wherever possible
- Ensuring that the safety and best interests of a child or adult always comes first
- Clearly outlining risk factors associated with abuse, enabling individuals to identify where abuse is happening
- Minimising the risk of unsuitable people working with children or vulnerable adults
- Raising awareness about what abuse is, how to stay safe and how to raise a concern about the welfare, safety or wellbeing of a child or adult.
- Promoting safe practice and challenging poor and unsafe practice
- Working in partnership with statutory agencies, following local procedures to safeguard vulnerable adults and children.
- Providing a clear framework for action wherever abuse is suspected, setting out how an investigation should be undertaken and the responsibilities of key individuals involved

## 2) Scope of this policy

This policy applies to all Big Life staff, volunteers any celebrities, funders or donors that work with the group and whose work brings them into contact with Children and / or Adults that may be at risk of abuse or neglect. It sets out The Big Life group's procedures for safeguarding which is supplemented by procedures from each Local Authority safeguarding partnerships.

## 3) Safeguarding statement

We all have a duty to ensure that the services we deliver keep children, young people and vulnerable adults safe. The Big Life group has adopted a **Safeguarding Statement** which should be displayed in all settings. See [\(Appendix 1\)](#)

## 4) Definitions

### Child

A child is anyone from pre-birth up to 18 years whatever their circumstances (including independent living, in further education, in hospital, in custody, in the armed forces). We also include young people aged up to 25 who continue to access services provided by the children's workforce e.g. care leavers, those with an Education, Health and Care (EHC) plan, and those young people subject to transitional care packages e.g. young people with disabilities. The term 'child' is used throughout this document to refer to both children and young people.

### Parent

The term 'parent' is used throughout this document to refer to parents and carers, i.e. birth parents, adoptive parents, foster parents, residential care staff, legal guardians and others acting in a parenting role.

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## **Child Protection**

Child protection is part of safeguarding and promoting children's welfare. It is activity which is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

## **Significant Harm**

There are no absolute criteria on what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and extent of physical or emotional harm, the duration and frequency of abuse and neglect and the extent of premeditation. Sometimes a single traumatic event may constitute significant harm e.g. violent assault, suffocation and poisoning. Significant harm can also be a compilation of significant events both acute and long standing, which interrupt, change or damage the child's physical and psychological development. What constitutes significant harm can only be decided on a case-by-case basis.

Decisions about significant harm are complex and should be informed by a careful assessment of the child's circumstances, including discussions between the statutory agencies and the child and family where appropriate.

## **Child in Need**

Those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health and development, or their health and development will be significantly impaired, without the provision of services by the local authority (S17 (10) of the Children Act 1989), plus children who are disabled. Critical factors in deciding whether a child is in need are:

- What will happen to a child's health and development without services being provided
- The likely effect the services will have on the child's standard of health and development.

## **Private Fostering**

Private fostering is when a child or young person (aged under 16, or under 18 if disabled) stays with (or there is intention to stay with) someone other than a parent or close relative for a period of 28 days or more. The person could be extended family (e.g. a cousin or great aunt), a family friend or another non-relative. Close relatives (where private fostering does not apply) are defined as:

- Grandparents
- Siblings
- Uncles / aunts (full blood / half blood or by marriage)
- Step parents.

Private foster carers are required to inform the local authority of the arrangement in advance and again when the arrangement begins.

## **Vulnerable adult**

Whilst there is no formal definition of vulnerability within health or social care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional/VCFs/Care Home provider at the first contact and continue throughout the care pathway

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Under Section 59 Supporting Vulnerable Groups Act 2006 a person ages 18 years or over is also defined as a vulnerable adult where they are 'receiving any form of health care' and 'who needs to be able to trust the people caring for them, supporting them and/or providing them with services'.

### **Adult at Risk**

The Care Act 2014, listed below defines the Safeguarding duties apply to an adult aged 18 or over who;

- Has needs for care and support (whether the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of abuse or neglect; and
- As a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

For the purpose of this policy the term Adult at Risk is used interchangeably with vulnerable adult.

### **Prevent**

The Prevent Strategy addresses all forms of terrorism including extreme right wing ideologies and terrorism threats posed to our national security. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place.

### **Radicalisation**

Refers to the process by which people come to support, and in some cases to participate in terrorism.

### **Violent Extremism**

As defined by the Crown Prosecution Service (CPS) as the demonstration of unacceptable behaviour by using any means or medium to express views which:

- Foment, justify or glorify terrorist violence in furtherance of particular beliefs;
- Seek to provoke others to terrorist acts;
- Foment other serious criminal activity or seek to provoke others to serious criminal acts;
- Foster hatred which might lead to inter-community violence in the UK.

## **5) Legislative Framework**

All professionals working with children should be familiar with the core standards set out in Working Together to Safeguard Children (HM Government, July 2018), which can be downloaded at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/722305/Working\\_Together\\_to\\_Safeguard\\_Children\\_-\\_Guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722305/Working_Together_to_Safeguard_Children_-_Guide.pdf)

Schools also need to refer to Keeping Children Safe in Education (KCSIE), Sept 2019. This can be downloaded at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/835733/Keeping\\_children\\_safe\\_in\\_education\\_2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf)

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Early years providers should be familiar with and adhere to the relevant legislation, specifically the Safeguarding and Welfare Requirements of the Statutory Framework for the Early Years Foundation Stage, which can be downloaded at:

[https://www.foundationyears.org.uk/files/2017/03/EYFS\\_STATUTORY\\_FRAMEWORK\\_2017.pdf](https://www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf)

The main legislative framework covering safeguarding adults is The Care Act 2014. This outlines what care and support can be entitled to for adults in England, including the key principles for supporting adults who have been or are at risk of abuse or neglect and making local authorities accountable for investigating concerns of abuse or neglect. It sets out a clear legal framework for how local authorities and other parts of the health and care system should work together to protect adults at risk of abuse or neglect.

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

### **Mental capacity Act 2005**

Professionals and other staff have a responsibility to ensure they understand and always work in line with the MCA. Building on the MCA principles practitioners should assume a person undergoing therapy is able to assess and understand what is in their best interests regarding outcomes, goals and wellbeing. This is relevant in relation to consent.

If you have any reason to be concerned about a person's ability to make decisions on their own behalf, you should consult the Big Life Lead for Deprivation of Liberty and Mental Capacity. The 5 principles of the Mental Capacity Act are included in Appendix ??

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## 1) Principles

There are a number of key principles underpinning the work we carry out with children, young people, adults, parents and caregivers.

### 6.1) Children and Young People

In Big Life we are guided by the principles set out in *Working Together to Safeguard Children 2018*, which describes what children have said they want from safeguarding systems:

- Vigilance: to have adults notice when things are troubling them
- Understanding and action: to understand what is happening, be heard and understood, and have that understanding acted upon
- Stability: to be able to develop an on-going stable relationship of trust with those helping them
- Respect: to be treated with the expectation that they are competent rather than not
- Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
- Explanation: to be informed of the outcome of assessments and decisions and given reasons when their views have not met with a positive response
- Support: to be provided with support in their own right as well as a member of their family
- Advocacy: to be provided with advocacy to assist them in putting forward their views.

Children should be made aware that it is their right to be safe from abuse. They should be given clear information on where to go for help if they need it.

This child centred approach is in keeping with Big Life's ethos of putting the service user at the heart of everything we do. This helps us to ensure safeguarding in our day-to-day practice.

### 6.2) Adults

The Big Life Group are guided by the principles set out in *The Care Act 2014* and aim to work within the following principles when developing and implementing service for adults.

#### • **Empowerment**

We give individuals the right information about how to recognise abuse and what they can do to keep themselves safe. We give them clear and simple information about how to report abuse and crime and what support we can give. We consult them before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests.

#### • **Protection**

We have effective ways of assessing and managing risk. Our complaints and reporting arrangements for abuse and suspected criminal offences work well. People understand how we work and how to make contact with the right people in our organisation. We take responsibility for dealing with any information we have and ensuring the information is provided to the right people.

#### • **Prevention**

We help our community to identify and report signs of abuse and suspected criminal offences. We train staff how to recognise signs and take action to prevent abuse occurring. In all our work, we consider how to make communities safer. Working with abuse demands

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a high level of skill and can be very stressful. Training and support for workers accused of or investigating potential abuse situations are a high priority

- **Proportionality**

We discuss with the individual and where appropriate, with partner agencies what to do where there is risk of significant harm **before** we take a decision. Risk is an element of many situations and should be part of any wider assessment.

- **Partnership**

We are good at sharing information locally. We have multi-agency partnership arrangements in place and staff understand how to use these. We foster a “one” team approach that places the welfare of individuals before the “needs” of the system.

- **Accountability**

The roles of all people are clear, together with the lines of accountability. Staff understand what is expected of them and others involved. Vulnerable people have the right to expect that staff working with them should have the appropriate level of skill. This is particularly important in relation to extremely sensitive issues, such as suspected or alleged abuse. Staff working with vulnerable adults will be trained to recognise signs of abuse, and to recognise disclosure. Staff involved in, or leading investigations, will receive specialist training.

## 2) Roles and Responsibilities

**The Board and Executive Team** are responsible to ensure that policies to protect children, young people and vulnerable adults are in place and the Big Life group staff operate according to them. They shall ensure that there is adequate training of staff and volunteers. They shall ensure compliance with legislative requirements regarding reporting and sharing information.

The Executive Team will appoint a Director with responsibility for overseeing and providing leadership on Safeguarding children and young people and Adults at Risk.

The **Clinical Service Governance Board** is a sub-committee of the Group Board and is responsible for overseeing the risk management system and for assuring the Board that services are delivered safely and to a high standard.

The **Children and Young Persons** and **Adult Safeguarding Leads** are responsible for the oversight of the operation of this Policy; ensuring audits of systems and processes; keeping the group up to date with changes in best practice and legislation; and providing advice and guidance to staff on relevant Safeguarding issues.

**Local Designated Safeguarding Leads** are identified to each service and are named in the local version of the reporting concerns flowchart ([Appendix 2](#)). They are responsible for providing information about Local Safeguarding partnerships/adult care procedures and contacts; ensuring all safeguarding concerns are reported and acted on; and liaising with the relevant BLG Safeguarding Lead (either children and young people or adults depending on the issue).

All **staff and volunteers** are responsible for keeping children, young people and adults at risk safe. They must:

- Report to their line manager any suspicion of abuse by fellow staff or clients
- Report to the police, social services or another agency if abuse is suspected or known to be taking place

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- Give accurate information to the best of their ability, to any person involved in the investigation of abuse
- Pass on any information which may affect the outcome of the investigation
- Take reasonable measures to protect evidence in the event of a police investigation

**Members of public and service users** will be made aware of this Safeguarding Policy and will be supported to report any concerns about the welfare of children, young people and vulnerable adults.

Full role descriptions are contained in [\(Appendix 3\)](#)

### 3) Safe working practice

Big Life has a range of frameworks in place to support staff to achieve this. These include:

- Health and Safety Framework
- Risk Management Framework
- Children and Young People and Adults at Risk Safeguarding Framework
- Information Governance Framework
- Quality Assurance Framework

#### a) **Risk management and audit**

The Big Life group's Health and Safety Policy and Risk Management Framework ensure all our work is thoroughly risk assessed and carried out in a safe manner. The Annual Section 11 audit and Section 175 for School's ensures that we carry out a full audit of risk and compliance with standards on an annual basis on a group and service basis. All reporting on health and safety, risk management and safeguarding feeds into the Clinical Service Governance Board for scrutiny.

#### b) **Recruitment, Induction, Training, Supervision, Safer recruitment**

Safe recruitment is ensured through the rigorous application of the following policies and procedures:

- Recruitment and selection policy
- Disclosure policy including Employment of ex-offenders
- Exit/leavers policy

### Induction

All Big Life staff and volunteers receive a mandatory induction, in accordance with our Induction Policy. The mandatory induction covers group policies and procedures including this Safeguarding Policy, staff conduct and role of the DSL/DSO. The mandatory induction also includes local information specific to the service, including local variations to safeguarding procedures, such as the reporting concerns flowchart.

### Training

All staff and volunteers attend an induction within the group that raises awareness of safeguarding policies and practice throughout the organisation. All staff and volunteers also have access to a range of online safeguarding training, through the Learn Upon platform that is relevant to their role. Please refer to [\(Appendix 4\)](#) or speak to the safeguarding lead for the group for further advice on training required.

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## **Supervision**

All staff receive regular supervision in accordance with our Supervision Policy. The frequency of supervision is determined by the role: for staff with extensive contact with children or vulnerable adults it will be at least every 4-6 weeks. Safeguarding is a mandatory agenda item in all supervision sessions. This provides an opportunity to raise concerns and identify solutions to issues arising, although staff should be clear that they can and should speak to their line manager about safeguarding issues at any time and should not wait for a supervision session to do so. The supervision session also provides an opportunity to reflect on safeguarding practice and identify ways to improve individual performance in this area.

### **c) Safeguarding in Practice**

#### **Shared Responsibility**

Safeguarding and promoting the welfare of children and young people is everyone's business. If anyone suspects a child is being abused or at risk of being abused, then they have a legal duty to report it. Detailed procedures for reporting abuse or concerns are set out in a flowchart within this document and supported by local flowcharts which include local variations to procedures and local contact details. These details are displayed within each service staff office space and held on the Group's STARS database.

#### **Designated Safeguarding Lead Meetings**

DSL meetings will provide a platform for continued learning and development. The meetings will take place each quarter and will review the previous quarter's concerns and incidents, themes and trend. This will include sharing scenarios with teams to review and discuss the best course of action. The meeting will also update on any legislation or policy change, review of audits and provide a consistent approach to safeguarding across the group.

#### **Curriculum (Schools)**

Children are taught about all aspects of safeguarding through the PHSE curriculum at an age-appropriate level.

#### **e-Safety**

Information technology is an essential part of all our lives: staff, volunteers and service users. The technology is of great benefit to us all, however, if misused, children, young people and vulnerable adults can be actually or potentially harmed. We have clear guidance for appropriate use of digital technology: for information please refer to the IT, email, social networking policy.

#### **Informing Parents**

Parents will normally be informed if a concern is raised about their child. However, if the safety of the child or any other party would be compromised by informing the parents (for example if they are suspected of being the abuser or being involved or complicit in the abuse), parents will not be informed.

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## **Case Management & Record Keeping**

We keep and maintain appropriate information on children, young people and adults who engage in our services. We keep copies of all referrals to Children and Families Services, the Early Help Hub and any other agencies related to safeguarding children. All safeguarding records are kept securely.

## **Integrated Working/Multi-agency Working**

Agencies and professionals need to work together to provide a seamless and comprehensive service to children and young people. Detailed guidelines for sharing information are contained within this policy. These are supported by local flowcharts which include local variations to procedures and local contact details.

Big Life staff have a duty to participate in multi-agency processes e.g. case conferences/Child in Need (CIN) Early Help Assessments (EHAs) as required. This duty applies regardless of whether or not a Big Life member of staff is the lead for the case.

## **Sharing information**

Sharing information is an essential part of effective safeguarding practice. It allows multiple staff and / or agencies to build a complete picture of a situation where one individual or agency would be unable to do so. Often it is only when information from a number of sources is shared that it becomes clear that a child or adult is suffering or at risk of suffering harm. This then enables early intervention and prevention work to be carried out.

Confidentiality and consent are key issues to be considered when sharing information. Confidential information is information which is personal, sensitive, not already lawfully in the public domain, and shared in confidence or the reasonable expectation of confidence. Confidential information may be shared with the consent of the person who provided it or to whom it relates.

Confidential information may also be shared without consent under the following circumstances:

- If there is evidence or reasonable cause to believe that an adult is suffering or at risk of suffering significant harm, or of causing significant harm to themselves or others.
- To prevent significant harm to children.

***For further information, refer to the Big Life Group Information Governance Framework and Information Governance Lead.***

## **Mobile Phones and Cameras**

Big Life recognises that staff, volunteers and visitors may wish to have their personal mobile phones with them for use in case of emergency. However, in recognition of the potential for personal mobile phones and cameras to be used inappropriately and breach safeguarding, personal mobile phones are not to be used during working hours by staff working within our children, young people and family settings. We expect them to be completely attentive during their hours of working. There is guidance on the use of personal mobile phones within the mobile phone policy.

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#### 4) Categories of Abuse

##### a) **Children and Young people**

Child abuse is maltreatment of a child. Someone may abuse a child either by directly inflicting harm, or by failing to act to prevent harm. Child abuse occurs in family, institutional and community settings. Children may be abused by an adult or adults, or by another child or children. The majority of abuse is perpetrated by someone known to the child, including parents, other relatives and families' friends. Abuse by strangers is much less common. For children's safeguarding, the definition of abuse are taken from [Working Together to Safeguard Children](#) (HM Government, 2015).

Recognising abuse is not straightforward and it is not your responsibility to decide whether or not a child has been or is at risk of being abused. However, you do have a responsibility to act on concerns, to enable appropriate investigations to take place and actions to be taken to protect children. **If in any doubt you should always seek advice from your line manager or Designated Safeguarding Lead in the first instance.**

The four main types of abuse are listed below. Please refer to [\(Appendix 7\)](#) for a more detailed description of these categories, including a description of further types of abuse.

**Physical abuse**  
**Emotional abuse**  
**Sexual abuse**  
**Neglect**

#### Children Who May be Particularly Vulnerable

Some children may be at increased risk of harm or abuse due to a range of factors such as prejudice and discrimination, social isolation or exclusion, communication difficulties, or reluctance on the part of some adults to acknowledge that abuse happens. All staff must therefore give particular consideration and attention to children who:

- Have special educational needs or disabilities (SEND)
- Live in a known domestic abuse situation
- Are affected by parental substance misuse
- Have parents with learning difficulties or disabilities
- Have parents with mental health issues
- Are asylum seekers
- Live away from home, including in local authority, foster care or private fostering arrangements
- Have chaotic home situations or a transient lifestyle
- Are vulnerable to discrimination on the grounds of ethnicity, religion, or sexuality
- Have English as an additional language
- Children involved in gangs
- Children self harming
- Children who are carrying out offending behaviour.
- Are approaching their 18th birthday and the transition from child to adult support services (particularly children with SEND and care leavers)
- May otherwise be considered to be particularly vulnerable.

Adult services in particular must always be mindful of the potential impact on children of the problems they support adults to address, particularly if those children are not seen by the service.

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Special consideration includes providing safeguarding information, resources and support in community languages and other accessible formats.

### **b) Vulnerable adults (Adults at Risk)**

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Abuse can be something that is done to a person, or omitted from being done. Abuse may consist of single or repeated acts and can be carried out by anyone, in any setting. It may result in significant harm to or exploitation of, the individual. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared. Professionals should work with the adult at risk to establish what being safe means to them.

There are 10 main categories of abuse taken from the Care Act 2014. Please refer to [\(Appendix 7\)](#) for a more detailed description of these and other categories, signs and indicators

**Physical abuse**  
**Domestic violence**  
**Sexual abuse**  
**Psychological abuse**  
**Financial or material abuse**

**Modern slavery**  
**Discriminatory abuse**  
**Organisational abuse**  
**Neglect and acts of omission**  
**Self-neglect**

## **5) Procedure for Raising Concerns and Reporting**

### **If a person witnesses abuse taking place:**

Initial action to be taken:

- Immediately challenge the person who is abusing the individual, even though this may be difficult to do, and try to persuade him or her to stop whilst ensuring that personal safety is not compromised.
- Report the incident to a senior manager straight away.

If the immediate risk to the individual has passed, the person witnessing the abuse should:

- Write down all the relevant facts
- Consider using the Complaints or Grievance procedure if relevant
- Consider the most appropriate senior manager to approach and contact them
- Take advice from the safeguarding lead
- Carry out a risk assessment
- Maintain confidentiality without compromising the need to report

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### a) Children and young people

If children make a disclosure of abuse, **you should**;

- Stay calm and try not to show shock
- Listen carefully rather than question directly
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed
- Tell the child that you are treating this information seriously
- Assure them that what has happened is not their fault
- Make sure they are not at immediate risk of further abuse – if they are, then consider informing the emergency services
- Make a record of the disclosure using the safeguarding internal reporting form ([Appendix 5](#)) or record on **CPOMS** for schools.

If a child makes a disclosure to you, you **should not**:

- Press the child for more details
- Stop someone who is freely recalling significant events – they may not tell you again
- Promise to keep secrets – you should explain that the information will only be shared with those who need to know
- Make promises you cannot keep (e.g. ‘this will not happen to you again’)
- Contact the alleged abuser
- Be judgemental (e.g. asking why they did not run away)
- Pass on information to anyone who does not need to know.

Remember that where there are any concerns that a child may have been and / or may be at risk of abuse, the child’s needs must always come first and the priority must always be to safeguard the child.

### b) Response to a disclosure of historical abuse

As soon as it becomes apparent that an adult is disclosing abuse, you must explain that relevant information may have to be shared with social Children’s Social Services and / or the police if there is a current risk in order to safeguard children. It is important to ascertain as a matter of urgency whether the alleged abuser still has contact with children. If so, you must follow the statutory reporting procedures.

If there is no direct risk to children, as far as can be determined, and the adult wants to report the abuse, they should be advised that the police will want accurate information including a witness statement and access to disclosure records.

It is critical to handle disclosures as sensitively as possible, and to consider the wishes and needs of the adult as much as possible. This ‘evidence of first complaint’ is an important evidential tool for sex abuse cases. You should, where possible, obtain the adults explicit consent to share information, making them aware of our duty to refer without consent if a child was still at risk of abuse.

In all cases, you must make a note on the case file explaining how you decided which option was appropriate, including any advice you sought, and what happened as a consequence. If in doubt, contact your Safeguarding Lead.

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### c) Adults

#### **If a manager or member of staff receives an accusation of abuse:**

- Support and reassure the person making the accusation, recording what is said and/or observed, but avoiding asking leading questions
- Carry out a risk assessment and ensure the safety of the individual and if in immediate danger, contact the relevant emergency services
- Log the nature of the alleged abuse, any information given or witnessed, actions taken, who was present at the time, dates and times of incidents using the Adult safeguarding reporting form ([Appendix 5](#))
- Consider any other agencies who may need to be informed – i.e. agencies also working with the people involved, statutory agencies
- Ensure all discussions and decisions are recorded
- Report immediately to your local DSO
- Maintain confidentiality without compromising the need to report

#### **If a senior manager receives a report of an accusation of abuse they should:**

- Review what has been done so far, including any associated risk assessments
- Consider if there are any immediate safety/protection issues
- Consider if the police/social services need to be involved at this stage
  
- Examples of when to make contact with the police if any physical or sexual abuse has taken place or on theft of personal possessions. Social Services would be informed if the adult is known to have a designated social worker of accusation of any abuse. Any incident or allegation involving harm to a child must be reported immediately to social services.
- Consider if there is a need to share information – if so, who with – the alleged abused person, the alleged abuser
- Consider if an investigation needs to be carried out by The Big Life group, or by another agency. For instance if the alleged abuser is another client it will usually be appropriate to investigate this internally first. If however, the alleged abuser is a member of staff from another organisation, a relative or a member of the public, it will usually be appropriate to support the individual to report his/her complaint to another agency
- Consider how vulnerable adults/the alleged perpetrator/other staff and concerned individuals are going to be involved. Consider if they need support
- If the allegation is against a member of staff/volunteer consult with the HR manager.
- Consider contact with other agencies, ensuring that the individual alleged to be responsible for the abuse are not contacted at this point
- Consider if there is a need to carry out cross checks with other agencies and if there is a need for joint investigation. Has there been any other allegations of abuse from this individual or against the alleged perpetrator in the past?
- Maintain confidentiality whilst not compromising on the need to report
- Plan the investigative process. Are they able to carry out the investigation or do they need to pass to another senior manager? What information needs gathering? What evidence needs securing?

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- If they are carrying out the investigation they will need to plan interviews – who will be interviewed (this must include the alleged perpetrator and the alleged victim). Who will carry out the interviews and how - ensuring the interviewer has the necessary skills, training and freedom from conflict of interest; and that the alleged perpetrator and alleged victim are supported to participate fully in this process. Repeated interviewing should be avoided

### **10.1) Big Life Group Internal Reporting Procedure for Children and Adults**

The procedure you should follow if you have a concern and either need advice on whether to share information, or have decided to share information is:

**Stage 1:** Raise your concerns with your local named Designated Safeguarding Lead - *if they are not available:*

**Stage 2:** Contact The Big Life Group's designated Safeguarding Children Lead - *if they are not available:*

**Stage 3:** Contact Big Life Executive Director

Name and contact details of your local DSL, The Group's Safeguarding Lead and Big Life Children Executive Director are clearly displayed within your service area. Alternatively, these can easily be accessed via The Big Life Group's STAR's database.

When reporting it is essential that you record the incident/concern on the safeguarding internal reporting form ([Appendix 5](#)) or on **CPOMS for schools**

The completion of these forms and or database ensures that all safeguarding concerns/incidents across the group are monitored. The Clinical and Service Governance Board reviews these on a termly basis to ensure that lessons are learned and acted on in a timely manner.

### **10.2) External Reporting Procedures**

As already described, each service holds local versions of the reporting concerns flowchart, containing local variations to procedures (relating to LSCB and LASB procedures) and local Children's Services and adult services contact details.

A step by step flowchart detailing the procedure to raise a concern about the welfare of a child or an adult at risk is available in ([Appendix 6 \(a\) – Adults](#)), ([Appendix 6 \(b\) Children & Young People](#)), ([Appendix 6 \(c\) – Big Life Schools](#)). Each service holds a local copy of this flowchart including local contact details and Safeguarding children partnership or Adult care procedures.

### **6) Managing Allegations Against Staff and Volunteers**

If an allegation is made against a member of staff or a volunteer, please refer to the Managing Allegations against staff and volunteer policy.

### **7) When Does a Safeguarding Concern Become an Incident?**

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There may be times when a safeguarding concern is deemed to be an incident or a serious untoward incident, as defined in the incident and serious incident requiring further investigation (SIRI) and incident policy, please refer to this policy.

## 8) Associated Policies

- Health and Safety
- Risk Management Framework
- IT, Email, Social Networking
- Mobile Phones and Camera
- Information Governance Framework
- Keeping Records and Data Protection
- Volunteering
- Lone and Home Working
- Recruitment and Selection
- Disclosure Policy
- Confidentiality Policy
- Domestic Abuse Policy
- Employment of Ex-Offenders
- Induction Policy
- Supervision
- Managing Allegations Against Staff and Volunteers
- Drugs and Alcohol
- Incident and Serious Incident Requiring Investigation Policy
- Whistle Blowing
- Domestic Abuse
- Comments and Complaints Policy

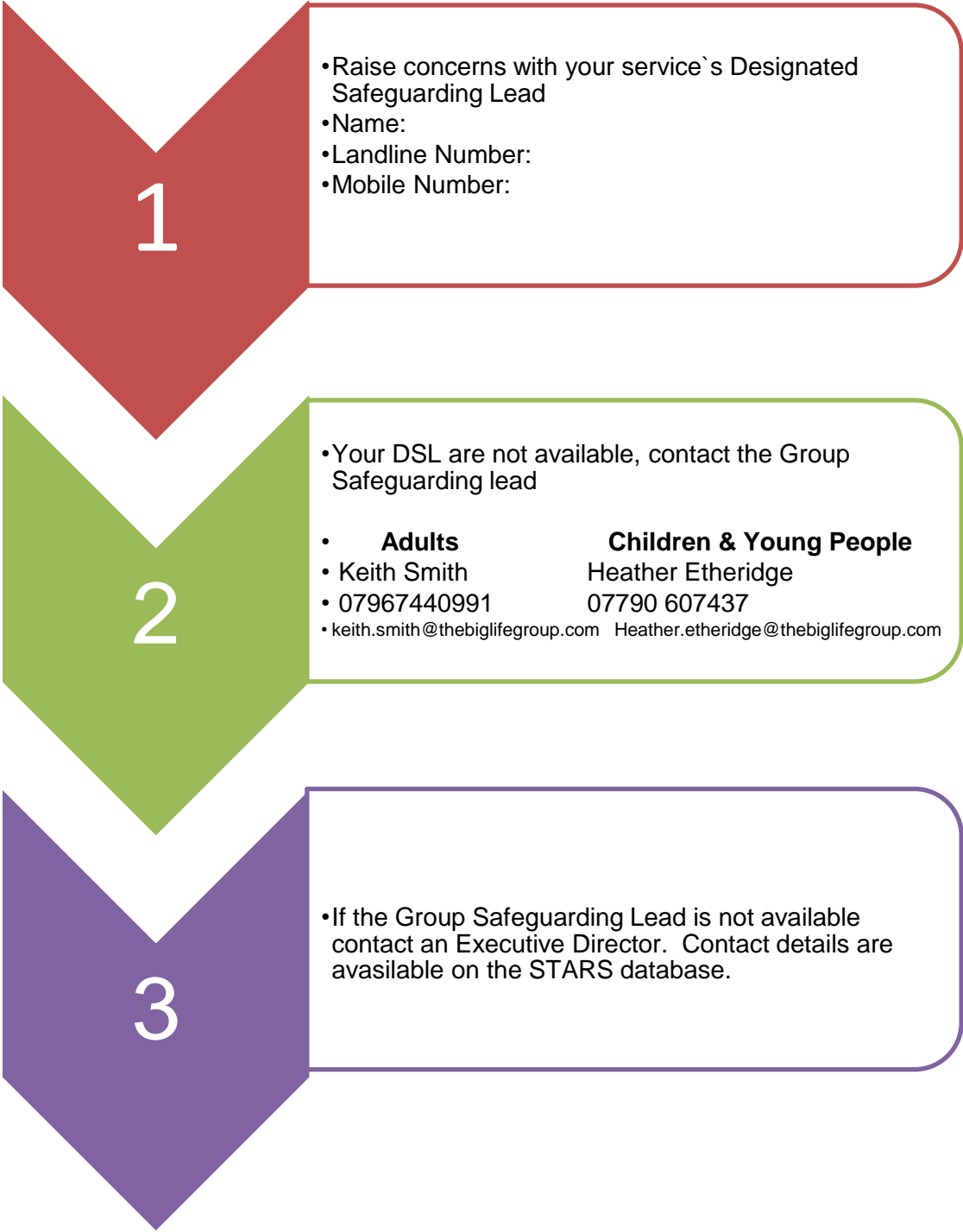
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## **Appendix 1 – The Big Life Group Safeguarding Statement**

<b>The Big Life group Safeguarding Statement</b>
<p>Big Life believes that it is always unacceptable for a child, young person or adult at risk to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all adults, children and young people, by a commitment to practice which protects them.</p> <p>Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person, child or young person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.</p> <p>Abuse of children, young people or adults at risk, may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit children and vulnerable people.</p> <p>It is not always obvious when someone is being abused, there may be specific signs or your instincts may tell you something is wrong. Abuse is never acceptable in any circumstances and everyone has the right to be safe. Safeguarding children, young people and adults at risk is everyone's business</p> <p>Working in partnership with the community and safeguarding authorities The Big Life group aims to make sure that children, young people and adults at risk using its services are listened to and protected from abuse. Big Life staff must report all incidents or concerns they have relating to the wellbeing of anyone at risk.</p> <p>Members of the public who have concerns should follow guidance offered by their local Safeguarding partnership or adult care services. If you wish to notify or log a safeguarding concern about a child, young person or adult at risk accessing any of the Big Life services you can contact the following:</p> <p><u>The local designated safeguarding lead:</u> <b><i>add relevant person with contact details</i></b></p> <p>The Big Life group safeguarding leads:  <b>Adults at Risk:</b> Keith Smith <a href="mailto:keith.smith@thebiglifegroup.com">keith.smith@thebiglifegroup.com</a>  <b>Children and Young people:</b> Heather Etheridge <a href="mailto:heather.etheridge@thebiglifegroup.com">heather.etheridge@thebiglifegroup.com</a></p> <p><u>Statutory organisation:</u> <b><i>Add information and contact number add relevant details and contact numbers</i></b></p>

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**Appendix 2. Reporting Safeguarding Concerns Internal Flow Chart: Where There is a DSO & DSL**



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### Appendix 3 – Roles and responsibilities

Role	Safeguarding Responsibility
<b>The Group Safeguarding Lead.</b>	<p>The <b>Safeguarding Lead</b> has day to day responsibility for safeguarding across The Big Life group including:</p> <ul style="list-style-type: none"> <li>• To act as an ambassador for The Big Life group in the capacity of Safeguarding Children Young people and Adults at Risk lead.</li> <li>• To provide leadership on all aspects of safeguarding children and adults at risk within The Big Life group</li> <li>• To champion safeguarding within The Big Life group; ensuring that it has a high profile within the organisation</li> <li>• To feed into the Clinical and Service Governance Board by advising and taking forward any actions around safeguarding that have been identified</li> <li>• To advise volunteers, students and staff within The Big Life group on safeguarding issues (including implementation of policy, working with service users, development of services, policy developments – national, regional and local developments, service audits etc.)</li> <li>• To keep Big Life group staff, students and volunteers updated on relevant safeguarding issues and policy updates via email or other means of information dissemination</li> <li>• To act as an information source on safeguarding and to assist Big Life group staff, students and volunteers with identification of key contacts / networks within the field of safeguarding / child protection etc.</li> <li>• To ensure that all new children and young people services are developed in line with best and current practice; ensuring that service user involvement is embedded during service development and subsequent delivery</li> <li>• To keep up to date on any changes to policy and new policies which could affect the different service areas of The Big Life group</li> <li>• To train staff on safeguarding and advise on further potential training.</li> <li>• To ensure that all staff and volunteers feel safe about raising concerns about poor or unsafe practice in regard to the safeguarding and welfare of the children and young people and such concerns will be addressed sensitively and effectively.</li> <li>• To ensure that a mechanism is in place to support the Designated Safeguarding Leads to offer mutual support and reflection on cases</li> </ul>
<b>Designated Safeguarding Lead</b>	<ul style="list-style-type: none"> <li>• Ensuring that the service for which they are responsible for operates safe working practices</li> <li>• Seeking advice &amp; report as necessary to the Safeguarding Group Lead.</li> <li>• Ensure their service is compliant and knowledgeable with local authority reporting processes.</li> <li>• Ensure that their services are compliant with the section 11 audits &amp; address any areas for improvement.</li> <li>• Contribute to the development of service section 11 audit.</li> <li>• Ensure all staff &amp; volunteers in their service are clear and have access to the safeguarding policy &amp; associated policies.</li> <li>• The DSLs will ensure that all parents / service users and children in are clear on the safeguarding policy &amp; associated policies.</li> <li>• Ensure that they have an excellent knowledge of safe recruitment processes &amp; that all staff and volunteers in their service have been suitably recruited &amp; there is evidence of this.</li> <li>• Deliver safeguarding training for staff, students &amp; volunteers.</li> </ul>

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Role	Safeguarding Responsibility
	<ul style="list-style-type: none"> <li>• Attend relevant training as outlined in the Safeguarding training plan &amp; cascade training &amp; information to staff in their services.</li> <li>• Ensure that safeguarding is on team meeting agendas &amp; that they provide staff with the chance to develop knowledge regarding safeguarding &amp; to feedback on any concerns.</li> <li>• Support staff to record and escalate concerns and incidents, developing a robust system for reporting and monitoring.</li> <li>• Report quarterly to the CSGB incidents, concerns, lessons learned, themes and actions taken to mitigate risk.</li> <li>• Liaise and escalate with external agencies as required.</li> </ul>

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## Appendix 4 - Descriptions of Training Levels

<b>1</b>	<b>For all Employees and Volunteers (BLG Mandatory)</b>
	<ul style="list-style-type: none"> <li>• Read and understand Big Life Group Safeguarding Policies and procedures</li> <li>• Attend Big Life Induction</li> <li>• Attend Volunteer induction</li> </ul>
<b>2</b>	<b>All front line staff who work directly with children, adults (BLG Mandatory)</b>
	<p>In addition to the above;</p> <ul style="list-style-type: none"> <li>• Complete Big Life Group combined Children and Adults safeguarding awareness training</li> <li>• Attend or access the online Local Authority Safeguarding awareness training, if available.</li> </ul> <p>The target audiences for this course are those who work regularly with children, young people and adults at risk. This ensures we have a fuller understanding of how to work together to identify and assess concerns and to plan, undertake and review interventions.</p>
<b>3</b>	<b>Designated Safeguarding Lead</b>
	<p>The target audiences for these courses are those with a responsibility for safeguarding children, young people and adults at risk as defined in the role description. The following is recommended in addition to the above;</p> <ul style="list-style-type: none"> <li>• Big Life Designated safeguarding lead training</li> <li>• Additional <b>10hrs CPD</b> that could include attending further specific training relating to your service delivery e.g.;             <ul style="list-style-type: none"> <li>○ Female Genital Mutilation</li> <li>○ Honour based violence</li> <li>○ Prevent</li> <li>○ Sexual Exploitation</li> </ul> </li> </ul>

Please note:

- It may be a requirement of your contract to deliver a service that all staff attend additional safeguarding training. These courses may be provided by the local authority, but where they are not they will have to be sourced as part of your commissioned contract. Please refer to the intercollegiate documents for both adults and children
  - Adult Safeguarding: Roles and Competencies for Health Care Staff – Intercollegiate Document (2018) <https://www.rcn.org.uk/professional-development/publications/pub-007069>
  - Safeguarding children and young people: roles and competences for health care staff - INTERCOLLEGIATE DOCUMENT (2014) <https://www.rcn.org.uk/professional-development/publications/pub-007366>
- All Designated Safeguarding Leads must have refreshers every 2 years or more frequently if required by the relevant LSCB
- Other staff must have refreshers every 3 years or more frequently if required by the relevant LSCB

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## Appendix 5: Internal Safeguarding Reporting Form

When you have a concern about the welfare of a child or adult at risk please complete this form, submit it to your service's Designated Safeguarding Lead and retain a copy on the child's / adults file. DSL to retain the form within the safeguarding folder for your business area.

<b>Basic details (to be completed by the worker)</b>	
Date of concern	Time of concern
Who is raising the concern/ how was it brought to your attention	
Date of reporting to Designated Safeguarding Lead	
Is the concern relating to:	
An Adult at Risk (Y/N)	
A Child (Y/N)	
Both (Y/N)	
<b>Concerns:</b>	
<b>Adults</b>	<b>Children &amp; Young People</b>
	Details of children
Adult full name:	Childs Name:
Date of Birth:	DOB & Age:
Gender:	Gender:
Address:	Address:
Does the Adult have a carer (Y/N)	Name of child Primary carer:
Name:	Relationship to child:
Address:	Parents address if different from above:
Email:	
Phone number:	
Does the adult have a social worker (Y/N)	Has a social care referral form been completed and submitted to children's services i.e. Multi Agency Safeguarding Hub/contact centre.
Name:	Yes No
Email:	If 'YES':

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Contact:	Name of Service you have referred to: Email (Y/N) Post (Y/N) Other (Y/N) Date of contact: Attach a copy of the referral and continue to Section Two If 'NO (Continue to Section One)
Are there any other services involved in relation to this incident (please add as many as needed) Service: Contact name: Phone number: Email:	
Section one (to be completed by the worker)	
Reason for concern: (give a clear and concise account of concerns, stating times and dates, people present, and relationships):	
If the concern is regarding an Adult at Risk, are they aware of the concern  Yes No	If the concern is regarding a child, is the child aware of the concern  Yes No
Are carers or family aware of the concern  Yes No (state why)	Are the parents/ carers aware of the concerns  Yes No (State Why)
	Is an Early Help Assessment or Common Assessment Framework in place for this child?  Yes No

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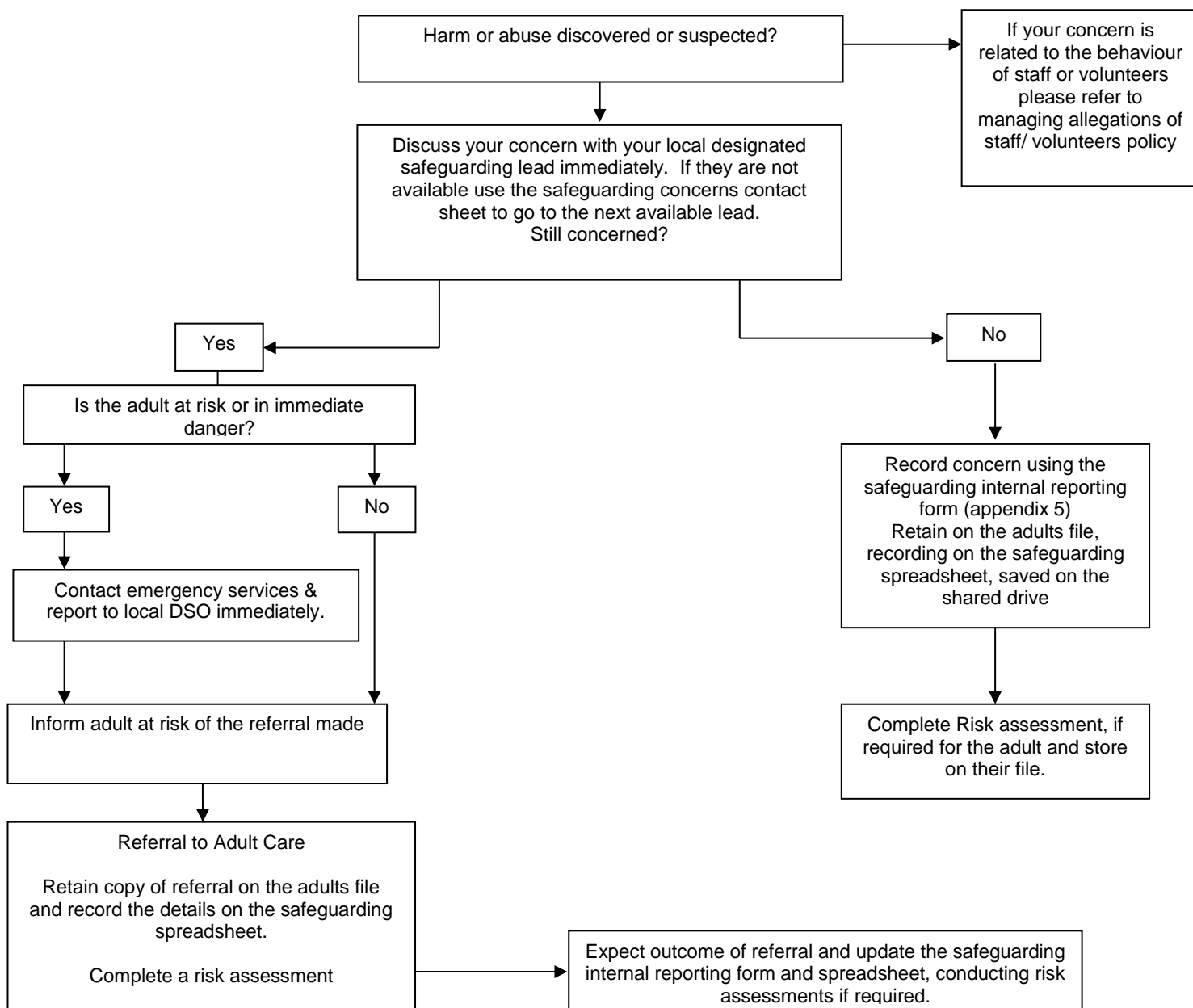




<p>Outcome of initial action:</p> <p>Has a referral been made</p> <p>To social Services (Y/N)</p> <p>What happened:</p> <p>To another service (Y/N) (please add as many as needed)</p> <p>Service name:</p> <p>What happened</p> <p>Other actions:</p>
<p><b>Staff / Volunteers Name:</b></p> <p><b>Job Title/ Role:</b></p>
<p><b>Section Three -</b></p> <p>DSL comments- (analysis of the outcome)/lessons learned</p>
<p>Signed DSL</p>
<p>Concern form completed by</p>
<p>Name</p>
<p>Job role</p>
<p>Tel</p>

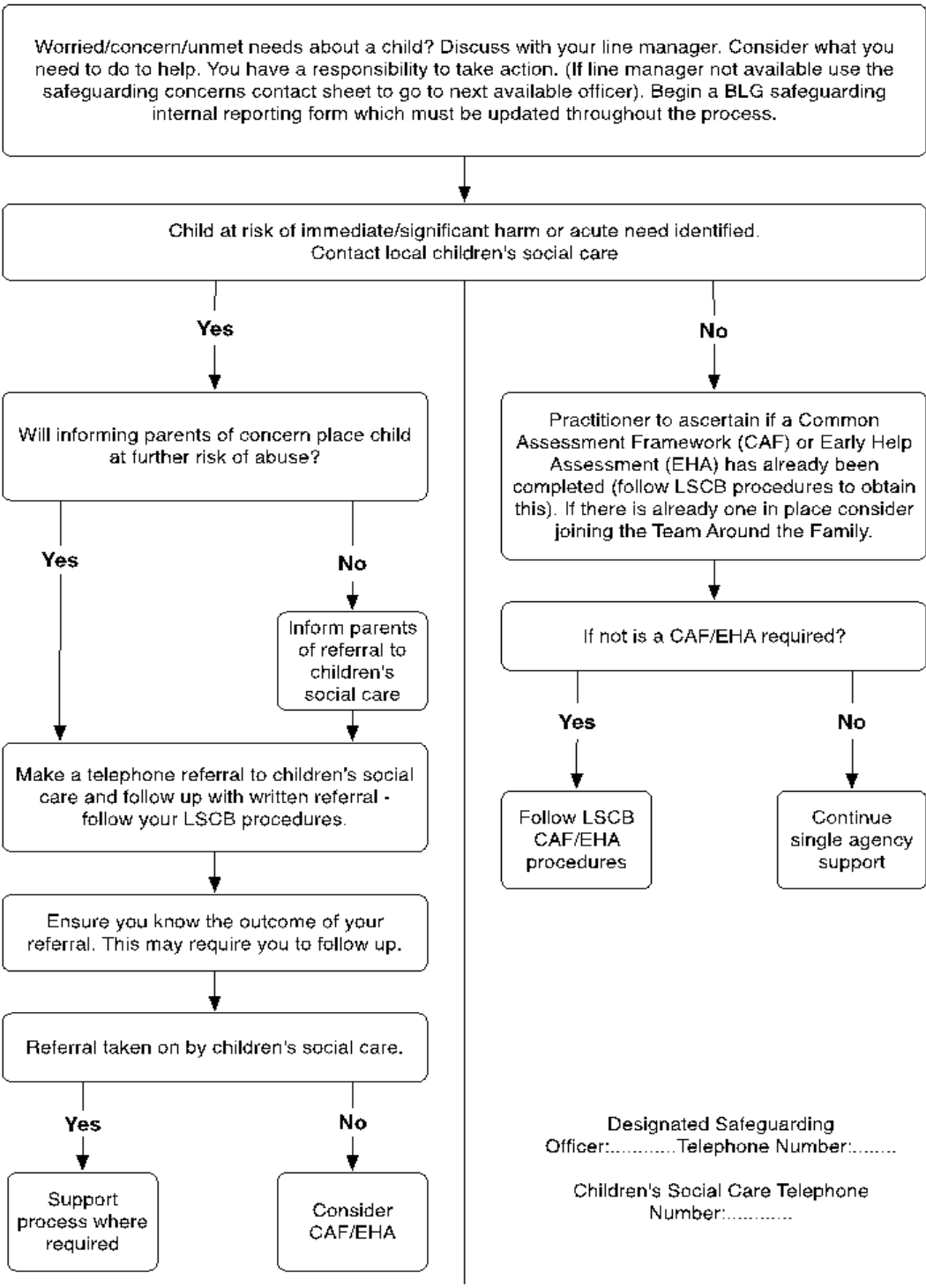
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**Appendix 6(a): Adults at Risk Reporting Flowchart**



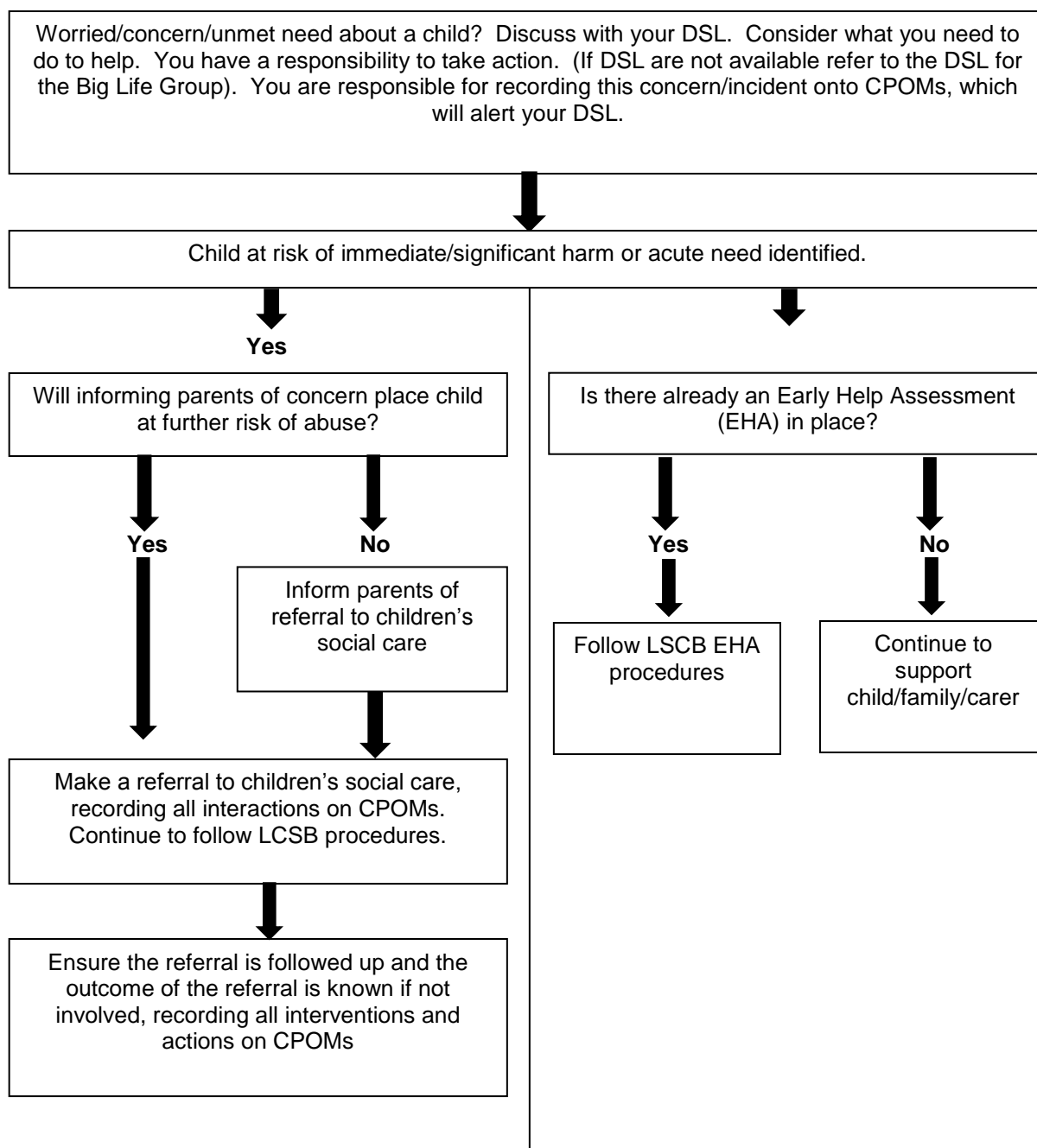
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**Appendix 6 (b) - Children and Young People Reporting Flowchart**



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**Appendix 6 (c) – Big Life Schools reporting flowchart**



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## Appendix 7 - Types of Abuse & signs and indicators - Children, young people and adults

### Children & Young People

Type of Abuse	Possible signs and indicators
<p><b>Physical</b> 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.</p> <p>Physical injuries should always be interpreted in light of the child's medical and social history, stage of development, and the explanation given. Accidental bruises are generally seen on the bony parts of the body and often on the front, so bruising or injuries on soft parts such as cheeks, abdomen, back or buttocks may be a cause for concern.</p>	<ul style="list-style-type: none"> <li>• Bruising, marks or injuries anywhere on the body which are unexplained or inconsistent with an explanation given</li> <li>• Clusters of bruises, often on the upper arm or outside of the thigh</li> <li>• Cigarette burns</li> <li>• Human bite marks</li> <li>• Broken bones</li> <li>• Scalds with upward splash marks</li> <li>• Multiple burns with clearly demarcated edges.</li> <li>• Fear of parents being approached for an explanation</li> <li>• Aggressive behaviour or severe temper outbursts</li> <li>• Flinching when approached or touched</li> <li>• Reluctance to get changed, for example in hot weather</li> <li>• Depression</li> <li>• Withdrawn behaviour</li> <li>• Running away from home or school.</li> </ul>
<p><b>Sexual</b> Involves 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, assault by penetration (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)</p> <p>In most cases, it will be behavioural rather than physical signs which cause you to become concerned. Remember that it is not only adult men who sexually abuse: there are increasing numbers of allegations against women and children. In all cases, a child disclosing sexual abuse does so</p>	<ul style="list-style-type: none"> <li>• Pain or itching in the genital area</li> <li>• Bruising or bleeding near the genital area</li> <li>• Sexually transmitted disease</li> <li>• Vaginal discharge or infection</li> <li>• Stomach pains</li> <li>• Discomfort when walking or sitting down</li> <li>• Pregnancy</li> <li>• Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn</li> <li>• Fear of being left with a specific person or group of people</li> <li>• Having nightmares</li> <li>• Running away from home or school</li> <li>• Sexual knowledge beyond a child's age or stage of development</li> <li>• Sexual drawings or language</li> <li>• Bed wetting</li> <li>• Eating disorders such as anorexia</li> </ul>

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Type of Abuse	Possible signs and indicators
<p>because they want it to stop, so they must always be listened to and taken seriously</p>	<ul style="list-style-type: none"> <li>• Self-harm or suicide attempts</li> <li>• A child saying they have secrets they cannot share</li> <li>• Substance misuse</li> <li>• Having unexplained money or possessions</li> <li>• Not being allowed to have friends</li> <li>• Sexualised behaviour towards adults.</li> </ul>
<p><b>Emotional</b> 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 a child 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 a 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. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p> <p>Emotional abuse can be very difficult to detect as there are often no physical signs. There may be a developmental delay due to a failure to thrive and grow, although this may not be evident unless, for example, the child gains weight in other circumstances away from their parent’s care. Emotional abuse can also take the form of not being allowed to mix or play with other children.</p>	<ul style="list-style-type: none"> <li>• Neurotic behaviour, e.g. sulking, hair twisting, rocking</li> <li>• Being unable to play</li> <li>• Fear of making mistakes</li> <li>• Sudden speech disorders</li> <li>• Self-harm</li> <li>• Fear of parent being approached about their behaviour</li> <li>• Developmental delay in terms of emotional progress.</li> </ul>
<p><b>Neglect</b> 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:</p>	<ul style="list-style-type: none"> <li>• Constant hunger, stealing food</li> <li>• Constantly dirty or smelly</li> <li>• Loss of weight or being underweight</li> <li>• Inappropriate clothing for the conditions</li> <li>• Complaining of being tired all the time</li> <li>• Not requesting medical assistance, and / or failing to attend appointments</li> </ul>

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Type of Abuse	Possible signs and indicators
<ul style="list-style-type: none"> <li>• Provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>• Protect a child from physical and emotional harm or danger;</li> <li>• Ensure adequate supervision (including the use of inadequate care-givers); or</li> <li>• Ensure access to appropriate medical care or treatment.</li> <li>• It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</li> </ul> <p>Neglect can be very difficult to recognise, yet may have some of the most lasting and damaging effects on children.</p>	<ul style="list-style-type: none"> <li>• Having few friends</li> <li>• Mentioning being left alone or unsupervised.</li> </ul>
<p><b>Female genital mutilation (FGM)</b>            There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.</p> <p>Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.</p> <p>From October 2015, the new 'mandatory reporting' duty for professionals requires them to notify the police if they discover that an act of FGM appears to have been carried out on a girl who is under 18 (either if they have visually confirmed it or it has been verbally disclosed by an affected girl).</p>	<ul style="list-style-type: none"> <li>• A female child in a family where other females have undergone FGM</li> <li>• The family is from a nation, region or community in which FGM is practised</li> <li>• The family makes preparations for the child to take a holiday, planning an absence from school</li> <li>• The child talks of a special ceremony that is going to happen</li> <li>• Sudden or repeated failure to attend or engage with health services.</li> </ul>
<p><b>Child Abuse Linked to Faith or Belief (CALFB)</b>            There is a variety of definitions associated with abuse linked to faith or belief. The National Action Plan (<a href="https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief">https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief</a>) includes the following when referring to Child Abuse Linked to Faith or Belief (CALFB).</p> <p><b>Belief in concepts of:</b></p>	<p>This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune.</p> <p>Reasons for the child being identified as 'different' may be a disobedient or independent nature, bed wetting, nightmares or illness. Attempts to exorcise the child may include:</p> <ul style="list-style-type: none"> <li>• beating</li> <li>• burning</li> </ul>

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Type of Abuse	Possible signs and indicators
<ul style="list-style-type: none"> <li>• witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)</li> <li>• the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)</li> <li>• ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies</li> <li>• use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.</li> </ul>	<ul style="list-style-type: none"> <li>• starvation</li> <li>• cutting or stabbing</li> <li>• isolation within the household.</li> <li>• Children with a disability may also be viewed as different, and various degrees of disability have previously been interpreted as 'possession', from a stammer to epilepsy, autism or a life limiting illness.</li> </ul> <p>Read more at <a href="http://nationalfgmcentre.org.uk/calfb/">nationalfgmcentre.org.uk/calfb/</a> where you can also download a leaflet on CALFB.</p>
<p><b>Child Sexual Exploitation</b>  Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something; food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection. As a result of engaging in sexual activities sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups.</p> <p>What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber-bullying and grooming.</p>	<p><b>Social</b></p> <ul style="list-style-type: none"> <li>• Going missing from home or care or school,</li> <li>• Estranged from the family</li> <li>• Being collected from home/school in unknown car</li> <li>• Secretive mobile phone use</li> <li>• Being friends with significantly older people</li> <li>• Becoming involved in crime e.g. stealing</li> </ul> <p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Physical injuries, drug misuse, sexually transmitted infections, poor mental health self-harm, change in physical appearance</li> </ul> <p>However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.</p>
<p><b>Radicalisation &amp; Extremism</b></p> <p><u>Radicalisation</u>  Radicalisation refers to the process whereby a person comes to support terrorism and forms of extremism leading to terrorism</p> <p><u>Extremism</u>  Extremism is defined by the Government in the Prevent Strategy as 'a Vocal or active opposition to fundamental British values, including</p>	<ul style="list-style-type: none"> <li>• Identity crisis</li> <li>• Personal Crisis</li> <li>• Personal circumstances</li> <li>• Unmet Aspirations-Perceptions of injustice; feeling of failure</li> <li>• Criminality</li> <li>• Use of inappropriate language</li> <li>• Possession or accessing violent extremist literature</li> <li>• Behavioural changes</li> </ul>

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Type of Abuse	Possible signs and indicators
<p>democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.’</p> <p>Big Life seeks to protect children and young people against the messages of all violent Radicalisation and extremism</p> <p>The prevent duty can be downloaded at:  <a href="https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty">https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty</a></p>	<ul style="list-style-type: none"> <li>• The expression of extremist views;</li> </ul>
<p><b>Children who witness Domestic abuse</b></p> <p>Parents or carers may underestimate the effects of domestic abuse on their children, but children witnessing abuse is recognised as significant harm in law</p>	<ul style="list-style-type: none"> <li>• Children who are withdrawn, anxious, clingy, depressed,</li> <li>• Problems sleeping,</li> <li>• soils clothes,</li> <li>• Aggressive behaviour.</li> </ul>
<p><b>Child Trafficking</b></p> <p>Child trafficking is the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered trafficking in human beings(council of Europe ratified by the UK government in 2008)</p>	<ul style="list-style-type: none"> <li>• Spends a lot of time doing household chores</li> <li>• Not registered with a GP or school</li> <li>• Has no access to their parents or guardians</li> <li>• Isn't sure what country, city or town they're in.</li> </ul>
<p><b>Forced Marriage</b></p> <p>Forced marriage (FM) where one or both parties do not agree to the marriage and where fear/coercion/duress or force is a factor.</p> <p>Forcing someone to marry is a criminal offence (under the crime and Policing act 2014) and something that can lead to lifelong suffering for the victim from physical abuse, sexual abuse and servitude.  Forcing children to marry is child abuse.</p>	<p>The factors below collectively or individually may be an indication that a person fears that they may be forced to marry, or that a forced marriage has already taken place.</p> <ul style="list-style-type: none"> <li>• Education- truancy from school, extended periods of unauthorised absence for sickness or overseas family commitments, history of other siblings missing education and marrying early.</li> <li>• Health – self harm, attempted suicide, eating disorders, depression isolation.</li> </ul>
<p><b>Peer Abuse and bullying (including cyber bullying).</b></p> <p>A definition of Bullying is ‘behaviour by an individual or group usually repeated over time, that intentionally hurts another individual or group physically or emotionally.’</p> <p>There are many different types of cyber bullying including:</p> <ul style="list-style-type: none"> <li>• Harassment</li> <li>• Denigration</li> <li>• Flaming</li> <li>• Impersonation</li> <li>• Outing and trickery</li> </ul>	<ul style="list-style-type: none"> <li>• Children or young people may- be reluctant to attend school</li> <li>• Not wanting to leave the house</li> <li>• Have unexplained cuts and bruises</li> <li>• Become withdrawn/ lack confidence</li> <li>• Change in appetite increase/ decrease or changing appearance to try to fit in</li> <li>• Low self esteem</li> <li>• Become withdrawn</li> <li>• Reluctance to let parents or other family members anywhere near mobiles/ laptops etc</li> </ul>

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Type of Abuse	Possible signs and indicators
<ul style="list-style-type: none"> <li>• Cyber stalking</li> <li>• Exclusion</li> <li>• Blackmail and grooming</li> <li>• Spreading rumours</li> <li>• Threatening behaviour</li> </ul> <p>Peer abuse can also take the form of sexual abuse (see earlier section on sexual abuse)</p>	<ul style="list-style-type: none"> <li>• Friends disappearing or being excluded from social events</li> <li>• Change in personality</li> <li>• Fresh marks on skin which could indicate self-harm and dressing differently e.g. wearing long sleeved clothing in summer</li> </ul>
<p><b>Children Missing from Home</b> Children who go missing from home are vulnerable to abuse and violence, and need to be safeguarded</p>	<p>Children go missing for a number of reasons, but in general, the factors preceding missing episodes are:</p> <ul style="list-style-type: none"> <li>• Arguments and conflicts (whether at home or in a placement)</li> <li>• Poor family relationships</li> <li>• Abuse and neglect</li> <li>• Boundaries and control</li> </ul> <p>Immediate risks-</p> <ul style="list-style-type: none"> <li>• No means of support or legitimate incomes leading to high risk activities</li> <li>• Becoming a victim of abuse.</li> <li>• Missing out on schooling and education</li> <li>• Increased vulnerability</li> </ul>
<p><b>Fabricated, fictitious or induced illness (formally Munchausen's by proxy)</b> This is a rare form of child abuse. It occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in a child.</p>	<ul style="list-style-type: none"> <li>• symptoms only appear when the parent or carer is present</li> <li>• the only person claiming to notice symptoms is the parent or carer</li> <li>• the affected child has an inexplicably poor response to medication or treatment</li> <li>• if one particular health problem is resolved, the parent or carer may then begin reporting a new set of symptoms</li> <li>• the child's alleged symptoms don't seem plausible – for example, a child who has supposedly lost a lot of blood but doesn't become unwell</li> <li>• the parent or carer has a history of frequently changing GPs or visiting different hospitals for treatment, particularly if their views about the child's treatment are challenged by medical staff</li> <li>• the child's daily activities are being limited far beyond what you would usually expect as a result of having a certain condition – for example, they never go to school or have to wear leg braces even though they can walk properly</li> <li>• the parent or carer has good medical knowledge or a medical background</li> </ul>

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Type of Abuse	Possible signs and indicators
	<ul style="list-style-type: none"> <li>• the parent or carer doesn't seem too worried about the child's health, despite being very attentive</li> <li>• the parent or carer develops close and friendly relationships with healthcare staff, but may become abusive or argumentative if their own views about what's wrong with the child are challenged</li> <li>• one parent (commonly the father) has little or no involvement in the care of the child</li> <li>• the parent or carer encourages medical staff to perform often painful tests and procedures on the child (tests that most parents would only agree to if they were persuaded that it was absolutely necessary)</li> </ul>

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## Adults

Type of Abuse	Possible signs and indicators
<p><b>Physical</b> Including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.</p> <p>The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, pinching, force-feeding, misuse of medication, shaking.</p>	<ul style="list-style-type: none"> <li>• Over or under use of medication</li> <li>• burns in unusual places; hands, soles of feet</li> <li>• sudden incontinence</li> <li>• bruising at various healing stages</li> <li>• bite marks</li> <li>• disclosure</li> <li>• bruising in the shape of objects</li> <li>• unexplained injuries or those that go untreated</li> <li>• Reluctance to uncover parts of the body.</li> </ul>
<p><b>Sexual</b> Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.</p> <p>Any form of sexual activity that the adult does not want and or have not considered, a sexual relationship instigated by those in a position of trust,</p> <p>rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.</p>	<ul style="list-style-type: none"> <li>• recoiling from physical contact</li> <li>• genital discharge</li> <li>• fear of males or female</li> <li>• inappropriate sexual behaviour in presence of others</li> <li>• bruising to thighs</li> <li>• disclosure</li> <li>• pregnancy</li> <li>• Abusers may take longer with Personal care tasks, use offensive language, work alone with clients, or show favouritism to clients.</li> </ul>
<p><b>Psychological and Emotional</b> Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.</p> <p>This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.</p>	<ul style="list-style-type: none"> <li>• Stress and or anxiety in response to certain people</li> <li>• Disclosure</li> <li>• compulsive behaviour</li> <li>• reduction in skills and concentration</li> <li>• lack of trust</li> <li>• lack of self esteem</li> <li>• someone may be frightened of other individuals</li> <li>• there may be changes in sleep patterns</li> </ul>

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Type of Abuse	Possible signs and indicators
<p>There may be a restriction of freedom, access to personal hygiene restricted, name calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected</p>	
<p><b>Neglect and acts of omission</b> Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.</p> <p>Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services,</p>	<ul style="list-style-type: none"> <li>• There may be disclosure</li> <li>• Someone being abused may have low self-esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers.</li> <li>• There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request</li> <li>• lack of consideration to the individuals request</li> <li>• denying others access to the individual health care professionals</li> </ul>
<p><b>Financial or material abuse</b> including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits</p>	<p>This may include;</p> <ul style="list-style-type: none"> <li>• not allowing a person to access to their money</li> <li>• not spending allocated allowance on the individual</li> <li>• theft from the individual</li> <li>• theft of property</li> <li>• misuse of benefits</li> <li>• There may be an over protection of money, money not available</li> <li>• forged signatures</li> <li>• disclosure</li> <li>• inability to pay bills</li> <li>• Lack of money after payments of benefits or other, unexplained withdrawals.</li> <li>• An abuser may be evasive when discussing finances, goods purchased may be in the possession of the abuser</li> </ul>

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Type of Abuse	Possible signs and indicators
	<ul style="list-style-type: none"> <li>• there may be an over keenness in participating in activities involving individuals money</li> </ul>
<p><b>Self Neglect</b> This covers a wide range of behaviours</p>	<p>This covers a wide range of behaviour;</p> <ul style="list-style-type: none"> <li>• neglecting to care for one’s personal hygiene health or surroundings</li> <li>• Hoarding</li> </ul>
<p><b>Discriminatory Abuse</b> Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.</p> <p>This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional</p>	<p>There may be;</p> <ul style="list-style-type: none"> <li>• withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities.</li> <li>• Individual may simply agree with the abuser for an easier life</li> <li>• there may be disclosure, or someone may display low self-esteem.</li> <li>• An abuser may react by saying “ I treat everyone the same”, have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.</li> </ul>
<p><b>Institutional or Organisational Abuse</b> Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.</p>	<ul style="list-style-type: none"> <li>• This may include a system that condones poor practice</li> <li>• deprived environment</li> <li>• lack of procedures for staff</li> <li>• one commode used for a number of people</li> <li>• no or little evidence of training, lack of staff support/supervision</li> <li>• lack of privacy or personal care</li> <li>• repeated unaddressed incidents of poor practice</li> <li>• lack of homely environment</li> <li>• manager implicated in poor practice.</li> <li>• There may be a lack of personal clothing,</li> <li>• no support plan</li> <li>• lack of stimulation</li> <li>• repeated falls, repeated infections</li> <li>• unexplained bruises/burns, pressure ulcers</li> <li>• unauthorised deprivation of liberty.</li> <li>• Abusers may have a lack of understanding of a person’s disability, misuse medication, use illegal controls and restraints, display</li> </ul>

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Type of Abuse	Possible signs and indicators
	undue/inappropriate physical intervention, and inappropriately use power/control.
<p><b>Domestic abuse</b> Including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.</p> <p>In 2013 the Home Office announced a change to the definition of domestic abuse to include psychological, physical, sexual, financial, emotional abuse. There can be an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality and may include Female Genital Mutilation; forced marriage and so called honour based violence. People can now ask for information from the police if they suspect a partner has committed domestic Violence in the past through <b>Clares Law</b> (see <b>Appendix 8</b> for further details) <b>Signs and indicators</b></p>	Will include all those include under previous categories in this document, including unexplained bruising, withdrawal from activities, work or volunteering. Not being in control of finances, having options and making decisions.
<p><b>Modern slavery</b> Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.</p> <p>If you have any concerns about modern slavery please contact: <a href="https://www.modernslaveryhelpline.org/">https://www.modernslaveryhelpline.org/</a> 08000121700</p>	<p>There may be signs of physical or psychological abuse;</p> <ul style="list-style-type: none"> <li>• people may look malnourished or unkempt, or appear withdrawn</li> <li>• People may rarely be allowed to travel on their own, seem under the control, influence of others</li> <li>• Rarely interact or appear unfamiliar with their neighbourhood or where they work.</li> <li>• They may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address.</li> <li>• People may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work</li> <li>• people may have little opportunity to move freely and may have had their travel documents retained, e.g. passports.</li> <li>• They may be dropped off / collected for work on a regular basis either very early or late at night.</li> </ul>

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Type of Abuse	Possible signs and indicators
	<ul style="list-style-type: none"> <li>• People may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family</li> </ul>
<p><b>Radicalisation to terrorism</b>            The Government through its PREVENT programme has highlighted how some adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.</p>	<p>May include;</p> <ul style="list-style-type: none"> <li>• being in contact with extremist recruiters.</li> <li>• Articulating support for violent extremist causes or leaders.</li> <li>• Accessing violent extremist websites, especially those with a social networking element.</li> <li>• Possessing violent extremist literature.</li> <li>• Using extremist narratives to explain personal disadvantage.</li> <li>• Justifying the use of violence to solve societal issues.</li> <li>• Joining extremist organisations.</li> <li>• Significant changes to appearance and/or behaviour.</li> </ul>

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## **Appendix 8: Clare's Law**

Clare's Law came into effect in 2014 after Clare Wood was murdered by her ex - partner in 2009. The aim of this scheme is to give members of the public a formal mechanism to make enquires about an individual who they are in a relationship with or who is in a relationship with someone they know and there is a concern that the individual may be abusive towards their partner. The local police force will discuss any concerns and decide whether it is appropriate to be given more information to help protect the person who is in the relationship about individual of concern.

The scheme aims to enable potential victims to make an informed choice on whether to continue the relationship, and provides help and support to assist the potential victim when making that informed choice.

Anyone can make an application about an individual who is in an intimate relationship with another person and where there is a concern that the individual may harm the other person, any concerned third party, such as a parent, neighbour or friend can make an application - not just the potential victim. However, a third party making an application would not necessarily receive the information about the individual concerned.

If you have concerns about a person you are working with and want to request a disclosure, please speak to your DSL about how to do this, following normal internal safeguarding reporting procedures

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## Appendix 9: Contacts

Below are the named Local Safeguarding partnerships and adult care, contact details for the local authorities and names of the LADOs with contact details.

Greater Manchester reporting procedures can be accessed via -

<http://greatermanchesterscb.proceduresonline.com/>

### Local Children Safeguarding Partnerships

Name of Local Children Safeguarding Partnerships	Contact details
Manchester	<a href="http://www.manchesterscb.org.uk">www.manchesterscb.org.uk</a>
Trafford	<a href="http://www.tscb.co.uk">www.tscb.co.uk</a>
Rochdale	<a href="http://www.rbscb.org">www.rbscb.org</a>
Salford	<a href="mailto:www.sscb@salford.gov.uk">www.sscb@salford.gov.uk</a>
Stockport	<a href="http://www.safeguardingchildreninstockport.org.uk">www.safeguardingchildreninstockport.org.uk</a>
Leeds	<a href="http://www.leedslscb.org.uk/">www.leedslscb.org.uk/</a>
Liverpool	<a href="http://www.liverpoolscb.org.uk">www.liverpoolscb.org.uk</a>
Sheffield	<a href="http://www.safeguardingsheffieldchildren.org.uk/">www.safeguardingsheffieldchildren.org.uk/</a>

### Children Social Care team receiving referrals

Name of Local authority	Contact details
Manchester	0161 234 5001 Email <a href="mailto:mscreply@manchester.gov.uk">mscreply@manchester.gov.uk</a>
Trafford	MARAT 0161 912 5056 Email <a href="mailto:MARAT@trafford.gov.uk">MARAT@trafford.gov.uk</a>
Rochdale	<a href="mailto:mass@rochdale.gov.uk">mass@rochdale.gov.uk</a> or <a href="mailto:mass@rochdale.gcsx.gov.uk">mass@rochdale.gcsx.gov.uk</a> (secure) Tel- 03003030440
Salford	The Bridge Partnership Tel – 0161 603 4500 Email : <a href="mailto:worriedaboutachild@salford.gov.uk">worriedaboutachild@salford.gov.uk</a>
Stockport	Contact Centre Tel : 0161 342 4101
Leeds	Duty and Advice Team Tel 0113 376 0336
Liverpool	Careline 0151 233 3700
Sheffield	Children and Families prevention and assessment team 01142734491

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**Local authority Designated Officer (LADO) Contact Details**

Name of Local authority	Contact details
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## Appendix 10 – Mental Capacity Act Principles

The five principles are: [www.legislation.gov.uk/ukpga/2005/9/contents](http://www.legislation.gov.uk/ukpga/2005/9/contents)

- 9) Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that it must not be assumed someone cannot make a decision for themselves just because they have a particular medical condition or disability, or because they lack capacity in other areas.
- 10) People must be supported as much as possible to make their own decisions before anyone concludes that they cannot do so. This means that every effort should be made to encourage and support the person to make the decision for himself/herself. If a lack of capacity is established, it is still important that the person is involved as far as possible in making decisions.
- 11) People have the right to make what others might regard as unwise or eccentric decisions. Everyone has their own values, beliefs and preferences which may not be the same as those of other people. People cannot be treated as lacking capacity for that reason.
- 12) Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
- 13) Anything done for, or on behalf of, people without capacity should be the least restrictive of their basic rights and freedoms. This means that when anything is done to, or for, a person who lacks capacity the option that is in their best interests and which interferes the least with their rights and freedom of action must be chosen.

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