

BECOME.

**THE CHARITY FOR CHILDREN IN CARE
AND YOUNG CARE LEAVERS**

Safeguarding Adults at Risk Children and Young People

Policy & Procedures

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1. Safeguarding Policy

1.1 Purpose

Become has an established history of supporting children, young people and adults across a wide range of remits. The charity was set up to improve the everyday lives and future life chances of children in care and young care leavers. We provide information, advice and support directly to children and young people in care and those who have left care in a number of ways: we run face-to-face, online and telephone services including our Care Advice Line, Coaching and 1:1 Support, Propel website and support, workshops and informal groupwork sessions. Our direct work aims to achieve positive and sustainable improvement in young people's wellbeing and give them the tools to shape their future with optimism and resilience.

We also deliver awareness raising work, media campaigns, lobbying and policy influencing, and research work in the area of public care of children and young people. We promote young people to engage with national political issues, including improvements to the care system. We have produced government guidance on the education of children in care, best practice for local authorities about children returning home from care and programmes to support local authorities to fulfil their duty as corporate parents and to promote the education of children in care. We provide advice to professionals, many of whom refer children and young people to us.

We are a national charity with our office based in London. Our staff provide support for children and young people (under 18) and adults (18 and over), sometimes supporting them through this age transition. This policy covers safeguarding procedures for both children, and adults acknowledging Become's support is led by young people regardless of age but making clear statutory differences in procedures and responsibility. Throughout this policy we will sometimes use the term 'young person' where the guidance and actions are applicable to both children and adults.

1.2 Scope

This policy applies to everyone working for Become. It includes trustees, all staff, including senior managers, volunteers, agency staff, students or anyone else working on behalf of Become. In this document only for ease, they will all be referred to as 'staff'.

1.3 Policy Objective & Commitment

This policy and procedure are intended to contribute to the safety and wellbeing of everyone using Become services, to safeguard all of us who work here and to preserve the reputation and good standing of our organisation.

The aim of this policy is to provide an overview of our approach to safeguarding, promote awareness of risk and vulnerabilities, safer working practices and procedures about what to do if there are concerns about someone's safety, including how to address concerns about allegations against staff.

The policy intends to contribute to a safeguarding and listening culture throughout all our work at Become and is not only related to those that work directly with children and young people.

We are committed to these principles and practices:

- we comply with safeguarding legislation, statutory guidance, multi-agency policies and procedures and keep up to date with changes in practice. We are responsive to the safeguarding requirements of The Charity Commission and of our commissioning partners.
- we promote a listening and safeguarding ethos across Become and all our services and to have a 'zero tolerance' approach to harmful practices including bullying.
- we act on the understanding that everyone, whatever their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and any other difference, has the right to protection from abuse.
- we act on the understanding that the safety and welfare of our service users – both adults and children - is paramount.
- we commit to thinking broadly about safeguarding in a family context and being mindful about connecting adult safeguarding and children's safeguarding within a 'think family' approach.
- we have safeguarding governance and management arrangements in place
- we acknowledge that all staff/volunteers working at Become are responsible for safeguarding.
- we apply safer recruitment processes so that people who are recruited to work in our organisation and deliver our services are suitable to do so.
- we promote a safe and listening environment where staff and service users are valued and can express any concerns they have.
- we have systems in place so that staff are trained to understand the nature of abuse and neglect; we develop and implement safeguarding policy and procedures so that staff know what to do if they are concerned.
- we take all suspicions and allegations of abuse seriously and respond to them swiftly and appropriately.
- we work in partnership with other agencies to support our safeguarding practices and share safeguarding information about concerns with other agencies who need to know
- we provide effective safeguarding oversight for staff/volunteers through support, supervision, induction and high-quality training
- we aim to deliver our services safely, assessing and managing issues to do with venues, facilities, personnel, staff ratios etc.

1.4 Roles and Responsibilities

Everyone at Become is responsible for safeguarding. This means that we will all:

- read and apply this policy and procedure
- read and apply the guidance in our Employee Handbook and ensure our working practices are safe

- be mindful of our own behaviour and promote safeguarding and be aware of our position of trust and our duty to our service users
- be vigilant and alert to potential indicators of abuse or neglect; be alert to the risks which individuals may pose
- respond to safeguarding concerns, however small they may appear and raise them quickly with the Designated Safeguarding Officer, Designated Safeguarding Lead, CEO or Lead Trustee for Safeguarding at Become as appropriate (procedures outlined in .

It is expected that this policy and procedure will be read, understood and applied by all staff (see Appendix 11). It will be made available at induction and re-issued after every annual review. It will be accessible on our shared drive and externally through our website.

We have a number of key safeguarding roles at Become including:

- Designated Safeguarding Officer (DSO) whose role is to make decisions about any safeguarding concerns and to refer allegations or suspicions of neglect or abuse to the statutory authorities
- Designated Safeguarding Lead (DSL) who is responsible for the strategic aspects of safeguarding
- The CEO who holds ultimate organisational responsibility for safeguarding
- Trustees (and a Lead Safeguarding Trustee) who are ultimately responsible for safeguarding arrangements with the support of the senior leadership.

See Appendix 1 for the names and contact details of the designated safeguarding roles. See Appendix 8 for the specific responsibilities of these designated safeguarding roles.

1.5 Legislation and Guidance

Our safeguarding policy and procedures are responsive to national and international safeguarding legislation and statutory guidance which includes that related to safeguarding adults and children, including but not limited to:

- UN Convention on the Rights of the Child 1991
- Care Act 2014
- Care and Support Statutory Guidance 2020
- Mental Capacity Act 2005
- Children Act 1989
- Children Act 2004
- Working Together to Safeguard Children 2018
- Charity Commission Safeguarding Guidance 2018
- Data Protection Act 2018 and the GDPR 2018
- Information Sharing Guidance 2018
- Safeguarding Vulnerable Groups Act 2006
- Sexual Offences Act 2003
- Serious Crime Act 2015
- Female Genital Mutilation Act 2003
- Modern Slavery 2015
- Counter Terrorism and Security Act 2015
- Protection of Freedoms Act 2012

We also comply with the relevant local authority area's multi-agency adult and child safeguarding procedures.

1.6 Other Become Policies and Procedures

Become has a number of policies and procedures which work together to promote safeguarding and they should be read in conjunction with this policy and procedure. They include:

- Become's Employee Handbook which covers:
 - Equality and Diversity
 - Capability and Disciplinary Policy
- Complaints Procedure
- Health & Safety Policy
- Data Protection Policy
- Lone Working Policy

2. Safeguarding Procedure

Recognising Safeguarding Concerns

2.1 Safeguarding Definition

Become defines 'Safeguarding' as protecting children young people and adults at risk from abuse and maltreatment; preventing harm to them; ensuring they can live in circumstances where they have safe and effective care and taking action to enable them to have the best outcomes.

2.2 Context of Abuse and Neglect

Abuse and neglect are types of maltreatment. Somebody may abuse or neglect another person by inflicting harm, or by failing to act to prevent harm.

Safeguarding concerns may arise in many different contexts and can vary greatly in terms of their nature and seriousness.

Abuse may be perpetrated by a child or children, an adult or adults. Neglect may be perpetrated an adult or adults as well. Anyone can be a perpetrator including:

- family members including spouses, partners and children
- friends
- neighbours, acquaintances
- local residents, community members
- strangers
- paid staff, professionals and volunteers
- carers

Abuse can happen anywhere, for example, in someone's own home, in a public place, in a care setting, a community setting, the workplace, on the streets or through technology. In some cases, for example, female genital mutilation, people may be taken out of the country to be abused.

Abuse and neglect can happen over a period of time but can also be a one-off event. People may experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can have major long-term impacts on all aspects of a person's health, development and well-being including their capacity to care for themselves or others, for example their children.

3. Recognising Safeguarding Concerns for Adults at Risk

3.1 Defining an 'Adult at Risk'

Safeguarding adults applies to people who are 'adults at risk'. This is defined as someone who is aged 18 years and over who:

- has care or support needs (whether or not these needs are being met by the local authority)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An adult may be in need of care and support and struggle to protect themselves from harm for a variety of reasons, examples include physical or learning disability, mental health difficulties, trauma, addiction, age, and infirmity.

3.2 Six Principles in Adult Safeguarding

The Care Act (2014) sets out the legal framework about how we should work to protect adults who may be at risk of abuse and neglect. The principles set out in the Act are:

Empowerment: We empower adults to make their own decisions by providing them with advice to make informed choices.

Prevention: Guidance is in place to ensure people know how to recognise abuse and seek help and to take action before harm occurs.

Proportionality: Our response aims to provide the least intrusive response necessary whilst ensuring all risks are addressed.

Protection: We provide guidance about keeping safe and signpost or refer to relevant agencies.

Partnership: We work together with multi-agencies to provide oversight and support whilst ensuring confidentiality is maintained.

Accountability: We are clear about the roles and responsibility of all those involved in safeguarding.

3.3 Categories and Indicators of Adult Abuse and Neglect

The Care and Support Statutory Guidance 2020 sets out ten categories of abuse and neglect that adults at risk may experience.

See Appendix 3 for categories and indicators for adult safeguarding. These are not intended to be exhaustive lists and abuse and neglect can take place in many forms and circumstances.

See Appendix 5 for additional types and indicators for abuse and neglect.

4. Recognising Safeguarding Concerns for Children & Young People

4.1 Defining a ‘Child’

A ‘child’ is anyone who has not yet reached their 18th birthday. This is regardless of whether a person under age 18 years has left home or is working. ‘Children’ therefore also means ‘children and young people’.

4.2 Paramountcy Principle

A key principle of the Children Act 1989 is that the welfare of the child is paramount. This refers to a child centred approach which is fundamental to safeguarding every child. It means keeping the child’s best interests in focus and at the heart of all decisions.

4.3 Categories and Indicators of Child Abuse and Neglect

Working Together to Safeguard Children 2018 sets out four categories of abuse and neglect that children may experience.

See Appendix 4 for categories and indicators for children’s safeguarding. These are not intended to be exhaustive lists and abuse and neglect can take place in many forms and circumstances.

See Appendix 5 for additional types and indicators for abuse and neglect.

5. Recognising Safeguarding Concerns: Context

5.1 Particular Vulnerabilities

Some children and adults may be more vulnerable to abuse and neglect due to impairment and/or their life experiences. There are many circumstances that can lead to people being more vulnerable to abuse and neglect – children in care and young care leavers may fall into this category. Those who have already experienced abuse, neglect and family breakdown such that they have spent parts of their childhood and adolescence in care are likely to be particularly vulnerable. Many people who have experienced being in care may have poorer outcomes in terms of education, employment or health care needs – both physical and psychological - being met.

See Appendix 6 for additional examples of some of the key areas of vulnerabilities.

5.2 Barriers to Help

There are many complex reasons why people who are being abused or at risk, may be reluctant to tell someone what is happening, see Appendix 7.

5.3 Historical or ‘non-recent’ allegations of abuse

This refers to concerns about abuse and neglect that happened more than a year ago.

Often victims of abuse may delay speaking out about their experiences of abuse and neglect. For many people, feeling safe to speak out and having a trusted person to talk with can mean that they are able to say what has happened to them, even years after the abuse.

Regardless of any time lags, it is important to take historical or 'non-recent' allegations seriously and act in accordance with this procedure, even if the person is no longer at risk of harm. It should be noted that the alleged perpetrator may remain a risk to others.

5.4 How Safeguarding Concerns Can Arise at Become

A concern about the safety of a child or adult (referred to as young person in this list) might arise because:

- A young person tells you that they are being abused
- A young person tells you something that has happened to them that you think is harmful
- You notice signs of abuse or neglect during your work with a young person
- Somebody else says that a child or adult is being harmed or is at risk of harm
- A young person tells you they were abused in the past – i.e. historical or non-recent abuse
- A young parent that you are working with is struggling so much that you are concerned about the child's welfare
- A young person shares their personal circumstances with you such as information regarding their mental health, housing, finances, social circle or support network and you are concerned about their welfare
- A service user tells you that a staff member is being inappropriate, for example connecting on social media with them, socialising with them outside of work hours etc.

6 Safeguarding Procedure: Responding to Safeguarding Concerns

6.1 Responding to a Child or Adult about Safeguarding Concerns

Adults and children and young people who have safeguarding needs can expect Become staff working with them to respond and support with:

- **Vigilance:** to have people notice and ask when things are troubling them
- **Understanding and action:** to understand what is happening and to respond
- **Stability:** to have a stable relationship of trust with people helping them
- **Respect:** to be treated with respect and as if they are competent
- **Information and engagement:** to be told about and involved in decisions and plans
- **Explanation:** to be told about outcomes and reasons
- **Support:** to be given support, guidance and advice
- **Advocacy:** to have assistance to put forward their views

When a child or adult says they have experienced or are experiencing harm, this is sometimes referred to as 'making a disclosure'. This may need to be reported to another agency and there may be criminal or safeguarding inquiries that commence.

It is important to be aware that the person at Become who first hears a 'disclosure' is not responsible for deciding whether or not abuse has occurred. Such concerns must be reported to the DSO who will decide whether a referral to another agency is required. The Police and or Children's/Adults' Social Care are responsible for undertaking inquiries and for making decisions following a referral being made to them. In most cases a child or adult we are working with already have social care involvement because of their care status. In many cases a referral to social care may be a re-referral or contacting their social worker as new information has caused alarm.

What to do if an adult or a child tells you about abuse or neglect:

- Stay calm and be reassuring
- Find a quiet place to talk, make time to listen
- Take seriously what you are being told
- Listen carefully but do not press for information
- Remain 'neutral' and don't show strong reactions such as shock, denial
- Don't make assumptions about anything they are saying
- Don't ask leading questions
- Don't speculate or blame anyone
- Don't ask to look at injuries, especially if it entails them lifting/removing clothing
- Inform the child or adult that they were right to tell you
- Explain that you can't keep this confidential and that you will share with your DSO
- Explain what will happen next, who you will tell, that you have guidelines to follow
- Consult immediately with your line manager or DSO
- Record the conversation immediately on the Safeguarding Concern/Incident Form (Appendix 2).

Staff will be supported through appropriate supervision or debrief with the DSO or DSL if they have found listening and responding to the disclosure distressing.

If child or adult stops talking to you or indicates they are worried about abuse and do not want to say anymore:

- continue to offer them a listening and reassuring environment where they can have ongoing opportunities to speak with you
- offer them contact details for other organisations that they can contact directly for support
- tell the DSO as soon as possible
- complete the Safeguarding Concern/Incident Form (Appendix 2) as soon as possible afterwards.

6.2 Information Sharing, Confidentiality and Consent

Information about service users will be shared internally with colleagues at Become on a 'need to know' basis, for example for purposes such as registering service users or supervising the work undertaken with them.

In terms of sharing information about service users outside of Become, in general terms, service users have a right to expect that their personal information is not shared or that their consent is obtained before sharing.

However, Working Together to Safeguard Children reminds us that serious case reviews (SCRs13) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children. Confidentiality is not offered absolutely and we have a duty to make reports and share information in certain circumstances when it is in the public interest, i.e. when there is a concern about actual or possible abuse/neglect or if we believe a crime may have been committed (or is about to be committed). Consent to share information should be sought where it is safe and appropriate to do so but never if it is considered that it will place a person at risk. Information may be shared without consent if there is good reason to do so. Working Together to Safeguard Children states that fears about sharing information must

not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern. It reminds us that all practitioners should aim to gain consent to share information but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why.

In any situation where information is not shared due to lack of consent and it is judged that it cannot be shared, advice, signposting and guidance can be offered to support the service user. Further opportunities to discuss matters, including concerns about safeguarding and to share information in future should be given.

6.3 Sharing Information about Children & Young People

Government advice about when and how information can be shared is found in 'Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018' which can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

It offers 'Seven Golden Rules to Sharing Information' which are:

- i. the General Data Protection Regulation 2016 (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about individuals is shared appropriately.
- ii. be open and honest with the individual (and/or their family) from the start about why, what, how and with whom information may be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- iii. seek advice from others including external agencies, if there is any doubt about sharing the information without disclosing the identity of the individual.
- iv. where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. You may share information without consent if you consider on the facts presented that there is a lawful basis such as where safety may be at risk.
- v. consider safety and well-being: base information sharing decisions on the safety and well-being of the individual and others who may be affected by their actions.
- vi. necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- vii. keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

6.4 Sharing Information about Adults at Risk & Mental Capacity

It is normally necessary to gain consent from the adults to share safeguarding information about them. The exceptions to this are for example:

- Where there are concerns that the adult lacks the mental capacity to make a decision

- Where seeking consent could potentially put the individual concerned or other individuals, including staff, at risk
- Where a crime has been committed.

Mental capacity is a concept from The Mental Capacity Act 2005. It refers to a person's ability, at a particular point in time, to understand, retain and use the information required to make an informed decision on a specific issue and understand the consequences. It is also necessary to be able to communicate this decision. Adults are presumed to have mental capacity until it has been assessed that they do not. The assessment decision is made by people who are specially trained to make these decisions.

The main principles of the Mental Capacity Act are:

- a person must be assumed to have capacity unless it is established that they lack it.
- a person is not to be treated as unable to make a decision unless all practicable steps to help him/her have been taken without success.
- a person is not to be treated as unable to make a decision merely because it is seen as an unwise decision.
- anything done for, or on behalf of, a person who lacks mental capacity must be in their 'best interests' and the 'least restrictive' of their rights and freedoms.

The Social Care Institute for Excellence (SCIE) have produced a more detailed guide called Safeguarding Adults: Sharing Information (2019) which is available here: <https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

6.5 Good Practice in Recording

Recording is a key task in safeguarding practice which includes the recording of concerns, allegations, interventions, decisions, actions and reasoning.

Records could be accessed by service users or may be used in future legal proceedings and be accessed by all parties to proceedings and be scrutinised. The following checklist provides some good practice tips in recording of safeguarding concerns. Safeguarding records:

- should be made as soon as possible – either during the event/conversation or immediately afterwards
- as far as possible, should use the child/adult's own words and phrases
- should be legible and avoid acronyms or initials unless these are properly explained and unambiguous
- should be clear, accurate, concise and up to date
- should differentiate between fact and professional opinion or observations
- must be in plain language and free from jargon
- must state the date, time, place and who is present
- must be accessed only by those who are authorised and on a need-to-know basis
- must never be amended. Additional information or corrections of fact must be written as a separate record and explaining why the additional note is being made
- should be made only on Become secure systems and be held by Become.

Information may be kept at home where staff are home working. Records should never be kept on personal equipment such as phones or laptops and instead should be kept securely on Become's client database or shared drive. Staff must ensure that any handwritten notes do not have identifiable client information.

6.6 Storage, Retention and Destruction of Records

Become keeps clear and comprehensive records of any safeguarding matters including actions taken. The purpose of the record is to:

- enable accurate information to be retained to plan and deliver services and to be given in response to request from other agencies, including local authority, police, courts or DBS
- prevent unnecessary repeat questioning of adults and children
- provide evidence for decisions made.

The DSO and DSL are responsible for creating and maintaining the recording systems and for ensuring that individual case records are updated.

All the information relating to safeguarding concerns must be recorded on the Safeguarding Concern/Incident Form (Appendix 2). Records include all written and electronic notes and they must be retained and securely stored on our database system or in a locked folder on the shared drive with access to staff on a need to know basis by the DSL and DSO.

Safeguarding records for adults at risk must be kept for 8 years after closure of the case. If records are to be kept longer than 8 years, the reasons for this must be documented. Child safeguarding records must be kept until the child reaches the age of 25. The period of retention for both children and adults may need to be longer if there has been a complaint in respect of the case or legal proceedings or it is required by national inquiry into sexual abuse.

Records of safeguarding allegations and any subsequent processes against members of staff must be retained (including where people have left the organisation) at least until the person reaches 65 years, or for 10 years if that is longer. Details of allegations that are found to be malicious should be removed from personnel records.

Once the time period where records are to be retained has passed, the record will be destroyed using a secure system and method with support from our IT providers to ensure the system is secure.

Access to the safeguarding records will be restricted to those staff who need to have access to them. Any safeguarding concerns about staff or volunteers will be recorded and securely stored on the personnel file of the individual. Details of allegations that are found to be malicious should be removed from personnel records. Any hard copy documents from sessions such as hard copy documents, artwork made by service users, handwritten notes etc shall be scanned and put into the database or locked file cabinet.

6.7 What to do if there is a Safeguarding Concern about Service Users

It is not the responsibility of anyone at Become to decide if someone has been abused or to undertake inquiries, but we are all responsible for responding to and reporting concerns quickly and without delay.

Please refer to the flowchart for managing concerns about adults and children (Appendix 9) and see the detailed steps below.

Responding to an emergency

In an emergency where a child or adult at risk has been seriously hurt or is in imminent danger of being harmed you should:

- Ring 999 in the first instance and ask for the emergency service required – police and/or ambulance
- Inform the DSO or the DSL as soon as possible following contacting emergency services. The procedures in set out below must then be followed by the DSO
- Complete the Safeguarding Concern/Incident Form (Appendix 2).

Responding to other safeguarding concerns (not immediately life-threatening)

These cases may involve the following scenarios (this is not an exhaustive list):

Previously known safeguarding concerns: the safeguarding concern is previously 'known', either as part of the adult or child/young person's background history, or as a recent safeguarding concern that is being considered by Social Care and/or the police. The concern may provide additional information or give other insight and so must be recorded. The staff member at Become may have an ongoing working relationship with the responsible local authority social worker and therefore alerting them to the new information may be part of the ongoing collaborative working. In any case, the DSO at Become must be told and the DSO will decide if consultation with other agencies, referral or updating other agencies is required.

Safeguarding concerns about people not known to Become: these safeguarding concerns should be reported to the DSO as per this procedure. The DSO will decide if consultation with other agencies, referral or any other action is required.

Safeguarding concerns at external events we have organised: at these events, there will always be a DSO on call. Any safeguarding concerns should be reported to the DSO who will decide if consultation with other agencies, referral or any other action is required.

Safeguarding concerns at external events we have not organised: if you encounter any safeguarding concerns about an individual person during your attendance at an external event, follow these steps:

- i. gain factual information about the safeguarding concern including name, date of birth/age.
- ii. explain your duty to pass on the safeguarding concerns.
- iii. immediately try to identify if the event organisers have a member of staff with safeguarding responsibility. If they do, take their full contact details and pass on the concern to them immediately. Make clear your expectation that you are giving them the information in order that they will act upon it, and that you will confirm this in writing to them after the event.
- iv. if the event safeguarding person is not identified or there is no such role or if you are unsure about what to do or if you are unsure of the steps (i-iii above) are appropriate, make immediate contact with a DSO at Become to seek advice.
- v. immediately after the event, inform Become's DSO.
- vi. write to the event member of staff with safeguarding responsibility to confirm the circumstances you have referred to them and your understanding that they will address the matter.

Regardless of the situation, the DSO at Become must be alerted immediately and on the same day that you identify the concern. The DSO is responsible for making decisions about the safeguarding concern. If the DSO is not available, tell the DSL.

Record all relevant details on the Safeguarding Concern/Incident Form (Appendix 2). All subsequent actions and decisions must also be recorded.

Steps the DSO may take

The DSO is responsible for making decisions about the action that is necessary.

In doing so, the DSO will listen to the concerns and gain an understanding of any relevant background, including reviewing any previous history or records. The DSO may seek advice and consultation from others either at Become or from external agencies. The DSO will assess if the concern has been – or should be - discussed with the adult or child/young person to obtain their view of what they would like to happen and address any issues about consent to share information. Thereafter the DSO will make decisions accordingly.

If there is any disagreement between the staff member and the DSO about the decision that is to be taken then the matter must be referred to the DSL (delegated to the Director of Services) to make a decision. If staff disagree with the decision made by the DSO and DSL, and are still concerned about a child, they should be encouraged to seek external advice. In these instances, a staff member may choose to call NSPCC helpline or the appropriate local authority safeguarding team.

The DSO may make any of these decisions:

- i. There is no further action to take because there are no safeguarding concerns.
- ii. The threshold has not been met to refer onwards. Become can continue to provide support to the individual adult or child and young person and may continue to monitor safeguarding matters. This could involve signposting the individual to other sources of help or making referrals with the individual's consent.
- iii. Referral is made to Local Authority Adult or Children Social Care department if there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or there are serious concerns about the wellbeing of the person.
- iv. The service user is already known to the LA and has a social worker or PA assigned and they must be informed of the safeguarding issue that has just arisen.
- v. There is an urgent or immediate situation requiring a call to the emergency services.
- vi. Further consultation with the DSL is needed.

Where information is shared with other agencies it should be in line with the principles set out in this policy and procedure.

The DSO, having made the decision about the next step, will support the member of staff to implement that decision and take further action.

In all cases, records must be kept of all conversations, observations and reasons for decisions. A decision to take no further action or monitor a situation is as serious as a decision to take action or make a referral out.

Any referrals to the local authority must be made immediately by the staff member using the forms and protocols of the local authority where the referral is being made. In some cases, this may involve speaking with a social worker already allocated to the child or adult. Any referrals

that are made by phone must be put in writing. The Local Authority's multi-agency process for referring referrals must be followed which can be found on their website.

Follow Up, Resolution and Escalation

The local authority is required to inform referrers of the receipt of the referral and their decision. If this information is not forthcoming, the DSO should support the staff member making the referral to seek feedback from the local authority after three working days to check it has been received and what action is proposed.

If the local authority requires further information or if the referral is accepted and safeguarding work commences, the staff member may be required to continue liaising with the local authority and contributing to assessments and actions, in line with the multi-agency procedures.

If a referral is not accepted or there are delays, the staff member should advise the DSO and the staff member should be advised by the local authority and given reasons for these decisions. If the staff member remains concerned, they should be proactive in pursuing further discussions with the local authority. The staff member should discuss with the DSO and both should consider escalating their concerns through the Safeguarding Partnership procedure.

Any new information that emerges, including any additional safeguarding concerns, must be reported and it must never be assumed that other agencies will be aware.

The DSO will debrief with staff at Become and to offer support and supervision during and after any safeguarding incidents. The DSL will also be appraised.

All contacts and actions must be recorded.

7. Safeguarding Procedure: Managing Allegations Against Staff

Become seeks to recruit safely, supervises staff and has safer working practices to prevent the possibility of staff posing a risk to service users. Where there are concerns about staff posing a risk to service users, this procedure will be implemented by the DSL (Director of Services) with oversight from the CEO.

7.1 Definition of a Safeguarding Allegation

This is where a person has:

- a) Behaved in a way that has, or may have, harmed an adult at risk or a child/young person
- b) Possibly committed or is planning to commit a criminal offence against an adult at risk or a child/young person
- c) Behaved towards an adult at risk or a child/young person in a way that indicates they are, or would be, unsuitable to work with adults at risk or children/young people.

These situations may have occurred whilst working at Become or elsewhere, including at home or online. Examples of the different circumstances in which safeguarding concerns could arise may be:

- a service user (adult or child/young person) or a third party makes an allegation about a member of staff
- concerns about someone's behaviour emerge from another route e.g. a complaint or an enquiry
- someone is looking at abusive images of children online or using the internet to groom

- someone has breached Become's Code of Conduct or they engage in poor working practices
- they no longer work at Become and allegations come to light about them (historical or non-recent concerns)
- they are involved in activities outside of their work at Become, for example they have harmed their own children or another adult or accessed illegal online material that leads to concerns about their fitness to work
- new information is contained in a Disclosure and Barring Service (DBS) renewal check.

There may be up to four strands in the management of any safeguarding allegation and any or all of them may be required depending on the circumstances.

1. Enquiries by social care about adult or child/young person's safeguarding needs
2. A police investigation, if a criminal offence may have been committed
3. Become internal process including considerations about disciplinary action
4. Referral to the Disclosure & Barring Service (DBS) and/or referral to a professional registration body for professional misconduct.

7.2 What to do if there is a Safeguarding Concern about Staff

If anyone working at Become has a safeguarding concern about a member of staff, this must be reported immediately to the DSL. If the DSL is not immediately available, you must inform the CEO. Likewise, if the safeguarding concern is about the DSL, then the CEO must be informed. If the safeguarding concern is about the CEO, then the Chair of Trustees or the Lead Safeguarding Trustee (or any other Trustee) must be informed.

The report must be made as soon as the concern comes to light and within the same day.

The Safeguarding Concern/Incident Form (Appendix 2) must be completed and given to the DSL, CEO or the Trustee as appropriate.

Do not ignore the concern. The concerns may or may not be founded and the allegations may be true or they may be false or malicious – regardless, they must be subject to a proper enquiry using this procedure.

Do not discuss it with the person you are concerned about or with anyone else except the people mentioned in this procedure.

In an emergency including where a child or adult at risk has been seriously hurt or is in imminent danger of being harmed you should:

- Ring 999 in the first instance and ask for the emergency service required – police and/or ambulance
- Inform the DSL immediately following the referral
- Complete the Safeguarding Concern/Incident Form (Appendix 2).

7.3 Steps the DSL, CEO or Trustee May Take

The DSL, with support from the CEO, or Trustee will manage the allegation against staff dealing with matters quickly, fairly and consistently so that individuals are safeguarded, any actual or potential evidence is secured and the staff member or volunteer is supported.

If the concern is about the DSL, the CEO with support from the Chair of Trustees or Lead Trustee for Safeguarding will manage the allegation. If the concern is against the CEO, the Chair of Trustees with the Lead Trustee will manage the allegation.

In so doing, they will need to work with others, both internally at Become and possibly with external agencies including police, local authority and Local Authority Designated Officer (LADO).

Please see Flowchart for Managing Allegations Against Staff (Appendix 10).

The DSL, with support from the CEO or Chair of Trustees and Lead Trustee will:

- Take any immediate action that is needed to safeguard service users. This may require calling emergency services or making a safeguarding referral to Adult or Children's Services.
- Take any immediate action that is needed to safeguard other staff, the building or services.
- Secure or 'lock down' any records; remove equipment from the subject of the allegation (including devices which contain evidence) or remove their access to parts of the building or shared drives etc.
- Decide within one working day upon an initial plan for the steps that are to be taken with timescales. This should consider which areas of the four strands (listed above) are to be addressed in the enquiry.
- Decide what other information is required, how it will be sought, when, from whom.
- If advice is required from the Local Authority, Local Authority Designated Officer (LADO), Police or other agency.
- What information to share with the subject of the allegation and with any other known employer (if they work elsewhere) and when to do so; any arrangements to support the person.
- Ensure that the case is dealt with fairly, quickly and consistently; that the subject of the allegation has their confidentiality maintained during the investigation period, that they are kept informed of progress and has a named contact at Become; that the person is signposted to external support, e.g. union or counselling services.
- Make decisions about temporary suspension or altering duties of person subject to allegation. An individual must not be suspended automatically when there has been an allegation and alternatives to suspension must always be considered. If suspension is deemed necessary, it does not indicate a person's guilt, and it should be considered where:
 - there is cause to suspect a child or adult is at risk of significant harm
 - the allegation warrants investigation by the police
 - the allegation is so serious that it might be grounds for dismissal
 - there are concerns that the subject of the allegation may put pressure on or interfere with potential witnesses.
- What information to share, and when, with other staff and clients; what information do they already have; a plan to manage speculation and how to manage media interest if it should arise.

- Decide if the criteria are met for a serious incident report being made to the Charity Commission.
- Make sure that all decisions and the reasons for them, all actions and outcomes must be recorded. This includes where it has been decided to take no action. Records must be kept separate from the individual's personnel file but cross-referenced to it.

The DSL must make any referrals within one working day if required to:

- The Police
- Local Authority Adult or Children's Services where there are safeguarding concerns about an individual at risk.
- Where the safeguarding allegation against a staff member relates to a child, to the LADO. The LADO for the local authority area where the child resides is the responsible agent, unless there is no known child in which case it is the area where the subject of the allegation lives. (N.B. there is no LADO equivalent for adult safeguarding but the matter will be dealt with by Adults Social Care). The LADO will:
 - discuss the allegation and ensure all the relevant reports and lines of inquiry are undertaken, monitoring the progress of cases to ensure they are dealt with as quickly as possible
 - ensure the child's voice is heard and that they are safeguarded
 - ensure there is a consistent, fair and thorough process for all adults working with children against whom an allegation is made
 - assist in decisions about making referrals or action to protect a child
 - provide advice and information about allegations and concerns regarding paid and unpaid workers, including discussing whether there is evidence to establish whether the allegation is false or unfounded.

7.4 Concluding the Inquiry into the Allegation Against Staff

Every effort should be made to reach a conclusion in all cases even if:

- the subject of the allegation refuses to cooperate, although they should be given a full opportunity to respond to the allegation
- it is difficult to reach a conclusion
- the member of staff has resigned or withdraws their services
- the person is deceased.

Any resolutions will need to take into account the results of Police investigation, trial or inquiries into adults at risk or child safeguarding. Outcomes may be that the matter is considered to be:

Substantiated: there is sufficient evidence to prove the allegation

False: there is sufficient evidence to disprove the allegation, but it was not made to deceive. False allegations are rarely made by service users and it may be there was a misunderstanding or misinterpretation of events. Where it transpires that there has been a false allegation, it is important to consider what may have driven this, including other welfare concerns. Cases in which an allegation was proven to be false should not be included in employer references.

Malicious: there is sufficient evidence to disprove the allegation and that the allegation was made to deceive. Consideration should be given to speaking with the police about this matter (wasting police time or perverting the course of justice) as well as whether disciplinary action is

required in cases where another staff member made the malicious allegation. Cases in which an allegation was proven to be malicious should not be included in employer references.

Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation. There should be no consequence for staff who make allegations in good faith where those allegations are not substantiated. Cases in which an allegation was proven to be unsubstantiated should not be included in employer references. Despite a case being unsubstantiated, Become may still have concerns, especially where there is knowledge of previously unsubstantiated cases. In such a case Become will take action to ensure safety.

The actions arising from the outcome may include:

- reintegrating the subject of the allegation back into the workplace
- participation in any police investigation
- changes to the job description or working patterns
- training and guidance to manage issues of poor practice
- using the capability or disciplinary process
- dismissal
- informing other known employers of the individual concerned
- making a referral to the Disclosure and Barring Service (DBS) for possible barring of the person from regulated activity
- alerting the Charity Commission of a serious incident
- alerting professional bodies, other regulators, commissioners including Charity Commission of a serious incident.

Decisions must be implemented as soon as possible and in three working days of the decision of Become. The subject of the investigation must receive a letter within five working days of the conclusion of the investigation clarifying its outcome and any implications for their employment.

A settlement agreement (may also be known as 'compromise agreement' or 'non-disclosure agreement') is where the person subject to an allegation agrees to resign if the employer agrees not to pursue disciplinary action or make a referral to DBS, and both parties agree a form of words to be used in future references. Become will never use a 'settlement agreement' (or similar) with a member of staff in cases where the staff member is subject to an allegation.

Become will advise DBS about any subject of an allegation who is providing 'regulated activity' if it is concluded that they should no longer be engaged in regulated activity. In this case Become is legally required to refer the person to the DBS for consideration to bar the person from working with children or adults at risk. This must be done even if the person has resigned or is deceased. This process is outlined on the DBS website and they will advise if needed.

If the subject of the allegation is registered with a professional body, then a referral to that professional body must be considered. This must be done even if the person has resigned or is deceased.

Thorough records must be kept of the allegation, how it was managed, actions taken and decisions reached. These must be kept on the confidential personnel file of the subject of the allegation. The record should be kept at least until the accused has reached normal pension age or for a period of 10 years from the date of the allegation if that is longer. The exception to this is that details of allegations that are found to have been malicious should be removed from personnel records.

7.5 After Managing an Allegation Against Staff

At the conclusion of the investigation, the DSL along with the CEO or Trustee will undertake a review to understand any lessons learned and make any practice or procedural changes accordingly to ensure the safeguarding culture at Become is sound. This policy and procedure, or other policies may need to be reviewed in light of the learning from the allegation management.

Staff who have been involved in the issues surrounding the allegation should receive support, supervision and be effectively de-briefed. Training or other development may be required.

8. Safeguarding Training, Learning & Development

Become is committed to ensuring that everyone has opportunities to develop knowledge and skill to recognise safeguarding concerns and to address them using this policy and procedure. DSO, DSL, CEO and trustees must be able to undertake their specific responsibilities supported by training.

Become will provide the safeguarding training as listed below, either through face to face training, staff briefings, online, reading or other learning opportunities. Records will be kept of attendance.

Induction

All new staff, volunteers and trustees, at the time of their starting work at Become will receive this safeguarding policy and procedure and Code of Conduct. They are expected to read it and to agree to apply it if required (see Appendix 11).

Safeguarding Awareness

All staff will receive within 6 months of their starting their role, safeguarding awareness covering adults at risk and children/young people, to help them to identify abuse and neglect and report it using this policy and procedure and statutory guidance. This training will then take place annually as a refresher/update. Staff responsible for direct work with young people will receive a tailored safeguarding training session with the DSL and DSO within 1 month of starting their role.

Safeguarding Training for DSOs and DSL

The DSO and DSL will need to have completed recent training before appointment in role. Once in post, the DSO will receive a tailored safeguarding training session with the DSL within 2 weeks of starting their role. The DSL and DSO will receive additional training within 6 months of their role commencing and then refresher/update briefings every two years. This will focus on their responsibilities to manage adult and child /young person safeguarding at Become including making safeguarding decisions, making referrals, understanding and contributing to the inter-agency process that follows, consent, confidentiality and information sharing, staff support and promoting a safeguarding culture.

Safeguarding Governance briefings

On appointment all trustees will receive a briefing to be able to fulfil their safeguarding governance responsibilities. Trustees will subsequently receive regular safeguarding refreshers.

Appendix 1

Safeguarding Contact Details

Everyone should be aware of the Designated Safeguarding staff at Become and should immediately alert them of any safeguarding concerns, in accordance with these procedures.

Safeguarding Roles & Responsibilities: Key Contacts at Become			
Designated Safeguarding Officer (DSO)			
Name:		Tel:	
Job Title:	Services Manager	Email:	
Designated Safeguarding Lead (DSL)			
Name:	Lee Mauve Patron	Tel:	07710 679303
Job Title:	Director of Services	Email:	LeeMauve.Patron@becomecharity.org.uk
Chief Executive			
Name:	Katharine Sacks-Jones	Tel:	07723 564314
Job Title:	CEO	Email:	Katharine.SacksJones@becomecharity.org.uk
Chair of Trustees			
Name:	Hugh Thornbery	Tel:	
Title:	Chair of Trustees	Email:	Hugh_thornberry@hotmail.com
Lead Trustee for Safeguarding			
Name:	Rachael Wardell	Tel:	
Title:	Trustee, Director of Children's Services - Merton	Email:	Rachael.Wardell@merton.gov.uk

Key External Contacts and Resources	
Police, Ambulance, Fire Services	
Police: non-emergency	Tel 101
Emergency Services	Tel 999
Police Anti-terrorism Hotline	Tel 0800 789 321
Police Prevent Team	Tel 101
Local Authority	
Local authority Adults Social Care (England)	Use the following website to find out the details https://www.gov.uk/report-abuse-of-older-person
Local authority Children's Social Care (England)	Use the following website to find out the details https://www.gov.uk/report-child-abuse-to-local-council
Safeguarding Board contacts details across London	https://www.londonscb.gov.uk/london-scb-contacts/

Pan London Safeguarding Board	https://www.londonscb.gov.uk/
Adult Safeguarding	
Ann Craft Trust Resources and support for safeguarding adults	Tel 0115 951 5400 http://www.anncrafttrust.org/safeguarding-adults-sport-activity/
NAPAC (National Association for People Abused in Childhood)	Tel 0808 801 0331 Email support@napac.org.uk
Children & Young People's Safeguarding	
NSPCC Helpline For anyone concerned about a child	Tel 0808 800 5000 Email help@nspcc.org.uk http://www.nspcc.org.uk/
Childline	Tel 0800 1111 https://www.childline.org.uk/
Ofsted	Tel: 0300 123 1231 http://www.ofsted.gov.uk/
NSPCC Whistleblowing Helpline	Tel 0800 028 0285 Email help@nspcc.org.uk .
NSPCC FGM Helpline	Tel 0800 028 3550 Email fgmhelp@nspcc.org.uk
Triangle Support and advocacy for disabled children	Tel 01273 305 888 https://triangle.org.uk/
Family Lives (previously Parentline)	Tel 0808 800 2222
Child Exploitation and Online Protection Centre(CEOP) Investigates online grooming or sexual exploitation	0870 000 3344
The UK Safer Internet Centre Advice for professionals; Responds to reports about sexual abuse images of children online	Tel: 0844 381 4772
Radicalisation	
HM Govt Report radicalisation concerns online	https://act.campaign.gov.uk/
Home Office Radicalisation e-learning module	https://www.elearning.prevent.homeoffice.gov.uk
Domestic Abuse	
National Domestic Violence Helpline	Tel 0808 2000 247
Honour Network Helpline	Tel 0800 599 9247
Forced Marriage Unit	Tel 0207 008 0151 Out of office hours contact: 0207 008 1500 (ask for Global Response Centre)
Other National Services	
UNSEEN Specialist charity for advice and support about Modern Slavery	Telephone: 0303 040 2888 Helpline: 08000 121 700 Website: https://www.unseenuk.org/
Victim Support	Tel 0808 168 9111 www.victimsupport.org.uk

Mencap Direct	Tel: 0808 808 1111 E-mail help@mencap.org.uk www.mencap.org.uk
MIND	Tel 0300 123 3393 Text 86463 E-mail info@mind.org.uk www.mind.org.uk
National Autistic Society	Tel 0808 800 4104 Website www.autism.org.uk
British Institute of Learning Difficulties	Tel 0121 415 6960 www.bild.org.uk
Disclosure & Barring Scheme	https://www.gov.uk/government/organisations/disclosure-and-barring-service DBS Helpline: 03000 200 190

Safeguarding Concern/Incident Form

Blank copy kept in Safeguarding folder on shared drive.

Name of staff member completing from:	Date:
Name of child/young person: Lamplight ID:	Age of child/young person: D.O.B:
Local authority with responsibility: Was this raised with local authority? <i>Yes/No</i> Date safeguarding alert raised with LA: <i>DD/MM/YYYY</i>	Nature of concern:
Where was the issue first come to your attention?	
Briefly describe the incident that led to this safeguarding alert being raised:	
Support put in place by Become to manage the risk:	
Outcome (please complete this section of the form once there is an outcome on the case and re send to Safeguarding Lead):	
Date safeguarding case closed:	

Appendix 3

Ten Categories and Indicators in Adult Safeguarding

The Care and Support Statutory Guidance 2020 sets out ten categories of abuse and neglect that adults may experience. This is not intended to be an exhaustive list and abuse and neglect can take place in many forms and in many circumstances. It is important that in making observations, having conversations and working together with people, we are alert to any concerns about their wellbeing and safety.

The ten categories are defined in the following ways and particular signs and indicators that may alert to the type of harm are also noted. Please note the signs and indicators listed are not exhaustive either and the warning signs of abuse and neglect vary from person to person. Some people may show no or few signs; for others, for example people with disabilities, it may be difficult to distinguish signs of distress from the effects of their medication or their condition. The behaviours of others around the adult at risk may also indicate abuse or neglect, so it is important to be alert to the persons interactions with other people. It is important to recognise that a warning sign doesn't automatically mean a person is being abused, but it should lead to further exploration.

Category of Harm	Possible Signs & Indicators
Physical Abuse	
<ul style="list-style-type: none"> • assaults: e.g. hitting, slapping, pushing, • misuse of medication • inappropriate restraint • inappropriate physical sanctions 	<ul style="list-style-type: none"> • bruising, cuts, burns and/or marks on the body, clumps of hair loss • frequent injuries, unexplained falls • inconsistent or no explanation for injury • subdued or noticeable change in behaviour • signs of malnutrition • failure to seek medical treatment
Sexual Abuse	
<ul style="list-style-type: none"> • rape • indecent exposure • sexual harassment • sexual teasing or innuendo • inappropriate looking or touching • sexual photography • subjection to pornography or witnessing sexual acts • indecent exposure • sexual assault • sexual acts to which the adult has not consented or was pressured to consent 	<ul style="list-style-type: none"> • bruising or injuries, particularly to areas such as thighs, buttocks, genital area • torn, stained or bloody underclothing • difficulty walking or sitting • infections or sexually transmitted diseases • changes in sexual behaviour or attitude • self-harming • poor concentration, withdrawal from others, sleep disturbance • excessive fear of certain relationships
Neglect	
<ul style="list-style-type: none"> • ignoring emotional or physical needs such as food, water, shelter, guidance • failure to provide access to appropriate medical, health, care and support or educational services • withholding life's necessities, such as medication, adequate nutrition and heating 	<ul style="list-style-type: none"> • unkempt appearance • poor personal hygiene • malnutrition and dehydration • infections • illness
Psychological Abuse	
<ul style="list-style-type: none"> • emotional abuse • threats of harm or abandonment • deprivation of contact, isolation • humiliation, blaming, controlling • coercion, harassment, intimidation • cyber bullying 	<ul style="list-style-type: none"> • air of silence when an individual is present • withdrawal or change in the behaviour and temperament of the person • uncooperative and aggressive behaviour • signs of distress: tearfulness, anger • low self-esteem

<ul style="list-style-type: none"> unreasonable withdrawal of services or support networks 	<ul style="list-style-type: none"> insomnia change of appetite, weight loss or gain
Domestic Abuse	
<p>Domestic abuse covers the following:</p> <ul style="list-style-type: none"> physical abuse; psychological abuse; sexual abuse; financial abuse; emotional abuse; forced marriage and so called 'honour' based violence. <i>'Honour-based' violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.</i>" (CPS and Home Office definition). <p>Coercion and control often underpins domestic abuse: what can seem like agreement from one party could be false representation due to the power another individual can gain.</p> 	<ul style="list-style-type: none"> low self-esteem self-blame for events outside of their control injuries hearing derogatory or intimidating comments about self fear of an individual isolation – not seeing friends and family, partaking in activities limited access to money, without reason
Financial Abuse	
<ul style="list-style-type: none"> theft, fraud, internet scamming coercion about finances including about wills, property, inheritance or financial transactions misuse or theft of property, possessions or benefits move into a person's home without consent 	<ul style="list-style-type: none"> fear of particular people unable to make reasonable purchases in debt (without reason) unable to pay bills unkempt looking hungry
Modern Slavery	
<ul style="list-style-type: none"> slavery human trafficking forced labour and domestic servitude, sexual exploitation, debt bondage 	<ul style="list-style-type: none"> physical, emotional abuse or sexual abuse signs as above malnourishment withdrawn and / or fearful of others poor living or work conditions lack of identification documents fear of police or authorities
Discriminatory Abuse	
<ul style="list-style-type: none"> harassment slurs or similar treatment because of: <ul style="list-style-type: none"> race gender and gender identity age disability sexual orientation religion 	<ul style="list-style-type: none"> withdrawn and isolated anger, frustration, fear or anxiety
Organisational	
<ul style="list-style-type: none"> neglect and poor practices in organisations and care settings, including care in own home. range from single incidents to ongoing harm arising from neglect or poor professional practices 	<ul style="list-style-type: none"> lack of policy, procedure, supervision and management low numbers of staff or poorly trained staff denial of basic needs, e.g. food, water disrespectful or abusive attitudes to clients
Self-neglect	
<p>Covers a wide range of behaviour in which a person neglects to care for own hygiene, health or surroundings and includes behaviour such as hoarding.</p>	<ul style="list-style-type: none"> unsanitary conditions that pose risk hoarding non-attendance at health appointments not taking prescribed and recommended medication.

Appendix 4

Four Categories and Indicators of Child Abuse and Neglect

Working Together 2018 sets out four categories of abuse and neglect that children may experience. This is not an exhaustive list and abuse and neglect can take place in many forms and in many circumstances. It is important that when observing or talking with people, we are alert to any concerns about their wellbeing and safety.

The four categories are defined below with some signs and indicators also listed. The signs are not exhaustive and they will vary from child to child, depending on their experiences, their age and developmental stage, their resilience and degree of vulnerability.

There may be no or few signs for some children who are being abused. Other children, for example disabled children may not be able to speak out due to speech, language and communication needs or their behaviour may be put down to their disability instead of a possible sign of abuse. The behaviour of parents can also indicate if a child is being harmed or is at risk, therefore parent-child interactions should be noted. In addition parents who are experiencing difficulties e.g. addictions or mental health difficulties may struggle with parenting effectively and this may have a negative impact on their child/ren. It is also important to recognise that a warning sign doesn't automatically mean a child is being abused.

Category of Harm	Possible Signs & Indicators
Physical Abuse	
<p>May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</p> <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p>	<ul style="list-style-type: none"> • bruising, cuts, burns, marks, fractures • inconsistent explanations or unexplained injuries • subdued, aggressive or noticeable change in behaviour • flinching, fear • covering up injuries • frequent medical visits
Sexual Abuse	
<p>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.</p> <p>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.</p> <p>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</p> <p>Sexual abuse can take place online, and technology can be used to facilitate offline abuse.</p>	<ul style="list-style-type: none"> • injuries to thighs, buttocks, genital area • torn, stained or bloody underclothes • sexually transmitted infections • age inappropriate sexual behaviour or knowledge • self-harming • poor concentration or sleep • excessive fear of certain relationships • running away • access to money/items without explanation

<p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p> <p>Child sexual exploitation is a type of sexual abuse (see Appendix 5).</p>	
Neglect	
<p>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/carer failing to:</p> <ol style="list-style-type: none"> a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical/emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<ul style="list-style-type: none"> • unkempt appearance • poor hygiene • hungry, stealing food, cramming food • malnutrition and dehydration • infections, illness • poor school attendance • obesity or underweight • not meeting developmental milestones • frequent accidents • poor attendance for medical or health needs
Emotional Abuse	
<p>Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>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.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>	<ul style="list-style-type: none"> • withdrawal, sullen, quiet • uncooperative and aggressive behaviour. • distress: tearfulness, anger • low self-esteem • insomnia • change of appetite, weight loss or gain • self-harm • isolation

Additional Types and Indicators for Abuse and Neglect

The categories of abuse and neglect listed above in the sections for adult and child safeguarding are from the relevant statutory guidance. However, abuse and neglect are complex issues and can also occur in additional ways, such as those listed below, with signs and indicators that could accompany them. Please note the signs and indicators listed are not exhaustive either and there may be no or few signs for some people. A type of abuse may occur alone, or in combination with other forms of abuse. They may apply to adults and to children.

Sexual Exploitation / Child Sexual Exploitation (CSE)	
Definition	Signs & Indicators
<p>Child sexual exploitation (CSE) 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:</p> <p>(a) in exchange for something the victim needs or wants, including attention and affection, drugs, alcohol, or gifts and/or</p> <p>(b) for the financial advantage or increased status of the perpetrator or facilitator.</p> <p>The victim may have been sexually exploited even if the sexual activity appears consensual. Children are often tricked and groomed into believing that the sexual activity is consensual, or they may be forced or intimidated. CSE does not always involve physical contact; it can occur through the use of technology.</p> <p>Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship between the perpetrator and victim could be framed as friendship or as romantic. Children can be trafficked to be sexually exploited, by being moved around towns, cities or even internationally to be abused, often with more than one person.</p> <p>CSE is a particular phenomenon involving children.</p> <p>However vulnerable adults and adults at risk are also sexually exploited and the same dynamics from the definition and the signs and indicators are present for them.</p>	<ul style="list-style-type: none"> • unhealthy or inappropriate sexual behaviour • being frightened of some people, places or situations • being secretive • sharp changes in mood or behaviour • having money or things they can't or won't explain • physical signs of abuse, like bruises or bleeding in their genital or anal area • alcohol or drug mis/use • sexually transmitted infections • pregnancy • having an older boyfriend or girlfriend • staying out late or overnight • missing from home or care, or stopping going to school or college • having a new group of friends • hanging out with older people, other vulnerable people or antisocial groups, or a <u>gang</u>
Grooming	
Definition	Signs & Indicators
<p>Grooming is when someone seeks to build a relationship, create trust and emotional connection with a child or vulnerable adult in order to manipulate, exploit and abuse them. The groomer may set up a false relationship with their victim</p>	<p>Child / Adult at Risk</p> <ul style="list-style-type: none"> • secretive about how they spend time • having money or items like they can't explain

<p>which could appear to be romantic, educative or friendly.</p> <p>The groomer may use tactics such as pretending to be someone else, showing understanding or care, buying gifts, giving attention, taking the victim on outings. They may try to isolate the victim from their family and friends, create dependency, use blackmail to gain a hold over the victim, introduce the idea of 'secrets' to control the victim or frighten and intimidate them.</p> <p>People who are groomed can be sexually abused, sexually exploited or abused in other ways.</p> <p>Grooming can take place over a short or long period of time by a person who can be male or female, old or young, a stranger or someone who is known. Victims can be groomed online, in person or both.</p> <p>Groomers may also groom people in the child/adult's life such as a parent, carer, friends, professionals so that they appear trustworthy or authoritative and also so that they can gain access to the victim.</p> <p>People may not realise they have been groomed. They may have complicated feelings, like loyalty, admiration, love, as well as fear, distress and confusion.</p>	<ul style="list-style-type: none"> • drinking or drug taking • upset, withdrawn or distressed • sexualised behaviour • spend time away from home or going missing <p>Groomer</p> <ul style="list-style-type: none"> • sexualised talk, 'jokes', 'banter', questioning, images • physical contact e.g. hugging, touching, kissing, tickling, wrestling • not respecting privacy • spend excessive time with victim; gives special attention, favouritism, finds ways to be alone with the victim • not adhering to rules of the agency or activity • giving gifts (including cigarettes/alcohol/drugs) or money for no apparent reason • set up inappropriate relationships e.g. treating a child as a peer/spouse, treating an adult client like a friend • isolating victim from others • encouraging silence, secrets, criminal behaviour, lies
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Human Trafficking	
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Definition	Signs & Indicators
<p>Human trafficking is a crime that involves the movement of people by the use of force, fraud, coercion or deception, with the aim of exploiting them. It is a form of modern slavery.</p> <p>It involves transporting people across nations as well as trafficking around the UK. It can be for commercial, sexual and bonded labour.</p> <p>Three elements form part of trafficking:</p> <ul style="list-style-type: none"> - the act of recruiting, transporting, transfer, harbouring or receiving persons e of the means of force, fraud, coercion, deception - for the purpose of exploitation. 	<ul style="list-style-type: none"> • acts as if instructed by another • signs of physical or psychological abuse • untreated medical conditions • has money deducted from their salary • little or no contact with family or loved ones • not in possession of their own legal documents • seems held in the employer's home/workplace • works in excess of normal hours • appears frightened, withdrawn or confused • with a group of workers of a similar nationality, age, gender • speaks as if 'coached'

Criminal Exploitation, Child Criminal Exploitation (CCE) & County Lines	
Definition of Criminal Exploitation	Signs & Indicators
<p>Criminal exploitation is a form of abuse where adults at risk or children are manipulated and coerced into committing crimes. Through the use of violence or grooming and pressure, they may be forced into doing things like stealing or carrying drugs or weapons and be put into dangerous situations. This may involve being part of a gang which is linked to illegal activity (a gang could be a peer group or an organised criminal gang).</p>	<ul style="list-style-type: none"> • going missing, unexplained absence from school, college or work • excessive travelling, being found out of their home area • unexplained access to money, clothes or mobile phones • signs of drug misuse, alcohol abuse • excessive use of internet, social media, texts, phone calls • relationships with controlling individuals or groups; gang-association and/or isolation from peers/social networks • using new slang words. • suspicion of physical assault, unexplained injuries • carrying of weapons such as knives • self-harm or significant changes in emotional well-being • committing petty crimes like shop lifting or vandalism
Definition of County Lines	
<p>'County Lines' is a term the police use for urban gangs that exploit children and vulnerable adults into moving drugs from a hub, normally a large city, into other areas such as suburbs and market and coastal towns, using mobile phone lines or "deal lines". This can involve victims being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. Accommodation can include Airbnb's, private rental properties, budget hotels or the home of a drug user or other victim that is taken over by a criminal gang (called cuckooing).</p> <p>Perpetrators of criminal exploitation and county lines use different tactics to recruit and exploit children and vulnerable adults including bribing, befriending, threatening or coercing them. It can be difficult for victims to cut off ties with the gang, e.g. because their own safety or that of their friends and family is threatened or because they have Become addicted to drugs and alcohol supplied by gang leaders or because they are forced to commit crime to settle actual or fabricated debts.</p> <p>Children and vulnerable adults involved in criminal exploitation and county lines are also at risk of all other forms of abuse.</p>	
Radicalisation & Extremism	
Definition	Signs & Indicators
<p>Adults and children are exposed to information which may be considered radical or extreme.</p> <p>Radicalisation is the process through which a person comes to support extremist ideologies. It can result in a person becoming drawn into terrorism and it is a form of harm. The process of radicalisation may involve being groomed (online or in person), exploited, exposed to violent material, manipulated, harmed or threatened. Anyone can be radicalised but some people may</p>	<ul style="list-style-type: none"> • isolating self and spending time alone via social media • feelings that they have no purpose in life; don't belong; low self esteem • change in emotions and behaviour • change of routines, in appearance or online activities • fixated on an ideology, belief or cause

<p>be more vulnerable if they are more easily influenced or impressionable, isolated, they feel rejected or discriminated against or experience community tension amongst different groups.</p> <p>Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to British fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. It also includes calls for the death of members of our armed forces as extremist. Extremism can involve targeting vulnerable people by seeking to sow division between communities on the basis of race, faith or denomination; or argue against the primacy of democracy and the rule of law in society.</p> <p>The government has established a Prevent Duty (under s26 Counter-Terrorism and Security Act, 2015) to reduce the numbers of people supporting extremism or becoming radicalised and to prevent them being drawn into terrorism. It is a statutory duty for local authorities, educational provisions, the health sector, police and prisons which means they must have "due regard to the need to prevent people from being drawn into terrorism." However, all organisations that work with children and vulnerable people have a responsibility to protect them from harm and becoming radicalised and/or being exposed to extreme views.</p>	<ul style="list-style-type: none"> • intolerant of difference such as race, faith, culture, gender or sexuality • justifying violence to others • change in language or use of words; closed to new ideas; 'scripted' speech • have materials or symbols associated with the cause • attending events, rallies etc of an extremist nature • sense of grievance (e.g. anti-West, anti-capitalist, anti-Muslim); sense of 'them and us' • conflict with family/friends or lose interest in people who do not have same beliefs • try to recruit others to join the 'cause'
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Online Safety	
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Definition	Signs & Indicators
<p>Technologies and the internet are an important source of communication, education and entertainment. Unfortunately, some people will use them to harm children and vulnerable adults.</p> <p>Technology can be used extensively to groom and harm people and be involved in sexual exploitation, radicalisation, cyber-bullying, criminal exploitation etc. Abusers can adopt an identity to befriend possible victim's, people can be manipulated into sharing sensitive information and images, hackers can access online accounts and financial information.</p> <p>'Sexting' or youth produced sexual imagery is the use of technology to share indecent images or videos of a sexual nature which young people have taken of themselves - sharing images of children in this way is illegal.</p> <p>Online safety can fall into these areas of risk:</p>	<ul style="list-style-type: none"> • meeting older or new friends they've met online • receiving gifts or money • withdrawn and secretive • new phone or more than one phone • receiving large numbers of calls or messages • worried about being away from their phone • excessive time on phone or online

<p>content: exposure to illegal, inappropriate or harmful material e.g. sexual or violent material, offensive material which serves to breed hatred, fabricated news, radical and extremist views</p> <p>contact: subjected to harmful online interaction with other users e.g. adults posing as children or as 'friends', commercial advertising</p> <p>conduct: personal online behaviour that increases causes harm, e.g. making, sending and receiving explicit images, or online bullying.</p> <p>Further advice and guidance on this topic are on the websites of the NSPCC, CEOP, Internet Watch Foundation and the UK Safer Internet Centre.</p>	
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Female Genital Mutilation (FGM)
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Definition	Signs & Indicators
<p>FGM is a term given to a range of procedure whereby a female's genitals are cut, injured, removed or changed without a medical reason or other health benefit. It is commonly carried out without anaesthetic, medicines, sterile equipment or medical training. FGM is carried out on females of any age, from newborn's to older teenagers and adult women.</p> <p>The practice is carried out in certain parts of the world and also in the UK from those communities that practice it, although it is illegal in the UK and in many other countries. It is done for cultural reasons, with those that practice it arguing that it benefits the woman or girl, keeps her 'clean', retains her virginity or makes her 'marriageable'. In fact it causes extreme pain, infection, and life-long physical and psychological damage to the healthy functioning for women and girls and causes risk to the unborn child.</p> <p>It is a criminal offence (Female genital Mutilation Act 2003) in the UK to either perform FGM (including taking a child abroad for FGM) or to enable/facilitate FGM on a British National or a permanent British resident, with the crime incurring a maximum 14 year imprisonment. Certain professionals have a mandatory reporting duty if they are aware of FGM occurring for a child (under age 18).</p>	<ul style="list-style-type: none"> • long visit abroad; 'ceremony' to be 'woman' • relative or 'cutter' visiting from abroad • female relative being cut • prolonged absence from school • difficulty walking, standing or sitting • spend longer in the toilet • pain urinating or menstruating • appear withdrawn, anxious or depressed • reluctant to have normal medical exams • severe pain, shock, bleeding, infections, organ damage, blood loss

Particular Vulnerabilities

Some adults and children may be more vulnerable to abuse and neglect due to impairment and/or their life experiences. Whilst there are many ways in which people can be vulnerable, listed here are some of the circumstances that may make people more vulnerable to abuse, neglect and exploitation. This is not to say that people in these situations will be abused or that vulnerabilities will always translate into harm, but that these features are significant in people's lives and should be considered.

Looked After Children & Care Leavers

BeCOME specialises in supporting children in care and young care leavers. We have a deep understanding of childhood adversity, what it means to grow up in care and the ways in which this can impact every area of a person's life. We understand that people who have experienced abuse, neglect and family breakdown such that they have spent parts of their childhood and adolescence in care are likely to be particularly vulnerable. Many people who have experienced being in care may have poorer outcomes in terms of education, employment or health care needs – both physical and psychological - being met.

Asylum Seekers, Refugees and Unaccompanied Asylum-Seeking Children (UASC)

People who are residing in the UK without any national status, ability to work or recourse to funds are significantly at risk of abuse and exploitation. Unaccompanied children who are seeking asylum are even further at risk of harm. In addition, they may have experienced trauma and abuse in their countries of origin and in the course of travel to the UK.

Unborn or Newly Born Babies

Unborn babies can be particularly vulnerable in the situations outlined below.

Factors related to the unborn baby:

- Unwanted or unplanned pregnancy; ambivalence about pregnancy; emotional detachment from pregnancy; concealed pregnancy;
- Inability to prioritise baby's needs; poor preparation; lack of awareness of the baby's needs; inappropriate parenting plans; poor antenatal care
- premature birth; foetal abnormality

Factors related to the capacity of the parent/s:

- Age – young age or immaturity (pregnancy for an under age 16 female must be addressed as a safeguarding concern)
- Experience of being in care
- Abuse in childhood or negative childhood experiences
- Mental health concerns; history of postnatal depression
- Drug/alcohol misuse
- Learning difficulties; communication difficulties
- Mother or another adult in the house or a regular visitor hold is identified as a risk: violence/abuse of others; abuse/neglect of previous children; known offender against children; previous care proceedings; current risk to related children (e.g. sibling)
- Homelessness/asylum seekers; no recourse to public funds
- Non-co-operation with services, non-compliance with treatment for the unborn baby

Factors related to the family and environment:

- Domestic abuse; disruptive or unsupportive relationships; multiple partners or frequent change of partner
- Frequent moves of home; poor or risky home conditions
- Lack of support networks; cultural considerations, e.g. stigma of illegitimate child or if child is dual heritage
- Financial difficulties; unemployment
- Uncontrolled or potentially dangerous animals; mistreated animals.

Disability & Additional Health Needs

Disabled people or those with additional health needs, including mental health difficulties may be additionally vulnerable due to:

- signs of abuse and neglect masked or thought to be due to the disability.
- isolation and fewer outside contacts
- increased risk from exposure to numerous carers who provide personal care
- impaired capacity to resist or avoid abuse
- communication difficulties that make it difficult to tell
- being inhibited about complaining out of fear of losing services or aggravating carers

Race and Racism

People from black and minority ethnic groups may have experienced harassment, racial discrimination and institutional racism. These experiences may have impacted on their sense of identity and self-worth, limited their opportunities or served to isolate them from communities and sources of support. There is also a potential dynamic whereby professionals do not intervene soon enough in safeguarding matters (e.g. for fear of being seen as racist or in the mistaken belief that certain behaviours are acceptable in black families which would not be in white families). In so doing, black people may be offered fewer safeguards or given support early enough such that concerns escalate and interventions become stronger.

Young Carers

Young carers are those under age 18 who provide care for someone else (often their parent). Doing so may limit life opportunities for young carers, including education, social and relationship experiences and the burden of their care giving may be excessive or long term. Some young carers may be in need of protection for example if the person they care for is abusive.

Contextual Safeguarding

This refers to harm that people can experience from outside of their families. The environment and relationships that people form in their neighbourhoods, schools and online can feature violence and abuse and so there may be vulnerability to harm in social contexts.

Adolescents particularly may be affected as they begin to spend more time, independently of their families, outside the home. Their social environment may lead them to encounter either forms of protection or forms of abuse and exploitation. Examples such as street robbery; sexual violence in parks; gang-related violence; online bullying; harassment from peers and abuse in their intimate relationships, show that young people can be exposed to significant harm in settings outside their families.

Parents/carers may have little influence over these extra-familial contexts and so may not be able to promote their safety and well-being. Equally, young people who are exposed to harm at home may avoid going home and therefore be exposed to crime or exploitation

outside home, or they may adopt the harmful behaviour they are exposed to, as a behaviour toward others.

Barriers to Help

Barriers for Service Users in Asking for Help

Many people who experience abuse and neglect are reluctant to tell anyone or seek help. A lot of people do not tell whilst they are experiencing harm, but tell later, sometimes years later. The difficulty in speaking out about abuse and neglect can leave adults and children experiencing further harm.

The reasons that people may delay or be unwilling to speak out are profound and complex and may include:

- they do not have anyone that they can turn to for support
- may have sought help before but felt let down and so they are reluctant to ask again
- they may fear not being believed
- they worry that their concern will not be taken seriously or that it is not 'bad enough'
- they feel too embarrassed to talk about private matters
- they feel guilt or responsibility for the abuse
- fear the situation could become worse if they tell
- fear the consequences of asking for help
- feel that nothing will be done
- believe that by not telling they are protecting others (e.g. the abuser, family members)
- worry about confidentiality and lack trust in the people around them or services
- they don't have the language to tell (for example because English is not their first language, or because of young age or communication impairment).
- have been strongly groomed not to tell
- lack language skills, e.g. because they are pre-verbal, have communication impairment, don't speak English fluently

Barriers for Us in Listening

Sometimes there is reluctance by adults, including staff and volunteers to listen to service users who are telling us about abuse and neglect. This may be because we:

- don't understand or recognise the signs and indicators
- can't bring ourselves to think that abuse and neglect could be occurring
- don't know how to react
- feel overwhelmed, anxious or panicky
- are too busy or distracted
- don't know who to tell
- feel loyalty to the family or colleagues
- fear getting it wrong
- fear making things worse
- are worried about breaching the person's confidentiality
- fear of damaging relationships with individuals
- lack knowledge or trust in the multi-agency safeguarding system
- hope or believe it will sort itself out

These feelings may be normal but can limit our helping response to people who need our help. Become works to ensure that staff can have supportive discussions with supervisors and colleagues and a reflective space to make sure that we can listen and act on our safeguarding concerns, however small or vague they may at first appear.

Safeguarding Roles and Responsibilities

Designated Safeguarding Officer (DSO)

The DSO manages safeguarding on a day to day basis at Become and are responsible for:

- acting as a source of advice on safeguarding matters
- co-ordinating safeguarding activities in Become. This includes: making safeguarding decisions on individual cases; seeking specialist advice; maintaining records and recording systems; liaising or making referrals to police, health, adult and/or children's services and other agencies about suspected or actual cases of abuse in line with multi-agency procedures and escalating concerns if required
- managing the practice of frontline practitioners
- keeping themselves updated on new developments and knowledge in safeguarding
- alerting the DSL to any safeguarding concerns relating to allegations against staff; poor practice concerns, staff training needs, complex safeguarding matters or any other matters relating to the management of safeguarding at Become.
- contributing to the broader safeguarding work at Become, e.g. data collection, safer recruitment, induction or training of staff
- Working with the DSL to deal with the aftermath of incident in the organisation, including any reviews of learning.

Designated Safeguarding Lead (DSL)

The DSL at Become is the Director of Services, who is responsible for providing the strategic leadership of safeguarding which includes the list below. This is overseen by the CEO, who holds ultimate responsibility for safeguarding across the organisation:

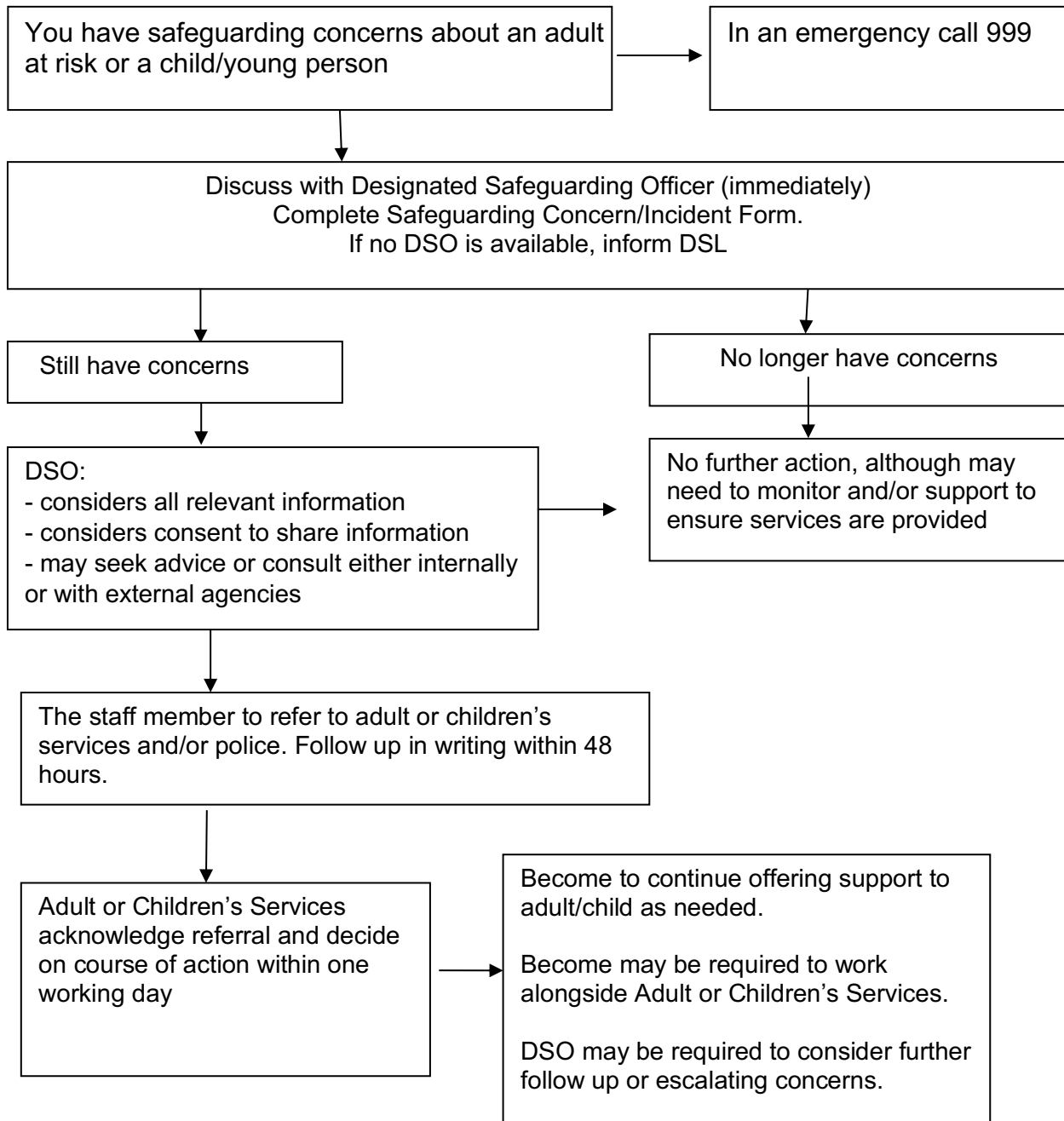
- promoting a safeguarding and listening culture across Become
- setting and implementing the safeguarding policy and procedure direction in line with statutory guidance and ensuring they are annually reviewed
- ensuring safeguarding systems and processes are in place and resourced, including safeguarding supervision, secure recording and retrieval systems; appointing the DSO and ensuring that safeguarding responsibilities are stated in all staff job descriptions
- monitoring compliance with safeguarding policy and procedures as well as related procedures such as Code of Conduct, Safer Recruitment, Disciplinary and Whistleblowing.
- setting out required safeguarding training, including induction, and providing training and updates as per staff members roles and responsibilities. Maintaining a record of staff attendance at safeguarding training.
- overseeing the work of the DSO, including decisions made and safeguarding practice
- briefing trustees regularly about safeguarding activity at Become including data, gaps, themes, management of allegations, practice issues, risks, safeguarding training needs
- along with CEO, overseeing the management of safeguarding allegations against staff
- the risk register is maintained the CEO.

Board of Trustees

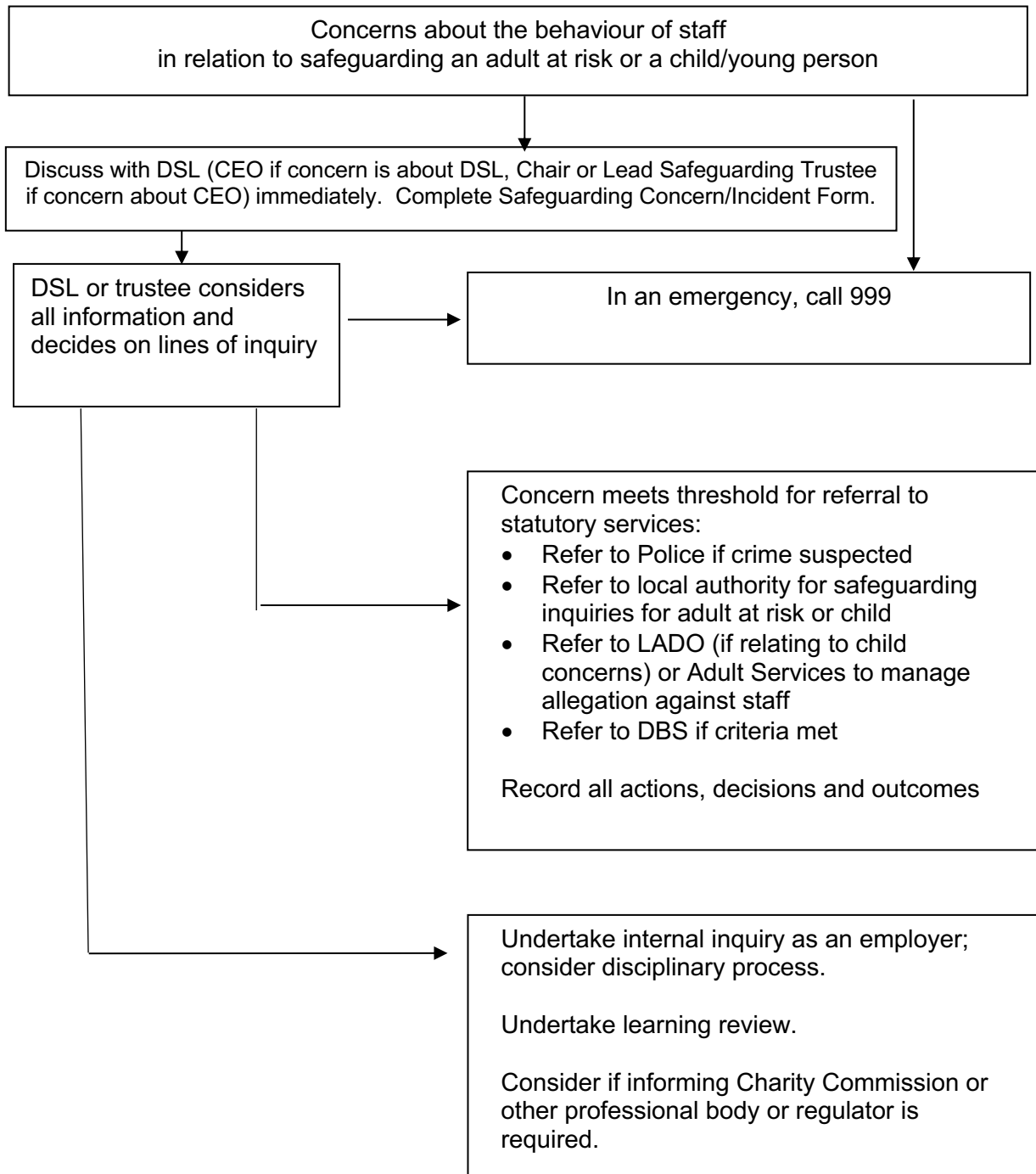
The Trustees are ultimately responsible for safeguarding at Become, ensuring that:

- there is a safeguarding and listening culture across Become
- the organisation is legally compliant, reports to regulators and commissioners as needed and that it is delivering services safely
- the safeguarding policy and procedure is in place
- policies are reviewed, are made available and understood/applied by staff
- safeguarding concerns are managed properly and effective systems and processes are in place; safeguarding is properly resourced, including for training; a DSL is appointed whose role is stated in their job description
- they receive and review regular feedback on safeguarding activity, issues (such as gaps, threats, risks), oversee a risk register and understand remedial actions required from the DSL and progress is tracked
- Chair of Trustees or Lead Safeguarding Trustee undertakes enquiries in the event of an allegation being made against the CEO
- a Lead Safeguarding Trustee is nominated who takes a lead role on behalf of the Board for safeguarding and who maintains regular contact with the DSL.

Flowchart for Managing Concerns about Adults & Children/Young People



Flowchart for Managing Allegations Against Staff



Become Staff Confirmation of Awareness of Policy & Procedure

For Staff, Volunteers, Students

To be completed during Induction and thereafter within two weeks of a newly issued policy

NAME:

DATE OF APPOINTMENT:

DATE POLICY AND PROCEDURE DISCUSSED IN SUPERVISION:

I have read and I understand the Safeguarding Adults and Children Policy & Procedure. I agree to adhere to its requirements during my work at Become.

YES/NO (circle as applicable)

NAME OF STAFF MEMBER:

SIGNATURE OF STAFF MEMBER:

DATE:

NAME OF MANAGER:

SIGNATURE OF MANAGER:

DATE:
