NHP
Living connected and fulfilling lives

The NHP Safeguarding Children and Adults Policy

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Approver	NHP Board of Trustees
Purpose and Description	The policy and related procedures describe the NHP's commitment to safeguarding and child/adult protection
Audience	✓ ☒ The NHP staff, volunteers and consultants ✓ ☒ The Local House Project staff ✓ ☒ Board of Trustees ✓ ☒ Partners ✓ ☒ Visitors ✓ ☒ Children, Young People and Adults
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1. Safeguarding Policy

1.1 Policy Statement

The National House Project's (NHP) vision is to create a world where 'young people in, and leaving care, live connected and fulfilling lives'. We will do all that we can to ensure that children, young people and adults' experience of our organisation is one that is free from any form of exploitation or abuse and that they feel respected, supported, and safe. We will not tolerate abuse in any form.

We have a duty of care towards those children and adults that engage with our services and activities, and it is NHP's policy to create and proactively maintain an environment that aims to prevent and deter any actions or omissions, whether deliberate or inadvertent, that places children or adults at the risk of any kind of abuse.

This policy applies to both children and adults as we work with them through our varied activities. The UK legal definition of a child is any person up to the age of 18 years. As NHP's remit includes working with young people leaving care we also need to have arrangements in place to protect any of those adults that might be at risk of harm and therefore our policy and procedure includes both child and adult protection.

NHP works to enable young people to transition successfully from care into their own home and it is important we recognise that when working to safeguard teenagers, we should aim to not only protect them but also prepare them for adulthood. This approach includes working in way that empowers them and promotes their resilience having regard to issues of transitional safeguarding (Appendix 1). Transitional Safeguarding is described as: 'An approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice, and which prepares young people for their adult lives' (Holmes and Smale, 2018).

NHP believes that:

- All children and adults have an equal right to protection from abuse and neglect, regardless of their age, ability, gender, disability, nationality, racial heritage, faith, sexual orientation, identity or any other additional vulnerability.
- The best interests of the child are paramount in all considerations about their welfare and protection, including when to maintain confidentiality and when to share information about them.
- The entire staff contingent, volunteers, consultants, trustees and visitors all have a role to play in safeguarding children and young adults.
- Concerns or allegations that NHP staff, volunteers, consultants, trustees or visitors have abused or neglected a child or adult will be managed sensitively and fairly in accordance with this policy, relevant legislation and local safeguarding arrangements.
- Working together with children, carers/parents and authorities is essential in promoting welfare and ensuring the protection of children and adults at risk. In some limited circumstances, it will not be appropriate to engage with carers/parents in order to protect a child or adult at risk.
- As part of working together, NHP expect the relevant authorities to act on our concerns. We will escalate our concerns, where necessary, in our efforts to be satisfied that our concern has been taken seriously and the child or adult at risk has been protected.

1.2 Purpose and Scope

NHP supports and advises local authorities in supporting children and young people in transition and works directly with children and young adults leaving care via Care Leavers National Movement. Consequently, NHP requires a safeguarding policy and procedures which safeguard those engaged in our activities and services.

The policy and the accompanying procedures are essential because they provide a clear process for all our staff, volunteers, trustees, consultants and visitors. This ensures that everyone is clear about their roles, responsibilities and expectations to protect children and adults at risk from harm. NHP's safeguarding policy and procedures must be followed alongside procedures, protocols and arrangements as detailed in local authority Multiagency Safeguarding Arrangements

1.3 Application

This policy and the associated code of conduct and procedures apply to NHP entire staff contingent, volunteers, trustees, consultants and visitors.

NHP requires that our partners, current or in future, share our commitment to safeguarding. We will expect them to demonstrate this to us by having their own safeguarding policy and procedures in place that are 'fit for purpose' before any partnership agreement is agreed or continued or, if they do not have their own safeguarding policy, to read and agree to this policy.

1.4 Breaches

The Chief Executive Officer (CEO) and Director of Practice are committed to taking all appropriate action, including learning and practice development for both the individual and the organisation, disciplinary, legal, or other action in response to any breaches of the Safeguarding Policy, Procedures and the Code of Conduct.

1.5 Our commitment to safeguard

NHP will fulfil its commitment to safeguarding by:

- Valuing, listening to and respecting children and adults in receipt of our activities and services.
- Ensuring suitable staff, volunteers and trustees are recruited to work with children or adults by adhering to our Safer Recruitment Policy.
- Providing effective management to NHP staff through induction, supervision, appraisal and support.
- Providing staff, volunteers and trustees with training appropriate to their safeguarding role and responsibilities.
- Establishing a safeguarding governance structure with assigned roles and responsibilities, including the identification of operational and strategic safeguarding leads and a lead trustee for safeguarding.
- Monitoring and regularly reviewing our safeguarding practice in order to draw out any lessons learnt or implications for policy and practice.
- Making this policy available to carers/parents, young people, adults and professionals via our website and alerting them to it if they have concerns and want to contact us
- Having a young person's safeguarding policy that is available to them on the website and in hard copy to Care Leavers National Movement members
- Recognise that each Local House Project works to their own Safeguarding arrangements.
- Ensuring that each contracted service provider either has their own safeguarding policy or agrees to abide by the NHP safeguarding policy.
- Reviewing our safeguarding policy, procedures, and code of conduct every two years or sooner if it is required due to legal changes or any learning from safeguarding incidents.

1.6 Terminology

For the purposes of this policy and procedures, the following terms and definitions apply:

Abuse: a form of maltreatment of a child or adult. Somebody may abuse or neglect a child or adult by inflicting harm, or by failing to act to prevent harm. Children or 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, or another child or children. They may be abused offline, online or a combination of both.

Adults at risk: all people over the age of 18 have the right to be safe and protected Care Act 2014 [England] Adult Support and Protection (Scotland) Act 2007). Some organisations are still using the term "vulnerable adult" however for the purpose of our work we will use the terminology 'adult at risk' as this focuses our attention on the risks that people face rather than any inherent vulnerability and is also in line with the terminology used in the Care Act 2014.

Child: Legally, a child includes babies, children and young people from pre-birth up to 18 years. The fact that a young person has reached the age of 18 (?), is living independently or is in further education, is in hospital or in custody does not change his/her entitlement to protection.

Child or adult protection: This is part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children or adults who are suffering, or at risk of suffering, significant harm. Different types of abuse (e.g. physical, emotional, sexual or neglect) may constitute significant harm.

Early identification and help: Statutory guidance[1] stresses the importance of children and adults having the opportunity of early help and support in order to avoid child or adult protection intervention at a later time. Early identification and help or intervention may consist of one or more professionals supporting a child, adult or family once an assessment of needs has been made.

Safeguarding and promoting the welfare of children: This means protecting children from maltreatment; preventing harm to children's health or development; ensuring children grow up with the provision of safe and effective care; and taking action to enable children to have the best outcomes.

1.7 Relevant NHP policies and procedures

Safeguarding and promoting the welfare of children and adults at risk is a broad concept. Other NHP policies and procedures which contribute to safeguarding should also be followed by those to whom they apply or when relevant:

Policy
Employee Handbook
Equality and Diversity
Safer recruitment and vetting
Lone Working
Whistleblowing
GDPR
Health and Safety
Bullying and Harassment
Complaints Procedure

1.8 Law and guidance

It is NHP's policy to ensure compliance with legislation and guidance, including local child welfare and protection legislation, which includes:

- UN Convention on the Rights of the Child 1991
- Data Protection Act 1998
- Children Act 1989 and 2004
- Care Act 2014
- Adult Support and Protection (Scotland) Act 2007
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- Protection of Freedoms Act 2012
- HM Government (2015) Working Together to Safeguard Children (2023)
- Counter Terrorism and Security Act 2015
- Female Genital Mutilation Act 2003
- Charity Commission regulations
- Serious Crime Act 2015
- National Guidance for Child Protection in Scotland 2014

2. Safeguarding governance arrangements

2.1 Roles and responsibilities

Whilst all staff, volunteers, trustees and consultants have a responsibility to identify and share safeguarding concerns, some staff hold additional responsibilities for safeguarding:

2.1.1 Group Board of Trustees

- Ensure safeguarding policies and procedures are in place and up to date.
- Ensure that there is ongoing monitoring and review to ensure that safeguards are being implemented and that controls in place are effective.
- Promote a culture and environment whereby all staff, volunteers, consultants, trustees and visitors are enabled to raise concerns and understand their safeguarding responsibilities.

[1] HM Government *(2023) Working Together to Safeguard Children*

- Nominate a Safeguarding Lead on the Board whose role is one of scrutiny and to support the Director of Practice in assessing and managing safeguarding risks

2.1.2 Director of Practice

The Director of Practice is accountable for the implementation of the safeguarding policies and procedures in NHP ensuring the:

- Provision of appropriate supervision and support for staff, volunteers and trustees.
- Development of a culture and environment whereby staff, volunteers and trustees are enabled to raise concerns and feel supported in their safeguarding role.
- CEO is informed of any risk or deficits in organisational safeguarding arrangements or practices. Escalation of any concerns in relation to the carrying out of safeguarding duties in individual LHPs
- Implementation of safer recruitment practices, including DBS vetting checks are in place and in operation for appointment of staff, volunteers and trustees engaged in regulated activity.
- Management of safeguarding allegations against staff, volunteers, trustees, consultants or visitors.
- Response to address a safeguarding concern about a child or adult is appropriate.
- Referral of cases of suspected abuse or allegations to children's social care and/or police or the equivalent authorities.
- Written records of referrals/concerns are accurate and are stored securely and shared appropriately.
- Individual case record, including the outcome, is maintained of any response and action taken by NHP.
- Provision of information and advice on safeguarding to staff, volunteers and trustees.
- Familiarisation with local and national safeguarding procedures and guidance and they are up to date with safeguarding legislation.
- CEO is updated, as appropriate, about any action taken and any further response required where there have been allegations about a staff member/volunteer/consultant or visitor.
- Contracted service providers and partners are compliant with their own safeguarding policy and procedures.
- Local House Projects comply with safeguarding policies and procedures in their respective local authority.

2.1.3 CEO

- Identify and be accountable for a robust system to quality assure and monitor compliance with safeguarding requirements in partner organisations.
- Ensure the safeguarding policy and procedures are reviewed as required and updated when necessary.
- Ensure communication of lessons learned throughout NHP, Local House Projects and any contracted service providers, with the ultimate objective of preventing reoccurrence of any safeguarding incidents.
- Ensure that safeguarding is integrated into all contractual arrangements with programme providers.
- Alert the DBS in cases where a person is dismissed or left NHP due to the harm or risk of harm they present to children or young adults.

3. Code of Conduct

3.1 Purpose

This code of conduct outlines the behaviour expected of all NHP staff, volunteers, trustees, consultants and visitors. The code will serve to protect children and adults from harm. It will help everyone to maintain appropriate standards of behaviour and reduce the possibility of allegations of abuse being made against them.

Staff, volunteers, consultants, trustees and visitors may be regarded as role models by children and young adults and therefore must always behave in an appropriate manner by upholding the NHP code of conduct. They should also be mindful that their behaviour should reflect the spirit of the code of conduct in their personal life too. Staff, volunteers, trustees, consultants and visitors should not behave in a way that would undermine the reputation of NHP be it in a professional or personal capacity.

3.2 The Code of Conduct

Note: The code of conduct applies to all those who deliver our services or activities. You must

- Treat everyone equally, respectfully, with warmth and empathy, and listen to their wishes and feelings.
- Behave in a calm, positive, supportive, and encouraging way.
- Value and take the contributions of everyone seriously, actively involving them in planning activities wherever possible.
- Ensure you report any suspicions, concerns, allegations, or disclosures made by a child or adult, including any made against you, to the Director of Practice. This includes any suspicions about 'grooming' behaviour (on and offline) of an adult deliberately befriending a child with the intention of sexually or criminally exploiting them. You must report such concerns and allegations via the safeguarding procedures, and a decision will be made as to the next course of action.
- Ensure that the focus of your relationship with a child or young person (including their family in some cases) who you have met through NHP always remains professional.
- When individual staff are involved in activities with just one young person ensure that the lone working policy is applied in the planning process.
- Ensure that if you are spending time alone with a child/ren/young person in the execution of your duties, or if as a member of staff or volunteer a child specifically asks for or needs one to one time with you, that other staff know where you and the child/ren/young person will be and the purpose of this meeting.
- Respect an individual's right to personal privacy but never agree to keep any information relating to the harm of an individual confidential.
- Ensure that dangerous or otherwise unacceptable behaviour, including bullying or initiation ceremonies are challenged and addressed.
- Be aware that anyone you work with can develop infatuations (crushes) towards adults working with them. If this is happening, you should tell your line manager and then respond to the situation in a way that maintains the dignity of all concerned.
- Ensure that if a child or young person needs physical comfort that this is done in a way that is both age appropriate and respectful of their personal space. Physical contact should be limited to a hug or touch of the arm/hand.

3.2.1 You must not:

- Conduct a sexual relationship with a child or young person or indulge in any form of sexual contact regardless of the age of consent. This would constitute a breach of a position of trust and is never acceptable even if the child is aged 16 years or above and can legally consent to a sexual relationship in the UK.
- Engage in derogatory insensitive, or sexually suggestive comments or gestures.
- Engage in or allow any sexually provocative games
- Show favouritism or gossip about children.
- Rely on your reputation, position, or the organisation to protect you.
- Undertake any work under the influence of alcohol or drugs.
- Discuss your own / sexual relationships or sensitive personal matters in front of young people
- Use any type of physical punishment. Shouting at children should always be avoided.
- Do things of a personal nature that the child can do for themselves.
- Steal, or condone someone else's stealing, regardless of the value the stolen item.
- Photograph or film children for which no prior consent has been sought.
- Broadcast or show any audio and/or visual material (CDs, DVDs, videos, photos, films, computer or games etc.) that has inappropriate content for children.
- Invite, or allow a child whom you have met through your work to your home
- Arrange to meet a child outside of your role for NHP.
- Stay alone overnight with children benefiting from NHP activities unless vetted to provide supervision for children overnight.
- Share a bedroom or a bed with a child with whom you are caring for, working with or visiting.

3.3 Communication with children and young people

The following sections of the code of conduct are about expected behaviour when communicating with children and young people via phones, mobile devices, email, texts, social media and apps:

The focus of the work of the House Project is to build meaningful and lasting relationships. Communication therefore between staff volunteers and trustees will be long lasting and enduring.

There is a wide range of ways to communicate with children and young people, and this is a rapidly changing environment as new technologies, applications and social media sites emerge. No code of conduct for online child safety can cover all these separately. However, there are broad principles that we expect all staff, volunteers and trustees to adhere to safeguard children, young people and themselves in respect of using all these forms of communication, media, mobile devices, apps and social networking sites:

3.3.1 You must:

- When communicating with children and young people observe the same rules of behaviour as if speaking with them in person that is by being professional - polite, respectful, not swearing or saying anything (using the written word, images or icons) that could be regarded as sexual innuendo, bullying or discrimination.
- Ask yourself whether the content of the message could be misunderstood or misinterpreted by someone else.
- Always ensure the content of any communication has a clear work purpose.
- Contacting children is only done for NHP work purposes only and is transparent and can be visible to other NHP staff either at the time or by review.
- Always communicate with children and young people in a way that is open to others to see if necessary.
- Ensure there is always a record of such conversations that would be open to others to check if necessary and that these are not edited or deleted.
- Only use social media and apps where there is a permanent record of what's been said and sent thereby being open to scrutiny e.g. Snapchat must not be used
- The decision to use social media platforms such as Facebook should not be made by any staff in isolation and should be discussed and agreed with the relevant line manager.
- Children and young people's mobile phone numbers should be kept secure via passcode locks on phones and computers. The mobile phone numbers should not be shared with anyone else and should only be used for the purposes of NHP work.
- The content should relate solely to NHP activity and must be open to scrutiny
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- 3.3.2 You must not:
- Disclose non-public and confidential information about NHP, its staff/volunteers/trustees or the children with whom we are working.
- Upload or post any defamatory, obscene, abusive or harmful content and use the safeguarding procedures if you observe another member of staff or volunteer doing this.
- Engage in the exchange of self-generated sexual images known as 'sexting'.
- Use NHP or any other IT equipment (including computers, laptops, mobile phones, notebooks, etc.) to view, download, create or share (with colleagues or children) illegal content including abusive images of children.
- Ask to become an online friend/contact of a child and young person or add/allow a child or young person to join your contacts/friends list on personal social networking site.
- Seek to befriend a child or their family online whom you have met through work for the purpose of developing a personal and/or sexual relationship.

3.4 Upholding the Code of Conduct

Staff who breach this Code of Conduct may be subject to NHP's disciplinary procedures. Any breach involving volunteers/trustees or others may result in them being asked to leave NHP.

Serious breaches will result in a referral being made to a statutory authority i.e., the police or children's/adult's social care.

Staff, volunteers, consultants, trustees and visitors should report any breaches of the code of conduct to a manager, designated safeguarding officer or designated safeguarding lead within one working day. In the case of concerns about the Director of Practice, Director of Partnerships, CEO or trustee:

- Concerns about Director of Practice and Director of Partnerships - report to the CEO
- Concerns about the CEO - report to Chair of the Board
- Concerns re board member - report to Chair of the Board
- Concerns re Chair of the Board - report to the CEO

CEO or Chair of the Board will determine what action to take which might include learning and development for the individual and/or organisation, initiating the allegations management procedure and/or disciplinary procedure or performance management.

4. Definitions and indicators of abuse and neglect

There are a number of different types of abuse although in reality more than one type of abuse may be occurring simultaneously or sequentially. Appendices 2-6 contain the following information to supplement these procedures:

- statutory definitions - Appendix 2
- indicators of different types of child and adult abuse - Appendices 2 and 3
- grooming behaviour – Appendix 4
- additional guidance on children & young people abused in specific circumstances - appendix 5
- details about the barriers to telling and listening - Appendix 6

4.1 Historic allegations of abuse.

Any disclosure or concerns that relate to abuse, whether involving anyone working at NHP or outside of it, must be taken seriously and acted upon in line with the procedures outlined in Sections 5 and 7. Often victims of abuse take many years to come forward due to shame and a fear of being disbelieved however the alleged perpetrator may remain a risk to others and therefore all non-recent historic allegations have to be examined. NHP will work in partnership with local authorities and/or the police in such cases.

5. Procedures – what to do if you have concerns about child or adult abuse

5.1 Principles of the Procedures

The '5Rs' underpin NHP reporting procedures, they are:

- **Recognise** concerns that a child or adult is being harmed or might be at risk of harm.
- **Respond** appropriately to a child or adult who is telling you what is happening to them.
- **Refer** the concerns, if appropriate, to children or adult social care or the police.
- **Record** the concerns appropriately and any subsequent action taken; ensure there is no delay in passing on concerns. Timescales are in place to ensure that matters are resolved in a timely way, but these are the maximum allowed, and nothing should prevent a more speedy response if this is required.
- **Resolution** and escalation – NHP have a responsibility to ensure that it follows up referrals made and take further action if it considers appropriate protective action has not been taken.

A concern about the safety of a child, young person or adult might arise as a result of:

- A child or adult saying that s/he is being abused or telling you about an experience or event that has happened to them that you think would be harmful (this is sometimes referred to as a 'disclosure') This may be a current concern or an historical concern.
- Signs or indicators of abuse or neglect.
- Somebody saying either face to face or by any other means of communication, that a child or adult is being harmed or is at risk of harm.
- The behaviour of an adult towards a child gives cause for concern or vice versa.

5.2 Responding to a child or adult protection (emergency).

In an emergency situation where a child or adult has been seriously hurt or is at imminent risk of harm, staff/volunteers/trustees/ consultants must:

- Ring 999 and ask for the emergency service required - police and/or ambulance.
- Inform the Director of Practice immediately after taking this action.
- If the Director of Practice is not present, then inform the CEO.
- Complete the Safeguarding concerns report form – see Appendix 7.
- Seek support from the Director of Practice or CEO if required.

5.3 Responding to a child or adult protection concern (non-emergency).

If you identify a safeguarding concern where a child is not at risk of imminent harm, you must:

- Consult immediately with the Director of Practice (or the CEO if the Director of Practice is unavailable).
- Make a careful record of what was said and done using the safeguarding concerns form (Appendix 7) and pass this on to the Director of Practice as soon as possible and within 24 hours.
- The Director of Practice will determine what action is needed (i.e., no action, monitoring the situation or a referral out to child or adult social care or the police). Whatever decision is taken, s/he must record it on the safeguarding concerns form and safeguarding recording log (Appendix 7 and 8) with a rationale even if no further action is to be taken. A decision to take no further action, monitor or defer a decision is as serious as a decision to make a referral.
- The Director of Practice must consider if consent is required to share the concern with the statutory agencies from either the adult at risk the parents/carers of the child, or the local authority.
- The Director of Practice may consult with the CEO if s/he is unsure how to proceed with the concern or any aspects of information sharing.
- Any referrals to statutory services must be made by the Director of Practice unless it is an emergency or the Director of Practice considers it more appropriate for the staff member to make the referral and report back.
- Any referrals to statutory services must be followed up in writing within 48 hours and feedback received/sought within 3 working days of having made the referral to check what action is being taken. It is the responsibility of the Director of Practice to do this.
- Each local authority has a process for receiving referrals and so NHP must use the relevant process in their area. Staff (normally the Director of Practice) must complete the local authority's referral form when making a formal referral about child or adult protection.

See Appendix 11a for flow chart of the process.

5.4 Escalation

If, after reporting on a concern, it is evident that the local authority has not taken appropriate next steps, then the Director of Practice must discuss this with the CEO and determine if the matter needs escalating within the local authority. The Local Authority will have specific arrangements that will need to be followed in such instances where escalation is warranted. A record of any decisions and outcomes must be kept by the Director of Practice or CEO.

5.5 Responding to a direct disclosure of abuse

Sometimes a child or adult will make a direct disclosure about their experience of abuse, the following guidelines should be followed when responding to this situation:

Do:

- Be accessible and receptive.
- Listen carefully.
- Take it seriously.
- Reassure him/her that he/she was right to tell.
- Explain what will happen next.

Do not:

- React strongly – for instance saying, 'that's terrible'.
- Jump to conclusions especially about the abuser.
- Tell him/her you will keep this a secret.
- Ask leading questions.
- Make promises you cannot keep.
- Stop him/her from speaking freely.
- Tell him/her to stop talking so that you can fetch the Director of Practice.

If a child or young adult indicates either through what is said or their behaviour that s/he has concerns or a problem but is unwilling to discuss it with a member of NHP or LHP staff, LA staff or volunteer we should inform the young person of any actions if we are concerned enough to escalate the matter. Record the action taken on the safeguarding concerns form and pass it on to the Director of Practice within 24 hours.

It is important that staff/ volunteers/consultants recognise that the cultural norms of some people are incompatible with UK laws and values. Such behaviour, which is not exhaustive, might include attitudes

toward: female genital mutilation, spiritual beliefs/possession, private fostering, forced marriage and "honour-based" violence. NHP staff /volunteers/trustees/consultants must always report concerns and never make the decision not to report such issues in the belief that they are protecting the person's cultural or religious beliefs or through fear that their action might be interpreted as being prejudiced.

5.6 Information Sharing and Confidentiality

Information sharing can be a complex area within the safeguarding arena. The following guidelines should be adhered to:

- Ideally information should be shared where there is consent for so doing.
- Data Protection legislation is not a barrier to sharing information about safeguarding.
- Be open and honest about what you will do with the information.
- Seek advice from appropriate professionals.
- Share with consent but don't let 'no consent' prevent sharing.
- Always consider the safety of the child or adult at risk (for instance would telling a child's carer/parents immediately put that child at further risk?)
- Ensure what is shared is necessary, proportionate, relevant, accurate, timely and secure.
- Keep a record of what information has been shared
- Director of Practice or CEO is to maintain the safeguarding recording log. The log is confidential to the Director of Practice and CEO and others that they identify but this should be on a genuine 'need to know' basis.

All staff, volunteers and trustees must be aware that they have a professional duty to share information with other agencies in order to safeguard children and adults at risk. The public interest in safeguarding children and adults at risk may override confidentiality interests. Information will be shared on a need-to-know basis only, as judged by the Director of Practice and CEO. All staff/volunteers/trustees/ contractors must be aware that they cannot promise any child or adult that they will keep information confidential when it concerns safeguarding.

In the case of child protection, it is best practice to get consent to share information if possible and as long as it will not increase the risk of harm to the child. In most instances parents/carers and the child depending on his/her age should be informed that you are making a safeguarding referral to children's social care unless to do so might put a child or adult in further danger, where you suspect the carers/parents may be directly harming the child or where it might put you in danger. If anyone is unsure about this, they should speak to the Director of Practice or have a conversation with the Local Authority who has responsibility for the individual to seek further advice.

In the case of adult protection, it is normally necessary to gain consent from the adult to share information. There are exceptions to this in certain circumstances. For example:

- Where you have concerns that the adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests.
- 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 legal concept. It is the ability at that 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 Mental Capacity Act 2005 sets out how to assess for capacity and make a 'best interest' decision. This is a specialist task to be done by a specialist in adult social care work.

5.7 The need for support services.

Where the Director of Practice assesses that a young person is in need of support services (e.g. for additional support in education, physical or mental health) rather than a need for protection they should speak to the Project staff and record action taken,.

6. Safeguarding in the Online Environment

There is increasing concern about the distribution of abusive images of children via the internet. Such images should not be referred to as 'child pornography' rather, they are permanent records of children being sexually exploited and as such should be referred to as 'child sexual abuse images'.

What to do if a member of staff/consultant/trustees/volunteer is inadvertently exposed to child sexual abuse images of children whilst using the internet:

- The URLs (webpage addresses) which contain the suspect images should be reported to the Internet Watch Foundation via www.iwf.org.uk –staff /volunteers/trustees/consultants should refer to the Director of Practice who will carry out the report. This is to avoid duplication – a key principle is that NHP must avoid sending copies of the images to the Internet Watch Foundation.
- Any copies that exist of the image, should be shared with the police and then deleted **What to do if abusive images of children are found on devices:**

The Director of Practice is authorised to deal with this issue, unless it concerns his/her behaviour in which case the responsibility rests with the CEO.

The following actions will be carried out:

- Staff/ volunteers/trustees/consultants must report what they have found to the Director of Practice within 24 hours.
- The URLs (webpage addresses) which contain the suspect images should be reported on to the Internet Watch Foundation via www.iwf.org.uk by the Director. You must avoid sending copies of the images to the Internet Watch Foundation.
- The police should be informed and the safeguarding concerns form (Appendix 7) completed.
- If any copies of images need to be stored at the request of the police, then they should be stored securely where no one else has access to them.
- All other copies must be deleted.

What to do if a member of staff/volunteer/trustee/consultant is found in possession of child sexual abuse images on any electronic device provided by NHP:

- The Director of Practice is responsible for dealing with such matters.
- Contact the police regarding the images. If there is a doubt about whether the images are criminal, then a discussion will take place with the police regarding the best way for them to receive copies to determine whether they are criminal or not.
- Discuss with the police what to do about the device that the images are on.
- Quarantine the device in question and discuss with the police about checking for any other images on that device or any others.
- Follow the management of allegations (Section 7) procedures including an initial discussion with the police to consider temporary suspension of the member of staff/volunteer/trustee/consultant pending investigation.

If a child discloses that they are being groomed/abused by someone online:

- Follow the procedures as outlined in Section 5 of these procedures. The Director of Practice should contact the child's local authority safeguarding team and the police. Advice and a report can also be made to CEOP which is a specialist police command dealing with inappropriate online behaviour (see Appendix 9 for the contact details).
- If the adult committing grooming is a staff member/volunteer/consultant then follow the safeguarding allegations procedures (Section 7).

7. Procedures – safeguarding allegations against staff, volunteers, trustees or consultants

7.1 The aims of these procedures are to ensure that:

- Children and adults at risk are protected and supported following an allegation that they may have been abused by an adult working for or on behalf of NHP
- There is a fair, consistent and robust response to any safeguarding allegation made including those that are historical

- An appropriate level of investigation into concerns or allegations, whether they are said to have taken place recently, at any time the person in question has been employed by/volunteered with NHP, or prior to the person's involvement with NHP
- NHP continues to fulfil its responsibilities to support members of staff/volunteers/trustees/consultants who may be subject to such investigations.

7.2 Definition of a safeguarding allegation

Where a person has:

a) behaved in a way that has harmed a child/adult, may have harmed a child/adult or might lead to a child/adult being harmed

b) possibly committed or is planning to commit a criminal offence against a child/adult or related to a child/adult, or

c) behaved towards a child/adult in a way that indicates s/he is or would be unsuitable to work with children/adults.

The allegation may:

- involve a child/ren, or adult(s) or both
- not directly have a 'known child' victim. For example, if a staff member is accessing abusive images of children online or using the internet to groom children with the intent to harm in future
- be about any type of abuse
- concern a breach of NHP's safeguarding code of conduct;
- relate to a staff member, volunteer or trustee who has left NHP (known as a 'historical non recent allegation')
- concern a son or daughter of a staff member /volunteer/consultant

A safeguarding allegation may arise when:

- a child or parent/carer makes a direct allegation against a staff member, volunteer, trustee or consultant an employee/volunteer/trustee/consultant directly observes behaviour that is cause for concern
- NHP receives a safeguarding allegation from a person, including a member of the public or professional
- in the course of another internal procedure, for example a disciplinary or complaint
- NHP is informed by the police or local authority or another organisation that an individual is the subject of a child protection and/or criminal investigation
- information emerging from the 3-year renewal of a DBS check that a staff member or volunteer may have committed an offence or been involved in an activity that could compromise the safety of a child/ren or adult(s) at risk
- a staff member/ volunteer/trustee/consultant informs NHP that they have been the subject of allegations, have actually harmed a child/adult, or committed an offence against or related to a child/adult at risk

The managing safeguarding allegations procedure must be followed consistently in all instances, regardless of how the safeguarding allegation arises or from whom, or whether it is shared with NHP by email, face-to-face contact, social networking, telephone or letter.

If a member of staff /volunteer/trustee/consultant is concerned about the behaviour of another staff member/volunteer/trustee/consultant then s/he should not worry about the confidentiality of this information. If you are mistaken it is better to discuss it and enable a proper investigation and assessment to happen than not report it at all. Do not:

- Ignore concerns
- Confront the person
- Discuss the matter with other members of staff/volunteers/trustees/consultants outside of those identified in this procedure

7.3 What to do if a safeguarding allegation is made

The person who has or receives a safeguarding allegation must make a note of the basic details of the allegation using the safeguarding concerns form (Appendix 7), to include:

- name of the individual who the allegation is about and any other identifying information, including location
- name of any child/adult involved
- date and time of the allegation arising
- name and contact details of the person making the allegation
- key information about the nature of the safeguarding allegation

The person should inform the Director of Practice or CEO if the Director of Practice is not available. This should be done within this same working day of the allegation coming to light. If the concern is about the Director of Practice the Director of Partnerships the CEO must be informed.

If it is considered that a child or adult is at risk of immediate harm, or needs emergency medical attention, the emergency services must be contacted immediately and the carers/parents of the child/adult told that immediate steps are being taken to get help.

If the Director of Practice considers that the allegation is a safeguarding concern requiring action, then s/he will alert the CEO within 24 hours. If the CEO is not available, the Chair of the Board will be alerted.

7.4 Initial considerations about managing a safeguarding allegation

The Director of Practice will oversee the management of all allegations and hold accountability for them.

The Director of Practice and CEO are responsible for agreeing an initial plan of how to proceed with managing the allegation. They need to agree that the information before them is a safeguarding allegation. The safeguarding allegation may be in respect of the person's employment, voluntary activity or behaviour towards any other children including their own.

If, after the initial consideration, the Director of Practice and CEO do not consider the matter constitutes a safeguarding allegation then they must decide if an internal investigation is required to determine if the behaviour/incident was related to poor practice or misconduct. The performance or disciplinary process must then be followed. All decisions and the reasons for them, including there being no need to take safeguarding action, must be recorded and kept on the individual's file.

If confirmed as a safeguarding allegation, the Director of Practice and CEO must agree an initial plan within one working day. They should consider:

- the immediate safety of any relevant child/ren or adults involved, for example those that are the subject of the safeguarding allegation or other children or adults that the individual has contact with through work or family
- what information to share with the individual who is the subject of the safeguarding allegation and with any other known employer of the individual, and when to do so
- whether any immediate decision has to be taken about suspension of the individual subject to allegation, pending further enquiries and/or investigation
- delegation of particular tasks to the Director of Practice
- if any records need to be secured or 'locked down, or any equipment removed from the individual who is the subject of the concern
- whether the criteria is met for referral to the local authority and/or the police
- what further information may be required for clarification
- identifying who else is aware of the safeguarding allegation and who has been spoken to
- whether any advice should be sought from the local authority
- arrangements to support the person who is the subject of the safeguarding allegation, the person who raised the allegation and the alleged victim

In addition, there may need to be a plan around the management of information including:

- who needs to know and what information can be shared (including the Safeguarding Trustee so that they can fulfil their role and the wider Trustee group if the allegation becomes known via the media/press)
- how to manage speculation, leaks and gossip
- what, if any, information can reasonably be given to reduce speculation
- how to manage press interest if, and when, it might arise

In the event that a safeguarding allegation is made against:

- the Director of Practice - the CEO will manage the allegation process

- the Director of Partnerships - the CEO will manage the allegation process
- the CEO - the Chair of the Board will manage the allegation with the support of a safeguarding ad\visor
- a Trustee - the CEO will manage the allegation

If it is agreed that the safeguarding allegation meets one or more of the criteria listed in 7.2 then the Director of Practice or CEO must make a referral within one working day to:

- the Designated Officer in the local authority (where the child lives) if the allegation is about behaviour towards a specific child or adult.
- the Designated Officer in the local authority where the staff member/volunteer or consultant lives if the allegation is about behaviour but with no identifiable victim
- local authority adult social care if the allegation is about behaviour toward an adult at risk.

Some safeguarding allegations are clearly so serious that they require immediate referral to the local authority/police. Other allegations that appear to meet the criteria may seem less serious; however, it is important that they are followed up and examined objectively by the external authorities who may hold other relevant information about the individual that is unknown to.

If the allegation is considered to meet the criteria for referral, then the safety and welfare of any child/ren or adult at risk is of the utmost importance, and any child or adult protection investigation and/or police investigation must take priority over any internal NHP procedures.

All decisions and the evidence upon which they are based must be recorded.

7.5 Action required of the Director of Practice and CEO following initial consideration

Where the allegation meets the criteria, the Director of Practice or CEO will make the referral to the appropriate local authority department to discuss and agree the next steps, including informing carers/parents of the child concerned (if applicable) about the allegation if they are not already aware of it.

The Designated Officer in the local authority (or equivalent in adult social care) will:

- discuss the allegation and obtain further details of the allegation and the circumstances in which it was made.
- discuss whether there is evidence/information that establishes the allegation is false or unfounded.
- convene a strategy discussion within procedural timelines in order to plan any police investigation and/or protective action in respect of the child or adult if there is cause to suspect a child or adult is suffering or likely to suffer significant harm, and/or a criminal offence may have been committed.

As an employer, NHP should expect to be invited to join this discussion alongside other relevant professionals, including the police and children's or adult social care. The Director of Practice and/or CEO would be NHP representative in this case.

The member of staff/volunteer/trustee/consultant subject to the allegation should be informed as soon as possible that an allegation has been made. However, where a strategy discussion is required with the authorities, or it is clear that the police or children's or adult social care may need to be involved, information about the allegation should not be shared until those agencies have agreed what information can be disclosed to the person who is the subject of the allegation.

When a strategy discussion takes place, the Director of Practice or CEO should share all relevant information about the allegation, the child/ren/adult and the person who is the subject of the allegation.

If there is reason to suspect that a criminal offence may have been committed, the police will be involved in making enquiries. NHP is expected to cooperate fully with any police or child/adult protection investigation.

The possible risk of harm to other child/ren or adult(s) at risk must be effectively evaluated and managed in respect of any child/ren involved in the allegations, and any other children or adults at risk in the individual's home, work or community life. In some cases, this will require NHP to suspend the employee who is the subject of the allegation or cease to use the services of a volunteer consultant on a temporary basis.

The act of suspension does not indicate a person's guilt. An individual must not be suspended automatically when there has been an allegation or without careful thought. Suspension should be considered in any case where:

- there is cause to suspect a child or adult is at risk of significant harm

- or, the allegation warrants investigation by the police
- or, is so serious that it might be grounds for dismissal
- or, there are concerns that the person about whom the allegations are made may put pressure on or interfere with potential witnesses.

The power to suspend the accused member of staff or dispense with the services of the volunteer is vested in the employer alone. However, in making these decisions the CEO in consultation with the Director of Practice or will need to take into consideration the views of the police and the local authority.

The Director of Practice will be responsible for deciding how and when to feedback to the person who made or received the allegation, and what information to give to others who may know the accused individual concerned.

The Director of Practice will always advise the CEO about the allegation and its management.

See Appendix 11b.

7.6 Action following the conclusion of the investigative process

At the conclusion of any external investigations, the Director of Practice in conjunction with the CEO and the Designated Officer in the local authority (or equivalent in adult social care) will formally review the outcome and determine any further action required. The range of options open will depend on the circumstances of the case and will need to take into account the result of any police investigation or trial, any investigations in respect of the child or adult's safety, as well as the different standard of proof required in disciplinary and criminal proceedings. Options include:

- reintegration of the staff member or volunteer or consultant.
- invoking the performance management processes.
- invoking the disciplinary process.
- alerting other known employers of the individual concerned (advice may need to be sought from either the designated officer, Police
- referral to the Disclosure and Barring Service (DBS) for consideration to bar the person from working with children and/or adults.

The following definitions should be used when recording the outcome of allegation:

- Substantiated: there is sufficient evidence to prove the allegation.
- False: there is sufficient evidence to disprove the allegation.
- Malicious: there is sufficient evidence to disprove the allegation and that there has been a deliberate act to deceive.
- Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

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

- the individual refuses to cooperate, although s/he should be given a full opportunity to answer the allegation and make representations.
- it is difficult to reach a conclusion.
- the employee has resigned or the volunteer/ withdraws his/her services.
- the person is deceased.

NHP never agrees to the use of a 'settlement agreement' with an employee where the employee subject to the allegation agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in future references. Nor can it be used to override NHP's duty to make a referral to the DBS where they meet the criteria for consideration to bar them from working with children and/or adults.

The CEO must determine who needs feedback following the conclusion of any investigations and the nature and timing of that feedback in accordance with the principles of data protection and confidentiality. This might include feedback to the child/adult, his/her parents/carers, and/or the person who raised the concern initially and the line manager of the employee or volunteer.

If an allegation is determined to be false or malicious, the Director of Practice in conjunction with the CEO, must consider if any further action is required which includes:

- if the safeguarding allegation was made by a child then there is a need to consider if a referral to children's social care is required to determine if that child is in need of services, or may have been abused by someone else; and/or
- if the safeguarding allegation was deliberately invented or malicious by another adult then consideration should be given to discussing this with the police;
- whether disciplinary action is required;
- the support needs of the person that was the subject of the safeguarding allegation
- the support needs of an adult survivor of historical abuse.

At the end of the process of managing an allegation and its conclusions, the Director of Practice is responsible for the identification of any lessons learned from the operation of this procedure, the actions taken, and the support offered. This learning should feed into policy and procedural revisions and any plans for safeguarding training.

The Director of Practice must provide written feedback to the person who has been subject to the investigation, clarifying the final outcome and any implications for their employment/volunteering. This must be provided within five working days of the conclusion of the investigation.

7.7 Support

As an employer NHP has a duty of care to its employees and will therefore act to manage and minimise the stress inherent in the allegations process. In managing any allegation there is a need for the Director of Practice to consider the support needs of individuals involved. The support they require depends on the circumstances of the case and will have to be negotiated and agreed on a case-by-case basis. Support may include responding to the impacts of shock, anger or being a suicide risk, for example. It may include support for the:

- person who raised the concern at the outset
- person who is the subject of the allegation
- child/carers/parents, if applicable, where harm was alleged against a particular child.

The Director of Practice is responsible for ensuring that the employee/volunteer/consultant who is subject of the allegation is:

- informed of the allegation against them (once agreed by the local authority/police), notified of the processes that will follow, and signposted support should they require it
- kept up to date about any progress in relation to their case
- advised to contact their union or professional association at the outset
- kept up to date about what is happening in the workplace in cases where the employee or volunteer is suspended or NHP cease to use his/her services as a volunteer or consultant. This is to enable their reintegration should they return to work.
- sent correspondence confirming all of the above including the arrangements for support.

7.8 Referral to the Disclosure and Barring Service (DBS), the Charities Commission and the Professional Regulatory Body

Once the final outcome of the allegation management process is concluded, the following actions must be considered by the Director of Practice in conjunction with the CEO and the Designated Officer (or equivalent):

- Where an employee or volunteer or consultant is engaged in providing 'regulated activity' (see DBS website) then the issue of whether they are allowed to continue in this role must be considered by NHP depending on the outcome of the any enquires. If it is concluded that the person should no longer be engaged in regulated activity, then there is a legal requirement for NHP to refer the person to the DBS for consideration to bar the person from working with children and/or adults at risk. The referral process is outlined on the DBS website, and they can be contacted for advice (Appendix 9) if there is uncertainty as to what to do.
- Where an employee or volunteer or consultant is registered with a professional body (e.g. Social Work England), the issue of referral of the employee or volunteer to the professional regulatory body must be considered.
- The Charities Commission require notification of suspicions, allegations and incidents of abuse or mistreatment of 'vulnerable beneficiaries'. Therefore, the Director of Practice in conjunction with the CEO will need to consider if such notification is required and take the necessary steps. The Trustee

with a safeguarding lead will be consulted and any decisions and agreed actions formally recorded. The Chair of the Board will be informed of this decision.

The actions outlined in the preceding paragraph must be considered even if the person has resigned or the volunteering activity has ceased, or the person is deceased. A record of all decisions and actions must also be recorded using the safeguarding recording log (Appendix 8).

7.9 References

Cases in which an allegation was proven to be false or malicious should not be included in employer references, but we should include instances where an allegation can neither be proved or disproved.

8. Recording, record retention and destruction

It is essential that NHP keep clear and comprehensive records of any concern or allegation including details of how they were followed up and resolved, and details of the decisions reached, and any action taken. The purpose of the record is to:

- enable accurate information to be given in response to any future request for a reference
- provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction
- prevent unnecessary re-investigation should an allegation resurface after time
- provide evidence and information if a decision is made to refer the person for consideration to be barred from working with children and/or adults
- enable NHP to review and improve policies, procedures and practice based on learning and feedback.

The Director of Practice or CEO is responsible for creating and maintaining the record during the course of managing a safeguarding concern or allegation.

Additional records e.g. email and hard copy documents are likely to be created as part of an investigation process. Summaries of the content of these will be recorded on the safeguarding recording log (Appendix 8). At the end of the investigation the Director of Practice and CEO will create a file of all emails including scanned copies of all hard copy documents. The file must be appended to the safeguarding concerns form by the Director of Practice or CEO. All original hard copy documents should be immediately destroyed (post scanning) using the confidential waste bins.

Records of safeguarding allegations and any subsequent processes against staff, volunteers, trustees, or consultants must be retained by NHP, including for people who leave the organisation, for 75 years as stated in the Arrangement for the Placement of Children (General) Regulations 1991 s.9 and Care Planning, Placement and Case Review (England) Regulations 2010 s.50. The records must be stored securely in a folder in a shared drive/content management system and with restricted access by the Director of Practice and CEO and anyone else authorised by them. Details of allegations that are found to be malicious should be removed from personnel records.

All the information relating to a safeguarding concern about a child or adult at risk and subsequent action taken must be recorded using the safeguarding concerns form (Appendix 7) and the safeguarding recording log (Appendix 8). The records must be stored securely in a folder in a shared drive/content management system and with restricted access by the Director of Practice and CEO and anyone else authorised by them. These records should be retained for a period of 15 years. The period of retention may need to be longer if there has been a complaint in respect of the case or legal proceedings. The reason for keeping a record for longer than 15 years must be documented so as to be in line with the principles of the Data Protection Act.

Once the requisite retention period has been reached all records should be destroyed using shredding and confidential waste or be electronically purged. It is the responsibility of Director of Practice to check when records are due for destruction and arrange to do this.

9. Working with partners

9.1 Expectations of partners

We understand that our partners may be at different stages in terms of their understanding of safeguarding however, there are minimum requirements that NHP expect to be in place for engagement to happen.

It is the responsibility of the Director of Practice to support the partner to improve their safeguarding arrangements.

9.2 Interface between NHP procedures and those of third parties

NHP may work with young people in settings that already have a statutory safeguarding responsibility. In such instances, if there are safeguarding concerns, then NHP must share these with the designated safeguarding lead within one working day. The staff member/volunteer/trustee should also complete NHP safeguarding concerns form and liaise with the Director of Practice.

The Director of Practice must follow up to see what action has been taken by the designated safeguarding lead/head of home/head teacher as regards the safeguarding concern. Should NHP consider the action taken is insufficient to meet the level of concern then it can make a referral to children's/adult social care directly but should inform the host organisation of having done so.

10. Communications and the use of images

10.1 Consent

- NHP can only tell a child's story or take photographs or recordings of them when we have a clear written record of consent*.
- If a child is under 18, we need consent from both the child and a parent or adult with parental responsibility, or the local authority for children in care.
- If the young person is 18 or over, they do not need anyone to consent on their behalf, but they still need to give their own consent.
- Consent means that we need to explain how the case study will be used; for what purpose it will be used; when and where it will be used (including the impact of publishing material online) and to discuss what potential impacts publication of the story or image may have on the subject either now or in the future. The written consent should be a record of a face-to-face conversation – especially where there are language or literacy barriers.
- Signed consent forms must be dated. Ordinarily images will be used on an ongoing basis to promote the work of the charity but in some cases it might be appropriate to include an expiry date if the images have only been agreed for a specific campaign or period in this instance, when the consent period is up – or if NHP decides to use the material in a different way to what was originally agreed – NHP must make reasonable efforts to track down the subject (and parents/guardians if they're still under 18) and ask them to renew their consent.
- We must make reasonable efforts to contact a child's parent/family/adult with parenting responsibility or the local authority for children in care to get their consent.

10.2 Anonymity

- Our standard practice is to protect the identities of all children and young people we have supported. This means that all names in a case study and photographs should be changed, and we should also change details that could reveal a child's identity – especially details of where they live or can be found.
- We may in certain circumstances decide to use a child's real identity (e.g. in a video about their story) but the child should have the full implications of this explained before consent is given. Even in these circumstances, it wouldn't be appropriate to use the child's full name or to identify where they live. Whether or not consent is given, risks should be assessed, and we should only reveal the child's identity if we are confident this will not place the child at risk in any way. When we are revealing a child's identity,
- We should always consider the potential impact on a child in allowing us to use their information or their image. We never tell a child's story or use their photograph if doing so might cause the child harm. Even if their identity is protected, we should be careful that our portrayal of a child doesn't cause emotional harm or damage the child's relationships with anyone.

10.3 Photography

- Images of beneficiaries will be dignified.
- We will not use images of children which could be harmful to their reputations in the future.

- We will not use images showing children inappropriately clothed.
- We will not use images which perpetuate negative stereotypes about children and care leavers
- Images of beneficiaries should not be intrusive. Photographers should be sensitive when they ask for permission to take photos. They should use their own judgement about when it is inappropriate to take photographs at all.
- Everyone featured in an image should have given consent for the photograph to be taken and open-ended consent for us to use it. Best practice is to make a written note of the consent with a standard consent form. This is essential for anyone under 18.
- Consent is not required for crowd shots in public places where it would be impractical to ask everyone pictured – but everyone who's identifiable in the foreground – especially children and young people – should have given consent.
- Where NHP photographs fundraising activities and events, involving supporters and members of the public, we will always include a statement of intended use of images on pre-event marketing communications with the participant. This will allow them to withdraw consent for the use of their image should they wish.

10.4 Portrayal of beneficiaries

There is an inherent conflict at NHP in how we portray beneficiaries. To make a case for support from donors the processing of identifying need and vulnerability will be done with dignity and respect to individuals and care leavers generally.

Appendix 1: Transitional Safeguarding

Local House Projects work primarily with young people between the ages of 16 and 25. We know that adolescence and young adulthood are both life stages that involve experimentation, new experiences, and opportunities – some of which can present risks to individuals in different contexts. The transition to adulthood does not take place overnight and the term transitional safeguarding is used to embrace the journey that young people take during this time.

There has been increased recognition that the wider safeguarding system does not always work well for adolescents, and that policy and programmes have been primarily designed to meet the needs of younger children, both in care, edge of care and wider child protection systems (ADCS, 2013; DfE, 2014). This does not mean that we should ignore harm and risk of harm to these young people but that we should approach it in a different way with a focus on safety. The definition of risk needs to be thought about in the context within which it arises. This term is often only used in a negative way and can overlook the important and positive functions of risk as a means of learning, developing resilience and acquiring coping strategies. It can also infer that responsibility lies with the young person or adult, that they are making choices or engaging in behaviours that 'put themselves at risk' – which overlooks the highly constrained nature of these choices and can perpetuate victim-blaming (Eaton and Holmes, 2017). The safety plans completed by young people and LHP staff enables conversations to take place about risk, what it means, what staff and the young person might be concerned about and the best way to support the young person to be safer. It is a place to start to help a young person detangle where responsibility for any risk sits and for referrals to be made to safeguarding services where appropriate.

The briefing, **Bridging the Gap** (Research in Practice 2021), identifies the key principles of this approach as being: evidence-informed, contextual, developmental, relational, participative and that it attends to issues of equalities, diversity and inclusion. This aligns well with the principles that NHP works to and reminds us that when working to safeguard teenagers, we should aim to not only protect them but also prepare them for adulthood. This includes working in way that empowers them and promotes their resilience.

The six key principles that underpin all adult safeguarding work are set out in The Care Act 2014 Statutory Guidance and are equally applicable to the safeguarding of adolescents. These should underpin our thinking when faced with complex issues to unpick:

1. Empowerment: People being supported and encouraged to make their own decisions and give consent.
2. Prevention: It is better to take action before harm occurs.
3. Proportionality: The least intrusive response appropriate to the risk presented.
4. Protection: Support and representation for those in greatest need.
5. Partnership: Local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse. The partnership principle aligns with emerging practice to safeguard adolescents experiencing extra-familial harm, where communities are central to keeping young people safe in the public domain (Firmin, 2017a).
6. Accountability: Accountability and transparency in safeguarding practice.

Contextual Safeguarding: A proportion of adolescents receive safeguarding support as a result of maltreatment and/or adversity earlier in childhood. However, safeguarding needs can emerge for the first time during the adolescent years – a period which researchers suggest now extends well into early adulthood - as adolescents and young adults encounter risks in different ways and contexts to those experienced by children and older adults. A distinct safeguarding response, designed to address their contextual risk, is therefore needed.

Risk enablement: Building young people's resilience and promoting healthy development can involve enabling them to experiment and take proportionate risks, whilst acknowledging they may still lack the maturity of a fully developed adult. The concept of 'risk enablement' and a focus on individual strengths and outcomes, which is well established in safeguarding adults practice, offers a framework to do this. It is important that adolescents are not assumed to lack capacity to make sound decisions, but rather to consider each young person individually and in the context of specific decisions, taking into account their development, histories and the range of situations that may present risks to them.

Appendix 2: Definitions and Indicators of child abuse and neglect

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

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

There are four categories of harm[2], although often children may suffer more than one type of harm.

1.1 **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Possible indicators are:

- Children with frequent injuries.
- Children with unexplained or unusual fractures or broken bones.
- Children with unexplained: bruises, cuts, burns, scalds, bite marks.

1.2 **Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless and 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, 'making fun' of what they say or how they communicate;
- age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- seeing or hearing the ill-treatment of another;
- serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Possible indicators are:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong.
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'
- Parents or carers blaming their problems on their child.
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

1.3 **Sexual abuse and exploitation** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:

[2] HM Government (2023) Working together to safeguarding children

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- 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.
- non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Possible indicators of sexual abuse are:

- Children who display knowledge or interest in sexual acts inappropriate to their age.
- Children who use sexual language or have sexual knowledge beyond their years.
- Children who ask others to behave sexually or play sexual games.
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

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

Possible indicators of sexual exploitation are:

- Children who appear with unexplained gifts or new possessions.
- Children who associate with other young people involved in exploitation.
- Children who have older boyfriends or girlfriends.
- Children who suffer from sexually transmitted infections or become pregnant.
- Children who suffer from changes in emotional well-being.
- Children who misuse drugs and alcohol.
- Children who go missing for periods of time or regularly come home late.
- Children who regularly miss school or education or don't take part in education

1.4 **Criminal Exploitation** As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

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

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

Possible indicators are:

- Children who are living in a home that is persistently dirty or unsafe.
- Children who are left hungry or dirty.
- Children who are left without adequate clothing for the weather conditions.
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence.
- Children who are often angry, aggressive or self-harm.
- Children who fail to receive basic health care.
- Parents who fail to seek medical treatment when their children are ill or are injured.
- Children left in the care of unsuitable adults.

Appendix 3: Types and indicators of adult abuse and neglect[3]

Adult abuse and neglect can take many forms and the circumstances of the individual case should always be considered.

Physical abuse can include

- assault
- hitting
- slapping
- pushing
- misuse of medication
- restraint
- inappropriate physical sanctions

Domestic abuse can include

- psychological
- physical
- sexual
- financial
- emotional abuse
- so called 'honour' based violence
- coercive and controlling behaviour

Sexual abuse can include:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- 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 into consenting

Psychological abuse can include:

- emotional abuse
- threats of harm or abandonment or deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks

Financial or material abuse can include:

- theft
- fraud
- internet scamming
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits

[3] Care Act 2014 guidance

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Modern slavery can include:

- slavery
- human trafficking
- forced labour and domestic servitude
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Discriminatory abuse can include:

- harassment
- slurs or similar treatment because of a person's race, gender and gender identity, age, disability, sexual orientation, religion

Organisational abuse

This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or the care provided in one's own home. It involves one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect can include:

- ignoring medical, emotional or physical care needs.
- failure to provide access to appropriate health, care and support or educational services.
- the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect

This covers a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt an enquiry by adult social care. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. Incidents of abuse may be one-off or multiple, and affect one person or more. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Appendix 4: Grooming behaviour

'Grooming' is the process through which a person attempts to befriend a child with the intention of later developing a sexual relationship with them. It involves making the child feel comfortable through a variety of methods thus developing trust, before initiating physical contact and abusing that trust. Some argue that the term entrapment or control better describes this process.

An offender is likely to look to groom the adults as well as the child in order to gain their trust. This process can happen within a family or within an institution or organisation. Those who sexually abuse children are often experts at gaining confidence, and can look for situations where they can have unsupervised access to children. Signs that an individual may be grooming a child or young person include:

- Being dressed inappropriately around the child or young person.
- Spends most of his/her spare time with children and has little interest in spending time with someone of his/her own age.
- Giving special attention to a particular child or young person.
- Isolating a child or young person from other people.
- Hugging, touching, kissing, tickling, wrestling with or holding a child or young person.
- Giving gifts (including cigarettes/alcohol/drugs) or money for no apparent reason.
- Treating a child as an equal/peer or like a spouse.
- Finding ways to be alone with a child or young person when other adults are not likely to interrupt, e.g. taking the child for a car ride, arranging a special trip, etc.
- Not respecting the privacy of a child or young person.
- Discussing their own sex life or asking a child or young person to discuss sexual experiences or feelings.
- Viewing abusive images of children.
- Abusing alcohol or drugs and/or encourages children or young people to use them. The use of such substances reduces inhibitions.
- Allowing children or young people to consistently 'get away' with inappropriate behaviors.
- Encouraging silence or secrets.
- Makes fun of a child's body parts – uses sexualised names for the child or young person.
- Not adhering to the rules, authority or code of conduct in the particular setting, organisation or within an activity.

Appendix 5: Additional guidance on children & young people abused in specific circumstances

Abuse by peers. Young people, particularly those living away from home, are vulnerable to physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. It is subject to the same safeguarding children procedures as apply in respect of any young person who is suffering or at risk of suffering significant harm from an adverse source. A significant proportion of sexual offences are committed by teenagers. Staff should not dismiss some abusive sexual behaviour as "normal" between young people.

Child abuse linked to belief in "spirit possession" or "witchcraft". The belief in "possession" and "witchcraft" is widespread in some communities. It is not confined to particular countries, cultures or religions. The number of known cases of child abuse linked to accusations of "possession" or "witchcraft" is small, but young people involved can suffer damage to their physical and mental health, capacity to learn, ability to form relationships and self-esteem due to extreme physical and emotional abuse that may be wrongly justified on the basis of spirit possession or witchcraft.

Child abuse and social media. The internet has become a significant tool in the distribution of abusive images of children. Social media is used as a means of contacting young people with a view to grooming them for inappropriate or abusive relationships. Contacts made initially in a chat room can be carried on via email, instant messaging services, mobile phones or text messaging. Cyberbullying, including sexting (which is illegal), is now widespread and can be very harmful to young people. Further advice and guidance on this topic are on the websites of the NSPCC, CEOP, Internet Watch Foundation and the UK Safer Internet Centre.

Children and families who go missing. Young people who are looked after (i.e. in care) sometimes go missing from their placements. There will be procedures in place, which should be followed if this occurs and the care home/foster placement must be immediately informed.

Child trafficking. Child trafficking is child abuse. This is where children are recruited, moved or transported and then exploited e.g. for the purpose of sexual exploitation or domestic servitude. They are often subject to multiple forms of abuse. Children may be trafficked into the UK from abroad but can also be trafficked from one part of the UK to another. Advice can be sought from the Child Trafficking Advice Centre (CTAC) on: 0808 800 5000.

Disabled children. Children with a disability or additional health needs are a particularly vulnerable group as signs of abuse and neglect may be masked or misinterpreted as being due to underlying impairments. Disabled young people are three times more likely than non-disabled children to experience abuse due to a number of factors:

- have fewer outside contacts than other young people;
- may receive personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
- have an impaired capacity to resist or avoid abuse;
- have communication difficulties that may make it difficult to tell others what is happening or to be believed;
- be inhibited about complaining because of a fear of losing services;
- be especially vulnerable to bullying and intimidation and /or, abuse by their peers.

Domestic violence. Young people living in families where they are exposed to domestic violence have been shown to be at risk of behavioural, emotional, physical and long term developmental problems. Everyone working with young people and families should be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of young people.

Female genital mutilation (FGM). (also known as 'female genital cutting' or 'female circumcision'.) Communities tend to use local names for referring to this practice including "sunna". Some FGM-practicing families do not see it as an act of abuse; however, FGM has significant physical and mental health consequences both in the short and long term and, therefore, must not be excused, condoned or accepted. FGM cannot be left to personal preference or cultural custom as it is an extremely harmful practice that violates basic human rights. Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they

may be at risk of undergoing FGM. FGM is illegal in the UK and where it is suspected it must be referred onto children's social care.

Forced marriage. A forced marriage is a marriage conducted without the full consent of both parties and where duress is a factor. It is an entirely different from an arranged marriage, and the two should not be confused. In an arranged or assisted marriage, the families take a role in choosing and introducing the marriage partners but the marriage is entered into freely by both people, without pressure. In a forced marriage, this consent does not exist. If this form of harm is suspected, advice should be sought from the Forced Marriage Unit prior to any discussion with the young person or family on 0207 008 0151 or out of office hours contact: 0207 008 1500 (ask for Global Response Centre).

Race and racism. Young people from black and minority ethnic groups may have experienced harassment, racial discrimination and institutional racism. The experience of racism is likely to affect the responses of the young person and carers/parents to other intervention in their lives. There is also a danger that professionals working with children and young people may not intervene soon enough for fear of being seen as racist and in so doing, offer the child less protection.

Unaccompanied asylum-seeking children (UASC). A UASC is an asylum-seeking child under the age of 18 who is not living with their parent, relative or guardian in the UK. They can be more vulnerable to abuse and exploitation because they lack the necessary support networks, protection and communication skills.

Safeguarding adolescents

The nature of abuse and neglect for teenagers is different from that of younger children. Behaviours by parents/adults that might be deemed abusive or neglectful for a very young child may be considered appropriate for teenagers. Additionally they may face a wider range of risks due to the relationships they have, social media that they use, lifestyles that they lead and with their increasing independence. Risk taking and experimentation is a normal part of growing up but also can place young people in harm's way.

Young people whose behaviour indicates a lack of parental control. When young people are brought to the attention of the police or wider community because of their behaviour, this may be an indication of vulnerability, poor supervision, abuse or neglect in its wider sense. It is important to consider whether these are young people in need of protection and/or support services and not to view them as only an offender as they may well be also victims themselves.

- Young people and gang activity. Overall, young people can be particularly vulnerable to suffering harm in the gang context are those who are:
- not involved in gangs, but living in an area where gangs are active, which can have a negative impact on their ability to be safe;
- not involved in gangs, but at risk of becoming victims of gangs;
- not involved in gangs but at risk of becoming drawn in, for example,
- siblings or children of known gang members; or
- gang-involved and at risk of harm through their gang-related activities e.g. drug supply, weapon use, sexual exploitation and risk of attack from own or rival gang members.

Radicalisation and violent extremism. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Extremism is defined by the Government in the 2011 Prevent Strategy as: *Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs*. It also includes calls for death of members of the armed forces, whether in this country or overseas.

There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Children or adults may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals.

Indicators of vulnerability include:

- **Identity crisis** – the young person is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
- **Personal crisis** – the young person may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become

involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- **Personal circumstances** – migration; local community tensions; and events affecting the student's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- **Unmet aspirations** – the young person may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration;
- **Special educational needs** – young person may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

Indicators of radicalisation and violent extremism may include:

- showing sympathy for extremist causes
- contact with extremist recruiters;
- justifying the use of violence to solve societal issues;
- joining or seeking to join extremist organisations;
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies
- possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views

Children or adults who are showing signs of radicalisation and violent extremism will need to be considered as at risk of harm to themselves or others and therefore such concerns should be acted upon by following safeguarding procedures.

Appendix 6: Barriers to help seeking for children

Many children and young adults are reluctant to seek help because they feel that they do not have anyone that they can turn to for support. They may have sought help in the past and had a negative experience, which makes them unlikely to do so again. In an NSPCC study of child maltreatment (2000), only a quarter of the people that had experienced sexual abuse as a child had told anyone at the time. Being unable to tell someone that you are being abused can be very stressful and may leave a vulnerable child at risk of continuing or further abuse.

Young people may not seek help because they:

- fear not being believed.
- feel too embarrassed to talk to an adult about a private or personal problem.
- worry that their concern will not be taken seriously.
- worry about confidentiality and lack trust in both the people around them (including parents) and in the services provided to help them.
- fear the consequences of asking for help.
- fear the situation could become worse.

Some groups of children and young people experience more barriers. For example boys are often more reluctant to seek help than girls. Children with communication difficulties may lack the language necessary to enable them to express what is worrying them. Children that are more isolated are less likely to share their concerns for example children living in residential care.

Barriers for adults to listen

Sometimes there is reluctance by adults to listen to what children are telling them and to act on it. Adult fears may be due to:

- Not knowing how to react or who to tell.
- Fear of getting it wrong.
- Loyalty to the family or colleagues.
- Lack of trust in the child protection system.
- Not recognising the significance of the indicators.

How to encourage children and young people to seek help and support[4]

- Make it easier for young people to take up the offer of help.
- Listen to the people you help - see the whole person.
- Build trust - treat young people with respect.
- Empower young people to find their own solutions.
- Advertise the benefits of seeking help.
- Help to tackle the myths about those who seek help – seeking help is not a sign of weakness.

[4] Garvey, B. et al (2009) Help-seeking behaviour in young adults. London: NFP Synergy.

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Appendix 7: Safeguarding Concerns Form

Complete as much detail as you are able. Don't delay making a referral if there is information missing.

Part 1 Details of the Child/ren or adult at risk:		
Name of Child/ren or adult at risk:		
Age:	Date of Birth:	
Local House Project:		
Parent's/Carer's/keyworkers name(s):		
Current living address of child/ren / adult at risk:		
Part 2 Details of a safeguarding allegation against staff/volunteer/trustee/contractor		
Name and role of person		
Age and/or Date of Birth		
Home address		
Part 3 Your Details:		
Your Name:	Your Position:	Your contact details:
Part 4 Report:		
Are you reporting your own concerns or responding to concerns raised by someone else?		
□ Responding to my own concerns □ Responding to concerns raised by someone else	If responding to concerns raised by someone else, please provide their name, role and contact details (if known):	

Please provide details of the concerns you have for the child's or adult at risk safety and/or welfare, including times, dates or other relevant information. Please make it clear whether you are giving a fact, expressing your opinion or expressing the opinion of someone else. Please add any other relevant information known about the family/child/adult at risk circumstances. If you are reporting on concerns about a safeguarding allegation against a staff member/volunteer/contractor please provide full details here.
The child's or adult at risk account of what happened (e.g. of any incident, injury, disclosure, behaviour):
Please provide details of the person alleged to have caused the incident/injury if known (e.g. names(s) /address/ incident address /relationship to child or adult at risk etc.):
Please provide details (name, role contact details if known) of any witnesses to the incident/concerns:

Part 5: Actions Taken	
State any risk of immediate danger:	
Identify any action taken already e.g. contact with police, manager, children's or adult social care services etc.	
Is the child/children/adult at risk or family/carer or accused person aware that a report has been made:	
Any known previous history of concerns or abuse or allegations:	

Any further information or comments:	

Date and time of report being submitted……

Part 6: Immediate action and decisions by Director

Appendix 8: Safeguarding Recording Log

NHP Safeguarding Reporting Sheet

Date	No	Details	Links to other docs	Initials
	1			
	2			
	3			
	4			
	5			
	6			
	7			

Appendix 9: Safeguarding Contacts List

Name and job title	Safeguarding Role	Contact details
Mark Leith	Chair of Trustees	07990 878535
Alison O'Sullivan	Lead Trustee for Safeguarding	07831 894356
Mark Warr	Chief Executive Officer- Strategic Lead	07803 321565 01270 215888
Kelly Mottram	Director of Practice-Operational Lead	07876 746032 01270 215888
NSPCC Helpline	24 hour helpline for advice on child protection matters for professionals and adults	0808 800 5000
Childline	24 hour helpline for children and young people	0800 1111
Whistle blowing advice line (external)	Advice can be sought from NSPCC if using the NHP whistleblowing procedure has not resolved the concern	0800 028 0285
The UK Safer Internet Centre	Provides advice for professionals and responds to reports about sexual abuse images of children online	0844 381 4772
Child Exploitation and Online Protection Centre (CEOP)	Investigates inappropriate online behaviour such as grooming online or sexual exploitation	0870 000 3344
Internet Watch Foundation	Remove images of child sexual abuse content and criminally obscene content online	01223 203030
Disclosure and Barring Service (DBS)	Advice line for criminal records checks	03000 200 190
The Mix	Helpline offering support and advice for those under 25 years	0808 808 4994
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	

Appendix 10: Safeguarding Checklist for Partner Organisations and Contractors working with NHP

NHP are committed to promoting the safety and welfare of all children and young people as a part of its duty of care. To this end we want to be satisfied that where we have partnership arrangements that these fully include safeguarding arrangements. Therefore, please complete this form and return to mark@thehouseproject.org
By completing and signing this document you are confirming that what you have in place is suitable and fit for purpose, complying with relevant law, guidance and best practice.

Name of partner organisation

……

Name of person completing this form & job title

……

Section 1: Safer staff, volunteers and trustees- recruitment, induction and supervision

	Yes or No	Additional comments
You have in place A written recruitment and induction policy and procedure which includes:		
An application form.		
A face to face interview.		
A request for 2 references, 2 pieces of identification and original copies of necessary qualifications before appointment or commencement as a volunteer.		
Enhanced DBS check are undertaken for every member of staff or volunteer engaged in *regulated* activity.		
Induction and support is provided for all staff/volunteers.		

Section 2: Safeguarding

You have in place:	**Yes or No**	**Additional information**
A written statement of your organisation's commitment to protecting all children and young people from harm. Such a policy should ensure no child is discriminated against on the grounds of race, gender, culture, sexual orientation or ability.		
Written procedures for dealing with situations where a child says s/he is being abused or neglected or is showing signs of harm.		
Written procedures for dealing with situations where allegations of abuse are made against someone (either an adult or child) in your club/group/ organisation.		
Staff, volunteers and trustees know and understand the child protection policy and procedures.		

A code of behaviour for staff, volunteers and trustees which identifies the expected behaviours of responsible adults.		
A nominated/designated person in your organisation with a lead responsibility for safeguarding.		
Information for parents of children with whom it has contact giving details of its child protection procedures and how they may make complaints if they have any concerns about the treatment of their child/ren.		

Section 3: Whistleblowing and information sharing

You have in place:	**Yes or No**	**Additional information**
A whistle blowing policy which provides a method for staff, volunteers or users to make known any concerns that they may have about another person within the club/organisation/group.		
A confidentiality policy which details how any information regarding children and their families will be held and under what circumstances such information may be shared with other agencies.		

Section 4: Avoiding accidents and running safe activities

You have in place:	**Yes or No**	**Additional information**
An accident prevention policy and plan.		
Up to date risk assessment of where the group meets and assessments in advance of specific activities, outings, events involving children and young people, with evidence that actions have been taken where necessary to manage risks.		
Regular checks on equipment used by children and young people carried out in accordance with health and safety guidance.		
Adult to child ratios which are appropriate and safe.		
A policy on parental consent to activities for children up to their 18th birthday unless those young people are living away from home or being a looked after child.		
Information about each child's medical and dietary needs, allergies and specific individual requirements.		
Parent/carer contact details.		
Access to a phone during group meetings and activities.		
A procedure for recording accidents and dealing with illness.		
Public liability insurance with no exclusions for child abuse.		

Signature. *I confirm that the measures listed above are in place. I also understand that if a child is at risk of harm or is actually harmed or there is a serious concern about the behaviour of an adult in the course of delivering services on behalf of NHP I will notify [insert name] at NHP within one working day of the concern being identified. This is for information purposes only.*

Name and job title……

Signature and date……

For NHP use only:

Form seen and approved/not approved by:

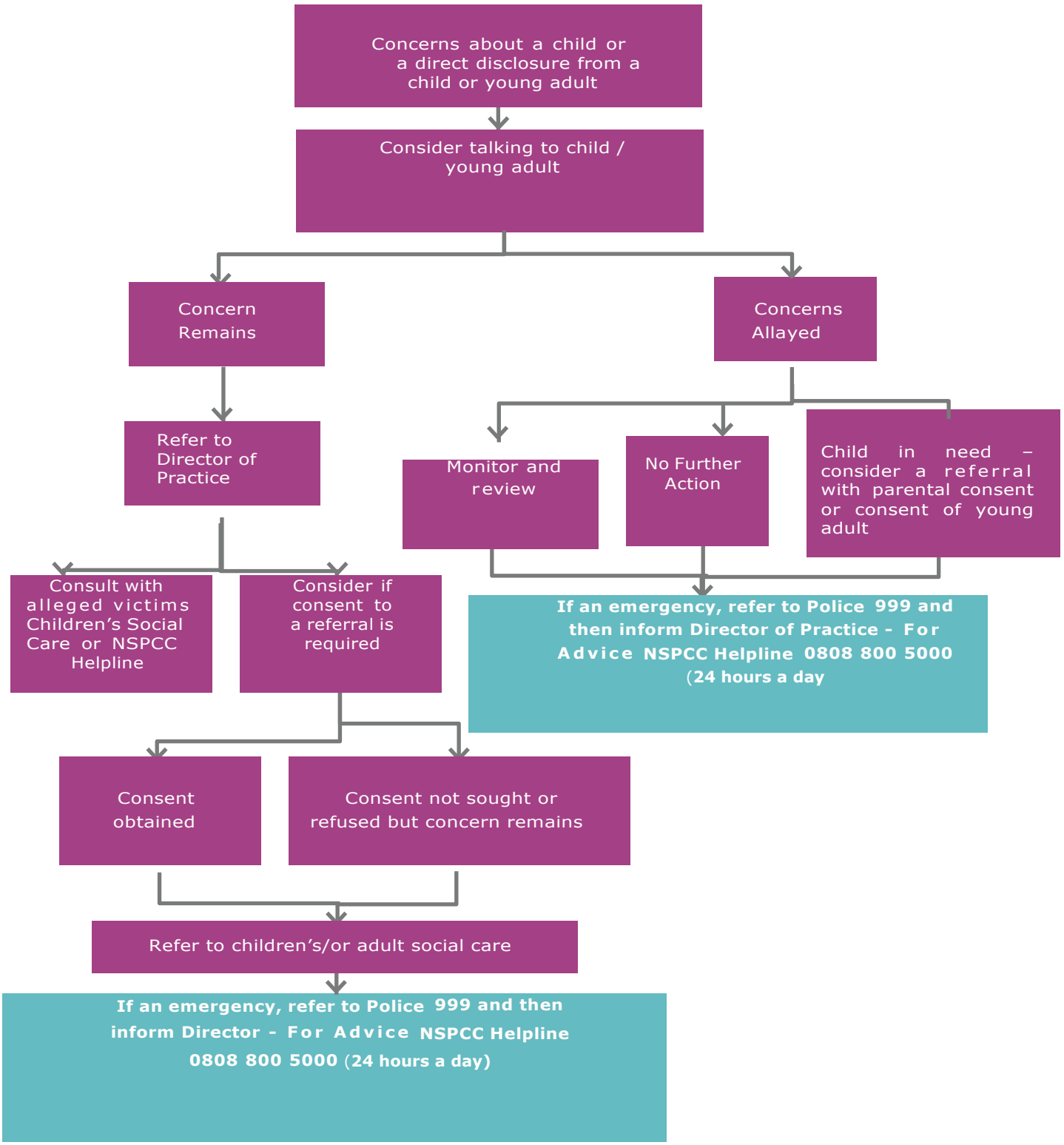
Any notes:

Name and job title……

Signature and date……

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Appendix 11a: Flowchart - Concerns About a Child or Young Adult (Non Emergency)



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Appendix 11b: Flowchart - Safeguarding Allegation about a Staff Member, Volunteer, Trustee or Consultant

