Policy and procedure

Safeguarding Adults, Children and Young People

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Who does this policy apply to?	All staff

This policy is accompanied by the following supporting documents:

Appendix 1: Contact arrangements for referrals

Appendix 2: Indicators of abuse

Appendix 3: Flowcharts of reporting procedures

Appendix 4: Referral and matching of clients

Values

Respect	Empowerment
▪ Value diversity and fairness ▪ Act with honesty and integrity ▪ Treat people with care and compassion	▪ Support the needs of each individual ▪ Encourage personal development and independence ▪ Provide safety, stability and security
Responsibility	**Excellence**
▪ Work together, in partnership ▪ Take responsibility for our actions ▪ Continue learning and improving	▪ Provide a first-class service ▪ Deliver excellent value for money ▪ Explore innovative ways of working

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POLICY

1. Introduction

1.1. Transform is fully committed to the principle that living a life free from harm and abuse is a fundamental right of everyone. We are committed to working in partnership with others to protect those at risk, while supporting those at risk to make their own choices.

1.2. This policy covers safeguarding adults and Children and Young People at risk and is to be followed in all cases where a member of staff believes that anyone has been or may have been abused.

1.3. The abuse of adults or children can occur in any setting, domestic, institutional or public, and the abuser can be anyone including a family member, friend, neighbour, partner, carer, stranger, member of staff, another service user, etc.

1.4. As a provider of specialist housing and support services, it is imperative that all staff are aware that all individuals with Special Educational Needs (SEN) and disabilities are particularly vulnerable to abuse and safeguarding risks in the following ways:

- They are more likely to be abused or neglected
- They may display behaviour, mood and/or injury which may relate to possible abuse and not just their SEN or a particular disability
- There may be higher risk of peer group isolation
- People can be disproportionally impacted by things like bullying without outwardly showing any signs.
- They experience communication barriers and difficulties in overcoming these barriers

1.5. All individuals can be provided with safeguarding information in a format which is appropriate for their understanding and communication. This may include easy read, pictorial guidance, brail and translations.

1.6. This policy is compliant with and should be read in conjunction with **the Care Act 2014**.

Compliance

1.7. All staff will be expected to have read this policy and procedure in the first two weeks of joining Transform and safeguarding is a standing item on all staff meeting agendas. During a member of staff's induction their manager will schedule a meeting to discuss this policy and procedure and ensure understanding. Staff are also directed to the safeguarding page on MILO which has up to date news on safeguarding both locally and nationally.

1.8. Child and adult Safeguarding is **everyone's** responsibility. Everyone working for Transform or visiting our locations has a responsibility to understand and implement this policy and related procedures at all times. We will ensure all staff have the skills, knowledge and understanding to help keep children and adults safe. All staff have a key role in the prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate an individual is at risk of harm.

2. Relevant Safeguarding Legislation and Guidance

2.1. Working together to Safeguard Children Statutory Guidance 2022, https://www.gov.uk/government/publications/working-together-to-safeguard-children--2#full-publication-update-history

2.2. The Care Act 2014

2.3. National Police Chief's Council (NPCC) guide to child-centred policing

2.4. Keeping Children Safe in Education 2022: [Keeping children safe in education 2022 (publishing.service.gov.uk)](#) (KCSIE)

2.5. The Protection from Harassment Act 1997

2.6. Section 127 of the Communications Act 2003

2.7. The Children Act 2004, as amended by the Children and Social Work Act 2017

2.8. Statutory Instrument 2015 No.541 Social Care, England The Young people's/care home Homes (England) Regulations 2015 in force as of 1st April 2015

2.9. Guide to the Young people's/care home Homes Regulations including the Quality Standards (DfE: April 2015)

2.10. Prevent Duty Guidance: for England and Wales (March 2015) (Prevent)

2.11. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2015

2.12. Female Genital Mutilation Act 2003, (as inserted by section 74 of the Serious Crime Act 2015)

2.13. Terrorism Act 2000

2.14. Counter Terrorism and Security Act 2015

2.15. https://www.gov.uk/government/policies/violence-against-women-and-girls

2.16. https://learning.nspcc.org.uk/safeguarding-child-protection/safer-recruitment/Teaching_online_safety_in_school.pdf

2.17. https://www.nspcc.org.uk/keeping-children-safe/online-safety/sexting-sending-nudes/

2.18. https://www.surreysab.org.uk/wp-content/uploads/2019/01/SSAB-Missing-Adults-Multi-Agency-Response-Agreement.pdf

3. Definitions

3.1. **Children and Young People:** Working together to Safeguard Children (2018) applies to children and young people until they reach the age of 18.

3.2. **Adult at risk:** An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and/or support (The Care Act 2014). It is not for staff to determine whether someone does or does not meet the definition, which in any event may change over time. However, staff must raise a safeguarding alert in accordance with local multi-agency safeguarding arrangements if there are suspicions that an adult at risk may be being abused. Issues of eligibility and whether they meet the definition of an adult at risk will then be assessed by the local authority.

3.3. An adult at risk may be a person who:
- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or sensory impairment
- has mental health needs including dementia or personality disorder
- has a long-term mental illness or condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and needs care and support.

3.4. **Child Safeguarding** (definition from 'Working together to safeguarding children 2018'): Safeguarding children and young people is the action that is taken to promote the welfare of children and protect them from harm. This entails:
- Protecting children from abuse and maltreatment
- Preventing harm to children's health or development
- Ensuring children grow up with the provision of safe and effective care
- Taking action to enable all children and young people to have the best outcomes

3.5. **Adult Safeguarding:** This means protecting an adult's right to live in safety, free from abuse and neglect. The Care Act 20014 outlines the six principles of adults safeguarding (see 'Key principles of safeguarding for more detail).

3.6. **Significant harm:** The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm but consideration should be given to the following:
- The severity of ill treatment
- The duration and frequency of abuse and neglect
- The extent of the premeditation

3.7. Child abuse and neglect are generic terms encompassing all ill treatment of children, including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development. Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in a family, or an institutional or community setting by those known to them or, more rarely, by a stranger.

3.8. **Contextual Safeguarding:** Contextual Safeguarding is an approach to understanding and responding to people's experiences of significant harm across various settings. It recognises that the different relationships that young people in particular form in their neighbourhoods, schools/colleges and online can feature violence and abuse. Parents and carers have little

influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Assessment and intervention with these spaces is a critical part of safeguarding practices

3.9. **Abuse** is a violation of a person's human and civil rights by an individual, group of people or institution. Abuse may result in significant harm to, or the exploitation of the person subjected to it. Somebody may abuse or neglect a child/adult by inflicting harm, or by failing to act to prevent harm. Abuse could mean neglect, physical, emotional or sexual abuse or any combination of these. There are additional forms of abuse including domestic violence, financial and material, neglect or act of omission, modern slavery, discriminatory abuse, organisational and institutional and self-neglect. The different types of abuse are explained in more detail in **Types of Abuse Section 7.**

3.10. Children/adults may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, an individual child/young person or group of children/young people. Anyone can carry out abuse or neglect. Abuse can be intentional or unintentional, it may be a single act or repeated acts. Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home, school or in a college. It can happen when someone lives alone or with others. Abuse may be a stand-alone incident or part of a broader pattern of behaviour.

3.11. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others

3.12. **County lines:** County lines is a term used to refer to gangs and criminal networks involved in exporting illegal drugs into one or more areas within the UK, using a dedicated mobile line/ other form of deal line. An order is placed on the number and typically a young person will deliver class 'A' drugs to the specified address and collect the money for the deal. These lines are owned and managed by organised crime gangs, often from larger cities, who are expanding their markets into rural areas. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes.

3.13. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network. Exploitation is an integral part of the county lines, children may become victims through: coercion, intimidation, violence (including sexual) and weapons.

3.14. **Cuckooing** is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for drug dealing. The crime is named after the cuckoo's practice of taking over other birds' nests for its young. The group is inclined to use intimidation, violence and weapons, including knives, corrosives and firearms.

3.15. **Domestic abuse**: Domestic abuse can be psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear or experience the

effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

3.16. Please refer to Transform's **domestic abuse policy** for further guidance.

4. Transform's approach to Policy Implementation

4.1. **An Accessible policy:** Transform provides all clients with information that makes it clear that any kind of abuse is unacceptable and that Transform staff will work closely with that person and other agencies to ensure they feel safe.

4.2. **Accountability:** Strategic accountability for safeguarding rests with the Director of Client Services reporting into the Board and Client Services and Performance Committee. Operational accountability at a local level rest with the Housing and Support Manager, who is responsible for liaising with key senior practitioners in the local authority in respect of safeguarding issues and ensuring that all support staff understand their safeguarding responsibilities and have appropriate support. They, in turn, will receive practical guidance, supervision and support from their line manager.

4.3. **Staff induction and training:** Managers are required to ensure that all staff read and demonstrate an understanding of Transform's Safeguarding Policy within the induction period and during the first few weeks of employment. They must attend all in-house and on-line Safeguarding courses as stated in Transform's training matrix. In addition, a video is available on the Safeguarding page of Milo, highlighting that safeguarding is everyone's business.

4.4. **Responsibility to clients:** All staff are expected to be proactive in assisting Transform to take appropriate action to protect all clients from all forms of abuse and embrace the principle that Safeguarding is everyone's business. More experienced staff will attend events organised by local authority partners to ensure familiarity with local multi-agency procedures and to ensure that all staff have the level of training and understanding required for their role.

4.5. **Staff support:** All staff receive regular support and supervision from their manager, both day-to-day and through formal supervision meetings and any safeguarding concerns will be pro-actively addressed.

4.6. **Clear internal procedures:** There are clear procedures for staff, which are reviewed regularly, to ensure that they are up-to-date and incorporate best practice.

5. Multi agency working

5.1. **The Care Act 2014** establishes that safeguarding is everybody's business with Local Authorities, Police and NHS partners playing a key role in preventing, detecting, reporting and responding to abuse, neglect or exploitation. Transform, as a partner agency, must find ways of helping people protect themselves and ways of protecting those least able to protect themselves.

5.2. Staff will work in close collaboration with local authorities and other agencies to ensure that adults, children and young people at risk are safeguarded. Collaboration will take place at a practitioner level and at a managerial level as appropriate. Moreover, senior Managers will participate in multi-agency forums at a strategic level to ensure appropriate links are maintained with the Safeguarding Adults Board.

5.3. Transform has a responsibility, working alongside partner local authorities as appropriate, to ensure that adults, children and young people at risk are appropriately safeguarded, that staff at all levels are appropriately trained and that clear and accurate records are kept of all action taken.

5.4. The LADO (Local Authority Designated Officer) service manages allegations regarding those who work with or volunteer with children. If a member of staff has a concern regarding someone who works with children they should speak to their line manager who, in conjunction with the senior Manager, will decide whether to contact the LADO from 9am to 5pm:

- Surrey – 0300 1231650 **LADO@surrey.gov.uk**
- Wokingham – 01189 746141 **LADO@wokingham.gov.uk**
- West Sussex – 0330 2226450 (or 2227799) **LADO@westsussex.gov.uk**
- Sutton – 0208 770 4776 **lado@sutton.gov.uk**

5.5. Please see **Appendix 1** for the contact arrangements for the local authorities with which Transform works.

6. Key principles of Safeguarding

Six key principles underpin all adult safety work

6.1. The statutory guidance to the Care Act defines these principles, from the perspective of the adult at risk, as follows:

- **Empowerment:** "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

- **Prevention:** "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help".

- **Proportionality** "I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed".

- **Protection** "I get help and support to report abuse. I get help to take part in the safeguarding process to the extent which I want to and to which I am able".

- **Partnership:** "I know that staff treat any personal and sensitive information confidentially, only sharing what is helpful and necessary. I am confident that the professionals will work together to get the best result for me".

- **Accountability:** "I understand the role of everyone involved in my life"

Key principles underpinning all child and young people safety work

- **Child centred:** A child centred approach: For services to be effective they should be based on a clear understanding of the needs and views of children.

- **Rooted in child development:** Plans and interventions to safeguard and promote the child's welfare should be based on a clear assessment of the child's continuing developmental needs, their progress and any difficulties the child may be experiencing. Plans should be timely and appropriate for the child's age and stage of development.

- **Focused on outcomes for children:** The purpose of all interventions should be to achieve the best possible outcomes for each child, recognising that each child is unique.

- **Holistic in approach:** This means having an understanding of the child within the context of the child's family (parents or caregivers, their partners and the wider family) and of the educational setting, community and culture in which he or she is growing up.

- **Ensuring equality of opportunity:** All children must have the opportunity to achieve the best possible development, regardless of their gender, ability, race, ethnicity, circumstances or age.

- **Involving children and families:** Decisions should be made with the agreement of children and their parents whenever possible unless to do so would place the child at risk of Significant Harm.

- **Building on strengths as well as identifying difficulties:** Working with a child or family's strengths becomes an important part of a plan to resolve difficulties.

- **Integrated in approach**: A variety of agencies and services in the community are involved with a child throughout his or her life. Multi- and inter-agency work to safeguard and promote children's welfare starts as soon as it has been identified that the child or the family members have additional needs requiring support/services beyond universal services, not just when there are questions about possible harm.

- **A continuing process not an event:** Assessment should continue throughout a period of intervention, and intervention may start at the beginning of an assessment.

- **Providing and reviewing services:** The impact of service provision on a child's development should be reviewed at regular intervals.

- **Informed by evidence:** If processes for managing concerns about individual children are to result in improved outcomes for children, then effective plans should be based on a wide-ranging assessment of the needs of the child, parental capacity and their family circumstances.

6.2. Transform staff will abide by these principles whilst carrying out their safeguarding responsibilities.

7. Types of Abuse

7.1. Certain forms of abuse are shown to be more prevalent amongst either children or adults and have been categorised as such below. However, this is not a firm distinction. It is important for staff to remember that all forms of abuse can occur between and amongst any age range. Staff should be aware of the signs of abuse, affecting clients of all ages.

7.2.   Please refer to **Appendix 2: General Indicators of abuse**, for further information.

Adult

Domestic abuse

7.3.   An incident or pattern of incidents of controlling, coercing or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse, psychological, physical, sexual, financial or emotional. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support or exploiting their resources and capacities for personal gain.

7.4.   **A Multi Agency Risk Assessment Conference (MARAC)** is a regular local meeting to discuss how to help domestic abuse victims, aged 16 or over, at high risk of murder or serious harm. Domestic abuse specialists, police, children's social care, health and other relevant agencies all sit around the same table. They talk about the victim, the family and perpetrator, and share information, for further guidance and procedures. These meetings are led by the local authority or county council.

Mate crime

7.5.   Mate crime happens when someone is faking a friendship in order to take advantage of a vulnerable person. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A "mate" may be a "friend", family member, paid staff or another client.

Children and Young People

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

7.6.   Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, control, manipulate or deceive a child into sexual or criminal activity.

7.7.   Children under the age of criminal responsibility (under the age of 10), or young people who have increased vulnerability due to push and pull factors who are manipulated, coerced or forced into criminal activity provide opportunity for criminals to distance themselves from crime.

7.8.   This might be
- in exchange for something the victim needs or wants, and/or
- for the financial or other advantage of the perpetrator or facilitator and/or
- through violence or threat of violence.

7.9.   The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact, it can occur through the use of technology. CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

7.10. Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or school, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted.

7.11. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator.

7.12. The abuse can be perpetrated by individuals or groups, males or females, and children (under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex) or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

7.13. **Some of the following can be indicators of CCE and CSE:**
- Children who appear with unexplained gifts or new professions
- Having unexplained amounts of money, new high-cost items and multiple mobile phones
- Children who associate with other young people involved in exploitation
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Increase in missing episodes
- Increased social media and phone/text use, almost always secretly
- Older males in particular seen to be hanging around and driving
- Having injuries that are unexplained and unwilling to be looked at ▪ Increase in aggression, violence and fighting
- Carrying weapons – knives, baseball bats, hammers, acid
- Travel receipts that are unexplained
- Significant missing cases from education
- Disengaging from previous positive peer groups

7.14. **The following can be additional indicators of CSE:**
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant.

7.15. As an organisation we do recognise that the same level of exploitation may take place involving vulnerable young people/adults at risk above the age of I8. It is expected that the above statement will equally apply to those who are 18+ across England and Wales.

'Money mule' recruitment

7.16. Money mule recruiters post fake adverts on job websites and social media to lure in young people looking for work or easy money during the Covid-19 pandemic. These criminal recruiters are exploiting people's financial difficulties by using social media platforms, jobs

websites and phishing emails to approach them with offers of easy cash. The recruiters promise quick money to people who provide their bank details and then transfer the funds received to another account, keeping a cut for themselves, making them a money mule.

7.17. Often, people are unaware that allowing their bank accounts to be used in this way is a crime, and that the practice could lead to their account being closed and potentially lead to a criminal record.

County lines exploitation

7.18. One of the ways of identifying potential involvement in county lines are missing episodes (both from home and school), when the victim may have been trafficked for the purpose of transporting drugs. A referral to the National Referral Mechanism should be considered: https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/modern-slavery-and-human-trafficking

7.19. If a child is suspected to be at risk of or involved in county lines, a safeguarding referral should be considered alongside consideration of availability of local services/third sector providers who offer support to victims of county lines exploitation.

7.20. The 'Rescue and Response County Lines Project' has identified that women face particular challenges in county lines:
- **Factor 1:** Young women carry an emotional burden for the group and its members; often being relied upon for emotional support and counsel.
- **Factor 2:** Young women tend to suffer more sexual exploitation and abuse than young men.
- **Factor 3:** Young women in a relationship with an exploiter face an additional emotional obstacle in escaping the relationship as well as the exploitation.

7.21. Please see the **Definitions** section for further detail on county lines exploitation.

The Gendered signs of Gang-related violence and trauma

7.22. Gang association and gang involvement are two separate things. Somebody can be gang associated because a family member, friend or partner is involved in a gang or because the live in an area where a gang operates. Gang involvement by contrast means making a choice to be involved in the criminal behaviour of a gang and accepting the possible consequences of this.

7.23. Trauma can present itself in different ways and the impact of gang association on young women is different to that for young men. Young women and young men present with very different symptoms. Women are much less likely to present with a physical injury like a knife wound and are much more likely to present with mental health issues related to trauma.

7.24. Young women we support do not always understand consent in relationships. There are common misconceptions around consensual sex within relationships that leave gang associated girls open to sexual exploitation. Rape and sexual exploitation are an extremely traumatising experience, but the victims do not always recognise these as criminal acts perpetrated against themselves.

Forced marriage

7.25. In the case of children and young people: 'a forced marriage is a marriage in which one or both spouses cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.'

7.26. Advice and help can be obtained nationally through the Forced Marriage Unit on +44 (0) 20 7008 0151 and locally through the local police safeguarding team or children's social care.

Child on child abuse

7.27. All staff should be aware that children can abuse other children. This can include, but not limited to:

- **Bullying** (see 'Forms of Bullying' below)
- **Physical abuse** (hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm),
- **Sexual violence** (this is defined as rape, assault by penetration or sexual assault)
- **Sexual harassment** (This is defined as is unwanted conduct of a sexual nature, such as sexual comments, remarks, jokes and online sexual harassment.
- **Harmful sexual behaviour** (Children's sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. A useful umbrella term is "harmful sexual behaviour". Harmful sexual behaviour can occur online and/or offline and can also occur simultaneously between the two. Harmful sexual behaviour should be considered in a child protection context.
- **Gender based violence**
- **Upskirting** (which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence.)
- Sexting (also known as youth produced sexual imagery. This is a criminal offence)
- **Initiation/hazing type violence and rituals.**

7.28. Child on child abuse should never be tolerated or passed off as 'banter', 'just having a laugh' or 'part of growing up'. All contact behaviours that have a sexual nature to them such as pushing or rubbing against, grabbing bottoms, breasts or genitals, pinging or flicking bras, lifting skirts or pulling down trousers will be challenged by staff and appropriate levels of action, which may include disciplinary action being taken. This to ensure children/young people and staff are clear that these behaviours will not be tolerated or acceptable. However, it is important to state that some children with cognitive impairment may not be able to fully understand how children on the receiving end of such behaviour may feel, therefore staff will work with each of the children affected by the situation in order to enhance their understanding of the seriousness of their behaviour, so any behaviour of such nature in the future can be prevented.

Link between Child on Child abuse and Child Sexual Exploitation

7.29. Situations where children/young people are forced or coerced into sexual activity by peers or associates can be related with gang / serious youth violence activity but that is not always the case. Peer influence or peer pressure is a major factor in the decisions made by young people to join particular groups. Many young people see it as a "way out" from their day to day life and feel a strong bond with their peers, one which they may be lacking at home.

Teenage relationship abuse

7.30. Research has shown that teenagers do not readily understand what constitutes abusive behaviour such as controlling behaviours, which can escalate to physical abuse, e.g.

checking someone's phone, telling them what to wear, who they can/cannot see or speak to and that this abuse is prevalent within teenage relationships.

7.31. Transform will provide education and guidance to prevent teenagers from becoming victims and perpetrators of abusive relationships, encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within relationships.

Online grooming

7.32. Online grooming is the process by which one person with an inappropriate sexual interest in a child or young person will approach them on-line, with the intention of developing a relationship, to be able to meet them in person and intentionally cause harm. Our services will build awareness amongst children/young people, carers and staff about ensuring that the child/young person:
- Only has friends on-line that they know in real life
- Is aware that if they communicate with somebody that they have met on-line, that relationship should stay on-line.

7.33. Where appropriate that our services will support parents/carers to:
- Recognise the signs of grooming
- Have regular conversations with their children/young people about on-line activity and how to stay safe on-line

Bullying

7.34. Staff should identify the signs of the following forms of bullying.
- **Race and Religious Bullying:** a range of hurtful behaviour, both physical and psychological, that makes a person feel unwelcome, marginalised, excluded, powerless or worthless because of their colour, ethnicity, culture, faith community, national origin or national status.
- **Sexual, Sexist Bullying**: any behaviour, whether physical or non-physical, where sexuality or gender is used as a weapon. This may include any of the following: spreading rumours about someone's alleged sex life, using offensive terms to describe a person, inappropriate touching or attempts to do so ,non-consensual sharing of sexual images and videos , unwanted sexual comments and messages, including those on social media, any sexual exploitation, coercion and threats, sexual assault and rape.
- **Transphobic Bullying** is based on fear, hatred, disbelief, or mistrust of people who are transgender, thought to be transgender, or whose gender expression doesn't conform to traditional gender roles.
- **Homophobic Bullying:** targets someone because of their sexual orientation or perceived sexual orientation.
- **Disablist Bullying:** this targets a young person solely based on their disability. This can include manipulative bullying where a perpetrator forces the victim to act in a certain way or exploiting a certain aspect of the victim's disability.

7.35. The DfE has published advice for staff on preventing and tackling bullying:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/623895/Preventing_and_tackling_bullying_advice.pdf

Verbal, psychological and emotional abuse

7.36. Psychological abuse impinges on the emotional health and development of individuals. Verbal abuse may include making threats, shouting or swearing at a person, making rude gestures, name-calling, whispering or starting rumours. Emotional abuse may include

ignoring, humiliation and depriving a person of the right to choose and privacy.

Physical abuse

7.37. This is the non-accidental infliction of physical force that results in bodily injury, pain or impairment, it may include things like punching, hitting, kicking, throwing things, poking or slapping, pulling hair, tripping, locking a person in a room, burning or scalding, suffocation or otherwise causing physical harm to an adult, child or young person.

Self-neglect (and self-harm):

7.38. This is the inability (intentionally or non-intentionally) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of people who self-neglect and perhaps even to their community (Gibbons, 2006). An individual may be considered as self-neglecting and therefore at risk of harm where they are:
- Either unable or unwilling to provide adequate care for themselves
- Unable or unwilling to obtain necessary care to meet their needs and/or
- Declining essential support without which their health and safety needs cannot be met.
- Examples may include hoarding and/or failure to self-medicate.

7.39. Self-harm can be described as a wide range of behaviour that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many clients may struggle to express their feelings in another way and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them. For further information visit the NHS website.

Financial/material abuse

7.40. The unauthorised, fraudulent obtaining and improper use of funds, property or any resources of an adult at risk, child or young person. Examples of behaviour: misappropriating money, valuables or property, 'borrowing' money or possessions and not giving it back, getting them to sign something they do not understand or denying the adult at risk, child or young person the right to access personal funds.

Violence against women and girls (VAWG)

7.41. Violence against women and girls (VAWG) is a hate crime and a violation of the Human Rights of women and girls. Such violence impedes gender equality and the achievement of a range of development outcomes. VAWG is a complex and multifaceted problem that cannot effectively be addressed from a single vantage point. The prevention of and response to such violence require coordinated action across multiple sectors. This can include the following:

Female genital mutilation (FGM)

7.42. FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons, hence interferes with the natural function of girls' and women's bodies. The procedure may be carried out when the girl is new-born, during childhood or adolescence, just before marriage or during the first pregnancy. The majority of cases of FGM are thought to take place between the ages of 5 to 8 years and therefore girls within that age bracket are at a higher risk. In 2003 FGM became a criminal offence for UK nationals or permanent UK residents to

take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. It is mandatory for staff to report known cases of FGM to the police.

Breast ironing

7.43. Breast ironing, also known as breast flattening, is the pounding and massaging of a pubescent girl's breasts, using hard or heated objects, to try to make them stop developing or disappear. Any suspected cases of breast ironing must be reported immediately and the Individual offered medical help.

Human trafficking and Modern-Day Slavery

7.44. Any individual transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children and young adults (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK. Traffickers and slave drivers trick, force and/or persuade individuals to leave their homes. Grooming methods are used to gain the trust of a person first, e.g. the promise of a better life, which results in a life of abuse, servitude and inhumane treatment.

7.45. There are a number of indicators which suggest that a child/young person/young adult may have been trafficked into the UK and may still be controlled by the traffickers or receiving adults. These are as follows:
- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy
- Has a history with missing links and unexplained moves
- Is required to earn a minimum amount of money every day
- Works in various locations
- Has limited freedom of movement
- Appears to be missing for periods
- Is known to beg for money
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good
- Has not been registered with or attended a GP practice
- Is excessively afraid of being deported.

7.46. For individuals who are internally trafficked within the UK indicators include:
- Physical symptoms (bruising indicating either physical or sexual assault)
- Prevalence of a sexually transmitted infection or unwanted pregnancy
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation
- The individual has been seen in places known to be used for sexual exploitation
- Evidence of drug, alcohol or substance misuse
- (for a young person) Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people
- Relationship with a significantly older partner
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding
- Persistently missing, staying out overnight or returning late with no plausible explanation
- Returning after having been missing, looking well cared for despite having not been at home
- Having keys to premises other than those known about
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity

- Entering or leaving vehicles driven by unknown adults
- Going missing and being found in areas where the child/young person/young adult has no known links
- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults/other adults.

7.47. These behaviours themselves do not indicate that an Individual is being trafficked but should be considered as indicators that this may be the case.

7.48. All practitioners who come into contact with children and young people in their everyday work need to be able to recognise children who have been trafficked and be competent to act to support and protect these children from harm.

7.49. You can read the legislation on unaccompanied migrant children and child victims of modern slavery (and adults) **here.**

8. Online Safety

8.1. The majority of children and adults use online tools to communicate with others locally, nationally and internationally. Access to the Internet and other tools that technology provides is an invaluable way of finding, sharing and communicating information. While technology itself is not harmful, it can be used by others to make children and young people vulnerable and to abuse them.

8.2. As individuals and institutions are rapidly expanding their online presence, it is essential that children and adults are safeguarded from potentially harmful and inappropriate online material. As such, governing bodies and proprietors should ensure appropriate filters and appropriate monitoring systems are in place.

8.3. With the current speed of on-line change, some carers and staff have a limited understanding of online risks and issues. Carers and staff may underestimate how often children and adults come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond.

8.4. Some of the risks could be
- unwanted contact
- grooming
- online bullying including sexting

8.5. Online safety also encompasses access to the internet via 3G, 4G and 5G on mobile phones in the school/college, it is important to consider how this is managed on the premises.

8.6. Services will therefore seek to provide information and awareness to clients and their carers through:
- Acceptable use agreements for clients and staff
- Key worker sessions and regular communication e.g. via newsletters and high-profile campaigns such as Safer Internet Day
- signposting to wider support agencies
- Staff training on areas of risk, including social media platforms and online gaming forums.

Cyberbullying and criminality

8.7. Cyber-bullying is defined as 'an aggressive, intentional act carried out by a group or individual using electronic forms of contact repeatedly over time against a victim who cannot easily defend himself/herself.'

8.8. Cyber-bullying can involve
- Harassment by text messages or calls on mobile phones
- The use of mobile phone cameras to cause distress, fear or humiliation
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites
- Using e-mail to message others
- Hijacking/cloning e-mail accounts
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums

8.9. If our staff become aware of any incidents of cyberbullying, they will need to consider each case individually as to any criminal act that may have been committed. Our staff will need to pass on information to the police if it feels that it is appropriate or is required to do so.

8.10. **Section 127 of the Communications Act 2003** makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character.

8.11. **The Protection from Harassment Act 1997** makes it an offence to knowingly pursue any course of conduct amounting to harassment.

Sexting and criminality

8.12. Sexting is when an individual shares sexual, naked or semi-naked images or videos of themselves or others or sends sexually explicit messages. They can be sent using mobiles, tablets, smartphones, laptops - any device that enables the sharing of media and messages. Creating or sharing explicit images of a child is illegal, even if the person doing it is a child. A young person is breaking the law if they:
- take an explicit photo or video of themselves or a friend
- share an explicit image or video of a child, even if it's shared between children of the same age
- possess, download or store an explicit image or video of a child, even if the child gave their permission for it to be created.

8.13. If a young person is found creating or sharing images, the police can choose to record that a crime has been committed but that taking formal action isn't in the public interest.

8.14. There are many reasons why a young person may want to send a naked or semi-naked picture, video or message to someone else:

- Seeking validation from peers
- Flirting with others and testing their sexual identity
- Exploring their sexual feelings
- To connect with existing or new followers on social media
- They may find it difficult to say no if somebody asks them for an explicit image, especially if the person asking is persistent

8.15. Once a digital file has been shared, young person has no control over the images and how these are further shared, and the subsequent risks of blackmail, bullying and harm can arise. In response to this, Transform will provide education and guidance to prevent individuals

from becoming victims of such situations by encouraging them to think about the risk of sexting and understand how to seek help when approached to take part in sexting. More information can be found on the following NSPCC resource: https://www.nspcc.org.uk/keeping-children-safe/online-safety/sexting-sending-nudes/.

8.16. For more information on online safety please refer to the associated training module, **'Staying Safe online'.** This provides guidance on the following:

- Looking after your Mental Health and Wellbeing online
- Searching the internet safely
- Social media
- Email: spam, scams & phishing
- Shopping online
- Banking online
- Using public computers and public Wi-Fi
- Viruses
- Internet security (anti-virus software)
- Identity theft
- Online dating
- Online exploitation and abuse

Use of mobile phones and cameras

8.17. Mobile phone and camera technology has become more sophisticated over recent years and will continue to evolve, most mobile phones offer camera, video and audio recording as standard. Mobile phones/cameras alongside other techniques aim to change the way we communicate. The speed of communication will often provide security and reassurance, however as with other forms of technology, there are associated risks, children and young people must be encouraged to understand such risks to enable them to develop the appropriate strategies which will keep them safe.

8.18. Staff discuss the acceptable use of mobile phones/cameras with all clients at the point of moving into a Transform property. Children and young people should be empowered with the skills to manage the changes in technology in a safe and appropriate way; and to be alert to potential risks of such use.

8.19. This is to be achieved through balancing protection and potential misuse. Transform recognises that alongside the risks, mobile phones/cameras continue to be effective communication tools. This in turn is to contribute to safeguarding practice and protection. There is no requirement or need to automatically ban the use of mobile phones/cameras in any Transform property, but proper use of such technology will form part of the House Rules linked to a client's tenancy or licence agreement.

8.20. It is to be recognised that it is the enhanced functions of mobile phones that will give the most cause for concern; and which should be considered the most susceptible to potential misuse. Examples of misuse are to include the taking and distribution of indecent images (cyber-flashing), exploitation, covert filming and bullying of other clients.

8.21. All Transform clients have the right to safe places within their homes. All clients in shared accommodation have secure rooms and clients have the right to designate these safe spaces as mobile/camera free areas alongside bathrooms and toilets.

8.22. It must be understood by all staff that should mobile phones/cameras be misused there will be a negative impact on an individual's safety, dignity, privacy and right to confidentiality. Such concerns should not be considered exclusive to children and young people, so the needs or vulnerabilities of all must be respected and protected.

8.23. Any misuse of mobile phones and cameras within Transform properties that contradicts the House Rules may result in action being taken in line with the terms and conditions set out in the client's tenancy and licence agreement and may result in a safeguarding report being made and/or a report made to the police.

PROCEDURES

9. Making a Safeguarding Referral

9.1. Where a client is suffering, or is likely to suffer from harm, it is important that a referral to the appropriate social care channel (and if appropriate the police) is made immediately. Referrals should follow the local safeguarding referral process. Please see **Appendix 1: Contact arrangements for referrals.**

9.2. In an emergency, any member of staff should be empowered to dial 999 as they will be able to give the most accurate account of the incident.

9.3. This should be used if any of the following apply:
- There is a danger to life
- Risk of serious injury
- A serious crime is in progress or about to happen.

10. Reporting a crime

10.1. Where a crime is reported to the police, it will be recorded as a crime and an investigation will commence. The age of criminal responsibility is ten years old. Initial enquiries undertaken by staff should be fully documented as they may be required if the matter goes to court. This includes recording questions asked to young people and their replies. For further information, please refer to the National Police Chief's Council (NPCC) guide to child-centred policing **here.**

11. Dos and don'ts when a client raises a concern

Do

- Listen carefully and take what is said seriously
- Record what is said carefully as soon as possible; record only fact and not opinion.
- Stay calm
- Listen patiently
- Reassure the person – "It is OK to tell"
- Explain what you are going to do
- Treat the information seriously – consider contacting the police earlier rather than later for guidance/consultation
- Report to the appropriate manager – seal off the area regardless of where this is
- Take steps to protect the individual – if the police have been involved, give them relevant medical information about the victim e.g. if medication is due to be given
- Follow the instructions in this procedure.

Don't

- Appear shocked, horrified, disgusted or angry – the person may react by "clamming" up
- Press the individual for details or ask leading questions (it is not your job to launch into an investigation)
- Make comments or judgements other than to show sympathy and concern
- Contaminate or remove possible evidence from where the alleged incident took place. If the reported incident has happened very recently it may still be possible for the police to obtain forensic evidence
- Give the person a wash, a bath, or food or drink until after the medical examination
- Promise to keep secrets – you have a duty to pass on the information to the appropriate person
- Give sweeping reassurances such as now you have told someone this will never happen to you again – no one can give such a guarantee
- Confront the alleged abuser – this could jeopardise any future police investigation.

12. Confidentiality

12.1. It is important that staff understand the need for confidentiality, within the boundaries of the following procedures, in the case of alleged abuse both for the victim and the perpetrator. Staff must, always, consider the welfare, wishes and views of the client who is reporting an alleged abuse.

12.2. Transform supports the principle of Person Led Safeguarding and the principle of "no decision about me without me". This means that Transform will work with client, their families and other agencies to keep people safe and support them to make informed choices.

12.3. It is also important, nonetheless, that staff make quite clear at the start with anybody who implicitly or explicitly alleges or discloses incidents or a situation of abuse that any information pertaining to an allegation of abuse cannot remain a matter between themselves. Staff must report the information to their line manager without any delay and invoke the safeguarding procedures whilst considering the welfare, wishes and views of the client who is reporting an alleged abuse.

12.4. No information may be passed to a third party without consultation with the line manager and this must only be on a need to know basis.

12.5. All decisions about disclosing information including reasons must be recorded on the client's file.

13. Whistleblowing and role of Local Authority Designated Officer (LADO)

13.1. Transform has a separate **Whistleblowing Policy** which enables staff to raise any genuinely held concerns about colleagues, including any concerns relating to the safeguarding of any client. These may include:

- Any criminal offence that has been, is being, or is likely to be committed
- Any matter that tends to show that the health or safety of any individual has been, is being, or is likely to be endangered
- Any instance of malpractice, negligence, unprofessional behaviour or illegal activity in the workplace.
- Any matters of concern regarding the delivery of service to any client or service user, or
- Other unethical conduct.

13.2. Managers must ensure that staff concerns are dealt with promptly, thoroughly and fairly.

13.3. In most circumstances staff are able and willing to inform their managers of any concerns regarding a person at risk. However, there may be occasional exceptional circumstances where this may not be possible, for example, where they have concerns involving their managers or where serious concerns expressed to their manager have not been dealt with. In these circumstances, staff should refer to the Whistleblowing policy and use it if they feel it to be appropriate.

13.4. Alleged perpetrators who are vulnerable themselves: If the alleged perpetrator is vulnerable in that they may have a learning disability or a mental health problem and may be unable to understand the significance of questions put to them, they must be accompanied by an 'appropriate' adult whilst they are being questioned by Police or Social Services staff.

13.5. When a complaint or allegation has been made against a member of staff, the matter will be investigated and they will be informed of their rights under any relevant procedures. Local multi-agency procedures and Transform's internal disciplinary processes will be invoked as appropriate. In Criminal law the Crown or other prosecuting authority must prove guilt, and the defendant is presumed innocent until proved guilty. The LADO (Local Authority Designated Officer) service manages allegations regarding those who work with or volunteer with children. If a member of staff has a concern regarding someone who works with children they should speak to their line manager who in conjunction with the Head of Housing and Support will decide whether to contact the LADO from 9am to 5pm. The LADO should be contacted by the Head of Housing and Support within one working day of the reported concern.

14. Capacity and issues of consent

14.1. It is always essential when safeguarding clients to consider whether the client is capable of giving informed consent. If they are, their consent should be sought. Staff need to understand and always work in line with the Mental Capacity Act 2005, which can be read here.

14.2. This may be in relation to whether they give their consent for:

- An activity that may be abusive. If consent to abuse or neglect was given under duress, for example as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded.
- A Safeguarding Adults investigation going ahead. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and the long term. They should be given information about where to get help if they change their mind. A record must be made of the concern, the adult at risk's decision and of the decision not to refer and the reasons.
- The recommendations of an individual protection plan being put in place
- A medical examination
- An interview

Making a decision to refer without consent

14.3. An alert made of abuse or neglect of a client who does not have the capacity to consent will always give rise to action under Local Safeguarding procedures.

14.4. If there is an overriding public interest or vital interest, or if gaining consent would put the client further at risk, an alert must be made under Safeguarding procedures. This would include situations where:

- Other people or children could be at risk from the person causing harm
- It is necessary to prevent a crime
- Where there is a high risk to the health and safety of the adult at risk

14.5. The client would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others.

14.6. If you are concerned about a client and are unsure whether to refer, you can telephone the referral point of the relevant local authority and discuss it with them.

15. Potential Abuse: what to do

15.1. In most cases the lead agency in cases of suspected abuse of an adult child or young person will be the Local Authority.

15.2. If the allegation is of a criminal offence the lead agency will be the Police, although they will work in conjunction with the Social Services Department whose role is to co-ordinate the process and convene the Interagency Planning Meeting.

16. What to do if a staff member becomes aware of potential abuse

16.1. Referrals of concern about individuals may come to any agency from a variety of sources including self-referrals, a family member, friend, neighbour, professional or anonymously.

16.2. If a Transform member of staff becomes aware of potential abuse, s/he should take action to:

- Consider the immediate safety of the adult at risk, child or young person and others who may be at risk
- Take immediate steps to safeguard the adult, child or young person at risk if necessary. Contact the emergency services if there is immediate danger or the need for medical assistance, via 999.
- Carry out or update the existing risk assessment
- Listen to what the client is saying or what others have said such as a family carer or friend
- Only ask questions if concerned that the adult at risk, child or young person is at immediate risk of harm
- Record the words of the adult at risk, child or young person and accept the statements as fact; record the full details, including the time, date and location that disclosure was made. All written notes must be made as soon as practicable and kept.
- Discuss with the adult at risk, child or young person as to who will be informed and why.
- Do not promise the adult at risk, child or young person that what has been disclosed/witnessed will be kept secret or confidential. Their right to confidentiality is not absolute and may be over-ridden where there is concern or evidence that the individual or others may be at risk of harm or that a serious crime may have occurred.
- Ensure that actions are taken to preserve possible forensic evidence that may assist an investigation.
- She/he must not confront the alleged abuser as this could place the member of staff at risk, give the alleged abuser an opportunity to destroy evidence, or intimidate vulnerable victims or witnesses.
- No member of staff should act alone, and if they feel concerned that abuse may have occurred, s/he must talk to his/her line manager, who must also inform the senior Manager. Out of hours, the on-call manager must be informed.

16.3. Non-professionals may wish to give information in confidence and it is important to explain that every effort will be made to protect the source of the concerns, but it may be necessary to reveal this for the purpose of protecting the adult at risk, child or young person. It is never appropriate to conceal the identity of a professional referrer.

16.4. Self-referrers will need support to express themselves in an atmosphere where they are not made to feel responsible for any abuse that has occurred. Whatever the course of subsequent action, the staff member concerned should record the concern, the adult, child or young person's views and wishes, any immediate action taken and the reason for that action. This record should be kept on file. A note should also be logged on the Pyramid record of the adult at risk, child or young person which cross references information and reports held on file.

16.5. When logging information on Pyramid, Transform staff should give due consideration to issues of confidentiality around third party information. For example, information given by the adult, child or young person at risk should not be logged against the Pyramid record of any potential perpetrator (where the potential perpetrator is a Transform client) unless a decision has been made that the potential perpetrator should be privy to that information.

16.6. This initial conversation should be regarded as a source of evidence. It is important to listen and not ask leading questions which may suggest or invite any anticipated or acceptable answer, and to record the concerns precisely, as expressed by the adult at risk and referrer. This initial conversation may become the basis for a formal interview at a later date.

16.7. It is not the responsibility of the staff member at this time to carry out an investigation, or to come to any decision about guilt or innocence. The purpose of the initial discussion should be to gain enough information to decide whether abuse may have occurred. Staff should only ask the person sufficient questions in a safe setting as to establish whether an incident of abuse may have happened.

16.8. Under no circumstances should the member of staff confront the person allegedly responsible. No alleged perpetrator or potential witnesses should be given details of the allegation to ensure that contamination of evidence does not occur.

16.9. In summary, the responsibility of the staff member becoming aware of possible abuse is to:
- Contact the emergency services if there is immediate danger or a crime has taken place
- Report concerns to a manager
- Provide information (written and verbal)
- Provide support to the client
- Update client file as necessary and keep a log of all interventions in the reporting section on the P: Drive
- Ensure any forensic evidence is preserved
- Observe professional confidentiality
- Attend a case management meeting if required.

17. Preservation of evidence

17.1. Where a crime is suspected, then police must lead the criminal investigations, with the local authority's support, where appropriate. The police will always be responsible for the gathering and preservation of evidence, but other agencies who have the alleged crimes reported to them have an important role in ensuring that evidence is not lost.

18. Sexual assault

18.1. Where an allegation of serious sexual assault is reported, it must be reported immediately to the police in order to preserve any forensic evidence. It is important, if possible, not to allow the victim to use the toilet, wash, wash bedding or have a drink until the police have attended, in order that vital early evidence may be preserved.

18.2. Evidence may be gathered from the clothing worn at the time of the offence. The victim should not change their clothing if there is the slightest possibility that the clothing was worn at the time of the assault. Any clothing not worn by the victim but believed to have been worn at the time of the assault, should be retained for the police. Items of clothing or bedding which may hold DNA evidence should not be handled.

18.3. The scene of the assault will also need to be preserved for evidence. If it is clear where the assault took place and this is a room or premises, no one should be allowed in. If this is where the victim is, nothing should be touched or moved unless absolutely necessary.

19. Physical assault

19.1. If there has been physical assault, there may be physical evidence of the offence. Bruises, marks or other injuries may need to be examined and noted by a Police Forensic Medical Examiner for evidential purposes. Police should therefore be informed immediately and a trained Police photographer will photograph any injuries.

20. MISPER (Missing Persons Protocol) for young people

20.1. All staff should follow the Surrey County Council procedures (where we currently have services for under18s) for missing children **here,** which sets out Transform's responsibility to young people under 18 and care leavers over the age of 18. Some schemes may also wish to implement individual MISPER plans for more vulnerable clients. There is also additional guidance from Surrey Safeguarding Children's Partnership. This link sets out further **guidance** with regard to adults.

20.2. It is for the responsible local authority to decide whether further intervention is required as a result of the safeguarding alert and what that intervention may be. If the local authority believes that further action is required, they will normally arrange a strategy meeting to determine next steps and how any investigation may be carried out. It is recommended that the local manager supports the keyworker in attending these meetings.

20.3. Under the Care Act 2014 the local authority may require other agencies to undertake enquiries in many cases, a professional who already knows the individual may be the best person. They may be a social worker, a health worker or a housing support worker.

20.4. Therefore, the local authority may, on occasion, require Transform to carry out an enquiry, although the local authority retains the responsibility for ensuring that the enquiry is acted upon.

20.5. The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult, child or young person. If the local authority decides that Transform or another organisation should make the enquiry, then it needs to be clear about timescales, the need to know the outcome of the enquiry and what action will follow.

20.6. Whether or not Transform staff are carrying out the enquiry, there is a duty to cooperate with whatever action is put in place.

20.7. At all stages, staff must keep clear and accurate records, clearly stating what the facts are and what are the known opinions of professionals and others and differentiating between fact and opinion. It is vital that the views of the adult, child or young person who is the subject of the concerns are sought and recorded. These should include the outcomes that the adult, child or young person wants, such as feeling safe at home, access to community facilities, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system. Transform staff should ensure that a Trauma Informed Practice model is used when speaking to and supporting any child or young person.

21. Responsibilities to those who are alleged to have caused the harm

21.1. Those who are alleged to have abused someone have the right to be assumed innocent until the allegations against them are proved on the evidence. Whether they are a member of staff, a volunteer, a relative or a carer they have the right to be treated fairly and their confidentiality respected.

21.2. What information is shared with them, and when, will be decided at a strategy meeting or discussion which will be chaired by Social Services.

21.3. They have the right to know in broad terms what the allegations are that have been made against them, unless the police advise otherwise. They should be provided with appropriate support throughout the process.

21.4. If the person allegedly causing the harm is an adult at risk, they should be provided with appropriate support. If the person allegedly causing harm is a young person or has a mental disorder, including a learning disability, and they are interviewed at the police station, they are entitled to the support of an appropriate adult under the provisions of the Police and Criminal Evidence Act 1984 Code of Practice.

22. Raising a formal Safeguarding alert and making a referral

22.1. If you suspect abuse you should consult with a line manager on the same working day. The manager will decide whether to refer. The manager must ensure that an alert is raised in accordance with Multi-Agency Safeguarding arrangements of the relevant local authority. If the client has a care manager then they should also be consulted. Under no circumstances should the matter be left for the local manager to return to if they are away from the office. If they are absent, report the matter to their manager or another appropriate manager within Transform. If it is agreed that the alert should be raised this should be done within the same working day and the adult at risk, child or young person must be informed of this.

22.2. You must also, with the adult at risk, child or young person's consent, inform other professionals involved with them, for example, a psychiatric nurse, psychiatrist, etc. You should also ask the adult at risk, child or young person whether s/he wishes family/carers to be informed. If the adult at risk, child or young person is suffering from serious injury, medical attention must be sought at the local Accident & Emergency department. Otherwise the relevant Social Services team and the police are responsible for ensuring any medical

examinations take place. Staff should ensure there is a written log of all correspondence and decision-making.

22.3. Please refer to **Appendix 1** for the contact arrangements for the local authorities with which Transform works.

23. Preventing extremism and radicalisation

23.1. All staff should be aware of their duty to assess the risk of Individuals being drawn into terrorism including support for terrorism ideology and extremist ideas. We all need to be vigilant in ensuring the safety from extremist and terrorist material when accessing the internet.

23.2. The Prevent duty strategy requires that our staff are trained so that they have the necessary knowledge and confidence to identify young people at risk of being drawn into terrorism, to challenge extremist ideas and to know how to refer children and young people and young people for further help.

23.3. Transform's safeguarding training supplements the three **Home Office Prevent** eLearning packages.

23.4. Staff may also find the following website helpful: About - Educate Against Hate. The purpose of this website is to provide practical advice, support and resources to protect children from extremism and radicalisation.

Prevent Awareness
This offers an introduction to the Prevent duty and explains how it aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.
http://www.elearning.prevent.homeoffice.gov.uk

Prevent Referrals
This package builds on the Prevent awareness eLearning training. It is designed to make sure that when we share a concern that a vulnerable individual may be being radicalised, that the referral is robust, informed and with good intention, and that the response to that concern is considered, and proportionate.
https://www.elearning.prevent.homeoffice.gov.uk/preventreferrals

Channel Awareness
This training package is for anyone who may be asked to contribute to, sit on, or even run a Channel Panel. It is aimed at all levels, from a professional asked to input and attend for the first time, to a member of staff new to their role and organising a panel meeting.
https://www.elearning.prevent.homeoffice.gov.uk/channelawareness

23.5. We also take into account local authority Prevent duties. Surrey County Council's arrangements to fulfil its Prevent duties is available here.

24. Training

24.1. In addition all Transform staff are allocated a training matrix which is responsive to relevant changes in legislation, regulation or guidance defined by their role in the organisation. All staff working with vulnerable adults, young people or children will as a minimum complete the following training during their time at Transform, the training matrix sets out whether the

training is mandatory whether it is conducted in house or externally and the frequency/urgency of the training. Training records for all staff are kept by HR to ensure attendance of mandatory courses. Our training is informed by the definitions of abuse set out in section 7 and we Transform ensures staff are continually aware of the types of abuse and are constantly professionally curious to signs of behaviour.

Safeguarding Training

- Local Authority Safeguarding Training Intro and level 1-3 (Mandatory, level dependent on role)
- Dealing with Violence and Aggression (Mandatory)
- Safeguarding children and young people (to include gang membership, cuckooing, FGM, and county lines (Mandatory and forming part of all staffs inductions)
- Safeguarding Adults and Children (Mandatory)
- Child Sexual Exploitation (Mandatory)
- Prevent and Radicalisation (Mandatory and part of induction)
- Domestic Abuse
- ASIST Suicide
- Eating Disorders
- Self-Harm
- HIV Awareness

Skills-based training

- Professional Boundaries (Mandatory)
- Communication and Keywork Skills (Mandatory)
- Resilience for staff
- Resilience for Young People
- Handling difficult behaviour
- Mental Health Training (Mandatory and part of induction)
- Drug and Alcohol Awareness (Mandatory)

Governance and HR Training

- GDPR (Mandatory)
- Restorative Practice (Mandatory)
- Assessment and Support Planning

24.2   All staff receive regular supervision from an experienced manager which is recorded and filed, it is the manager's duty to ensure that the individual's training plan is kept up to date to ensure that staff fulfil the aims of the service and meet the changing needs of our clients. The training matrix and individual plans consider any relevant changes in legislation, regulation or guidance concerning the provision of Transform services.

24.3   All governors and trustees of Transform should receive appropriate, online safeguarding and child protection training at induction. This training should equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place at Transform are effective and support the delivery of a robust approach to safeguarding.

25. Safer recruitment

25.1. Transform complies with the Disclosure and Barring Service Code of Practice. All roles are assessed and enhanced DBS checks are completed for all staff lone working with our clients and those staff who's duties include access to or information about young people in line with legislation. Transform has separate polices with regard to recruitment of staff. Staff should refer to the **Recruitment and Selection Policy** for further details.

25.2. Transform understands that its ability to meet the diverse needs of the population it serves is improved by having a diverse workforce and we are committed to valuing diversity in our workforce. Transform aims to select the best candidate for vacant posts as they arise and strives to ensure that its recruitment and selection policy does not discriminate against applicant on any of the grounds laid out in its Equality and Diversity policy. No-one who applies for employment or any other contract with Transform will be treated more or less favourably than anyone else.

Criminal record disclosures

25.3. Transform will only require job applicants to apply for a DBS (criminal records) disclosure in relation to posts that involve a degree of risk, and the level of disclosure sought will be determined by the nature of the post. If a disclosure is to be obtained, the level of disclosure required will be stated in the information regarding terms and conditions sent to applicants.

25.4. All prospective staff who will be working directly with clients will be required to apply for an Enhanced DBS disclosure ensuring compliance with the Safeguarding Vulnerable Groups Act (2006)

25.5. If relevant to the post, all shortlisted applicants are asked to complete a Criminal Record Declaration form which they are asked to complete and seal in an envelope provided, and to bring this envelope with them when they attend their interview.

25.6. On arrival for their interview each applicant will be asked for the envelope which will be passed, unopened, to Transform's HR Manager.

25.7. Once all shortlisted candidates have been interviewed and scored, the Chair of the interview panel will notify the HR Manager of the name of the preferred candidate.

25.8. At this stage in conjunction with the HR Manager the envelope will be opened containing the Declaration for this person and consider the information provided regarding his / her criminal record, if any.

25.9. Transform operates a robust risk management approach if the decision is to employ staff / volunteers whose DBS shows traces. Transform ensures that no member of staff / volunteer / contractor is permitted to provide services to vulnerable adults or young people until all necessary checks and risk assessments have been undertaken and the results have been received and are satisfactory.

25.10. All applicants are required to provide two professional references, one from the last employer. After selecting the successful candidate both referees will be approached. On receipt of the references, they will be verified and signed off by two members of the interview panel. The successful candidate will not be offered a contract until Transform has received and verified both satisfactory references.

25.11. Transform is responsible for repeating checks periodically and ensuring that all staff maintain a valid DBS certificate. All managers appointed will be suitable qualified with a minimum of two years' experience of working with vulnerable adults or young people.

26. Lone Working

26.1. Transform recognises that where staff work alone there are potentially increased risks to clients as staff could use their position and the opportunity to exploit or abuse clients who are vulnerable to exploitation from others. Transform recognises that any member of staff lone working with clients is considered as a person in a position of trust (PiPOT). Transform has separate policies with regard to lone working. Staff should refer to the relevant policies

- Lone Working
- On Call safety guidance
- Work with clients
- Handling clients' money and issuing receipts
- Handling clients' money (Wokingham)

27. Maintaining Professional Boundaries

Manipulation & Boundaries

27.1. The keywork relationship is open to manipulation, especially with such vulnerable client groups. Staff should always remember that they are seen as figures of authority, and there may therefore be a tendency for familial patterns to emerge (e.g., parent-child) which inevitably involve some element of manipulation. If these potential difficulties are not avoided the client could be left in a more vulnerable position.

27.2. The keyworker may encounter some hostility e.g. when enforcing the conditions of the tenancy and should remember that is it is their role that is engendering hatred or hostility, not them.

27.3. Above all it is vital to establish appropriate boundaries with the client and to continually them during keywork. (This should be read in conjunction with the Code of Conduct Policy). The following guidelines should be met:

- Staff should maintain a professional relationship with clients at all times. The role may be one of staff being friendly and approachable to a client but is never one of being a friend.
- Staff must never develop personal, emotional or sexual relationships with clients.
- Staff must never socialise with clients e.g. go for a drink or to the cinema etc. (This does not include formal assistance within the agreed care package, e.g. attending an initial meeting at a social group with a client).
- Staff should not give personal information about themselves or their personal circumstances to clients.
- Staff should not lend money to clients, nor give or receive gifts.
- There should be no **inappropriate** physical contact between staff and clients. Where this is unavoidable e.g. a client takes hold of a member of staff's arm, the member of staff should extricate themselves as soon as possible.
- Staff should not collude with or promise to keep secrets for clients.
- Staff should use appropriate language at all times, should not use terms of endearment e.g. "love" or "dear" and should not swear or use offensive language with clients.
- Staff should wear clothing appropriate for the job, e.g. more formal if representing Transform with outside agencies or accompanying a client to court. Staff should never wear revealing

clothing as this can be perceived by the clients in a very different manner from the one intended.

- Staff should not give clients lifts in their cars when it is more appropriate for clients to use public transport.
- Residential staff must never invite clients into their accommodation.
- Staff should not maintain contact with clients after they have left Transform accommodation, unless it has been agreed that outreach support should be offered for a short period to help the client settle in their new accommodation.

Dependence

27.4. Dependence is a potential problem for the keyworker and client. It can develop from the best intentions and efforts. As a general rule, staff should not do something for the client when they are capable of doing it for themselves. Staff should encourage participation in even the most difficult tasks. The keyworker's role is to enable not disable.

27.5. It is important not to self-disclose or personalise things in keywork, even if one has direct experience of the problem. Whatever the keyworker discloses may be used against him/her. The keyworker will eventually move on and the client may be even more vulnerable if they have been dependent on that individual.

28. Mental health and well-being

28.1. Where people have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff receive appropriate education and training so that they are aware of how these experiences can impact on their mental health, behaviour and education of individuals in our care. If staff have a mental health concern about a client that is also a safeguarding concern, immediate action should be taken. Staff should speak immediately to the designated safeguarding lead or a deputy within their local service.

28.2. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff, however, are well placed to observe clients day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

28.3. Transform are committed to safeguarding the mental health and wellbeing of our staff. We encourage staff to use supervision and management support alongside resources that can be found on the well-being section on MILO and our Employee Assistance Programme.

29. Monitoring and review

Policy Review cycle

29.1. This policy is subject to a yearly review. Transform will undertake a formal review of this policy by no later than one year from the date shown above, or earlier, if significant changes and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

29.2. This policy will be subject to continuous monitoring, refinement and audit, in order to capture any additional local procedural changes.

Monitoring and reviewing Safeguarding Incidents

29.3. All reports of safeguarding issues, whether they are followed up by Adult Social Care or Children's services or not, must be noted on the local teams safeguarding log and on the company's safeguarding reporting folder on MILO. The Business Improvement team will monitor all reports made on a quarterly basis and compile comprehensive reports that will be shared with the Operational Management Team, The Senior Leadership Team and the Client Services and Performance Committee (Board). Record keeping must be compliant with the requirements of the Care Act 2014.

29.4. Quarterly and Annual Reports will include as a minimum the following:

- Total Number of safeguarding reports made in the quarter by each team
- Number of reports by type of abuse
- Number of reports by client group
- Number of reports by demographics, e.g. age, race, sexual orientation
- Number of reports closed
- Number of reports remaining open
- Reports requiring follow up action
- Any concerns with regard to safeguarding reports that require action and/or further training
- A trends analysis
- Any learning to be shared with the wider organisation or externally resulting from one or more reports

29.5. All managers will discuss any active cases with their line Manager and identify any learning, either to be shared internally and/or with other agencies. Any internal learning will be shared at the Operational Managers Meeting (OMM) and Senior Leadership Team (SLT) as appropriate.

30. Version Control

Date of Review	April 2021
Previous Policy	2018
Summary of changes	- Legislative Updates - New definitions under 'Types of Abuse' - Separation of Policy and Procedure - New procedures around online safeguarding, child exploitation and radicalisation - Guidance for groups which have heightened vulnerabilities. - Updated contact details and referral pathways for reporting safeguarding incidents. - Safeguarding checklists and guidance for staff on making a referral (see flowcharts in Appendix 3)
August 2022	- 2.1 Update to Legislation
	- 2.2 Update to Legislation

		-	3.11 Rewording
		-	3.15 Update to wording to bring up to date
		-	7.18 Peer on Peer removed, replaced with Child on Child
		-	7.26 As Above
		-	7.27 As Above
		-	7.28 As Above
		-	13.5 Added additional last sentence
		-	23.4 Additional website added " Educate against Hate"
		-	24.3 Reword