

**Asset Training & Consultancy Ltd**

Children, Young People and Vulnerable Adults Safeguarding

Policy and Procedures

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| **DOCUMENT CONTROL** | | | |
| Documents | * Safeguarding Children, Young People and Vulnerable Adults ( Including Child Protection) | * Staff Safeguarding and Child Protection Handbook | |
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**Purpose of the Policy**

Asset Training and Consultancy Ltd have devised this policy in line with Government Legislation and statutory guidance. We are committed to ensuring that all learners are kept safe so they can enjoy and achieve while participating in learning. We therefore compile to guidance as specified in; Working Together to Safeguard Children (2018) (this replaces Working Together to Safeguard Children 2015), Keeping Children Safe in Education (September 2018) (this replaces Keeping Children Safe in Education September 2016), The Children’s Act 1989 and 2004, The Education Act 2002, Safeguarding Vulnerable Groups Act 2006, The Care Act 2014 and The Equality Act 2010. Thus ensuring we are safeguarding and promoting the welfare of children, young people and vulnerable adults.

The purpose of this policy is to ensure that our learning environment is a safer place for all learners, where abuse or mistreatment is not tolerated and individuals have the confidence to raise concerns should abuse occur, safe in the knowledge that those concerns will be dealt with appropriately and fairly.

We will regularly review this policy and ensure any change to the law, government legislation or policy will be reflected and implemented into our own with immediate effect.

**General Policy Statement:**

Asset Training has a statutory and moral duty to ensure the organisation functions with a view to safeguarding and promoting the welfare of vulnerable adults, children and young people receiving training. Everyone who works with children, young people and vulnerable adults has a responsibility to keep individuals safe.

Throughout this policy and procedure reference is made to ‘children’ and ‘young people’. This term applies to all children up to the age of 18 years (18th birthday) whether living with their families, in state care or living independently (as defined within Working Together to Safeguard Children 2018).

The procedures will be applied to allegations of abuse and the protection of children, young people and vulnerable adults.

The term ‘vulnerable’ is defined as a person ‘who is or may be in need of community care services by reason of mental or other disability, age or illness: and who is or may be unable to care for him or herself , or unable to protect him or herself against significant harm or exploitation’ ( Department of Heath 2000).

The term ‘vulnerable’ may also apply to those who are at risk of abuse due to the following:

* Lack of mental capacity
* Increasing age
* Being physically dependent on others
* Low self –esteem
* Previous history of abuse
* Negative experiences of disclosing abuse
* Social Isolation
* Lack of access to health and social services or high-quality information

When such issues arise Asset Training is committed to ensuring that we:

* Provide a safe environment for children, young people and /or vulnerable adults to learn in.
* Identify children, young people and/or vulnerable adults who are suffering, or likely to suffer significant harm.
* Take appropriate action to see that such children, young people and/or vulnerable adults are kept safe while undertaking training.

In pursuit of these aims we will approve and annually review policies and procedures with the aim of:

* Being alert to potential indicators of abuse
* Raising awareness of issues relating to the welfare of children, young people/vulnerable adults and the promotion of a safe environment in learning
* Aiding the identification of children, young people/vulnerable adults at risk of significant harm and providing procedures for reporting concerns.
* Understanding our responsibility to alert other agencies to individuals who we feel are at risk, or who are suffering abuse of any sort
* Contribute to whatever articles are needed to safeguard the person who is at risk
* Establishing procedures for reporting and dealing with allegations of abuse against members of staff.
* The safe recruitment of staff.

In ensuring learners are aware of Safeguarding, during the induction process and on programme, we will:

* Issue learners with a ‘Learner Advice & Safeguarding Booklet’ at the start of their course and refer to this throughout their induction process
* Discuss Safeguarding at each review stage within a learner’s training course
* Ensure Safeguarding is included as part of the overall risk assessment process
* Provide learners with a dedicated Safeguarding contact number

**Safeguarding Commitment**

This policy is based on the following principles:

* Everybody has the right to live their life free from violence, fear and abuse.
* Everybody has the right to be protected from harm and exploitation.
* Everybody has the right to independence, which may involve a degree of risk.

***Safeguarding is a term used to denote the duties and responsibilities that those providing health, social care or education to carry out/perform in order to protect individuals from harm.***

Safeguarding children and young people and promoting their welfare means:

* Protecting children from maltreatment
* Preventing wherever possible impairment of children’s health or development
* Ensuring children are growing up in circumstances consistent with the provision of safe and effective care
* Taking action to enable all children to have the best outcomes

Child protection is part of safeguarding and the promotion of welfare. It is work/actions carried out to **protect children who are suffering or are likely to suffer significant harm.** As defined in Working Together to Safeguard Children 2018 ‘The Children Acts of 1989 and 2004 set out specific duties: **section 17** **of the Children Act 1989** puts a **duty on** the **local authority to provide services to children in need in their area, regardless of where they are found;** **section 47** of the same Act **requires local authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm.**

Working Together to Safeguard Children 2018 guidance states:

‘Children who need help and protection deserve high quality and effective support as soon as a need is identified.’

The guidance continues with ‘we want a system that responds to the needs and interests of children and families and not the other way round. In such a system, practitioners will be clear about what is required of them individually and how they need to work together in partnership with others.’

The guidance defines the term ‘Practitioner’ as ‘individuals who work with children and their families in any capacity.’

When undertaking safeguarding duties Asset Training adheres to statutory guidance in ensuring a child centred approach. This approach as defined within Working Together to Safeguard Children 2018 means ‘keeping the child in focus when making decisions about their lives and working in partnership with them and their families.’

Safeguarding adults means;

* Protecting the rights of adults to live in safety, free from abuse and neglect
* People and organisations working together to prevent and stop both the risks and experience of abuse or neglect
* People and organisations making sure the adult’s wellbeing is promoted, including taking into account ( where appropriate) their views, wishes, feelings and beliefs when making decisions on any actions to be undertaken
* Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore have the potential to pose risks to their safety and/or wellbeing

The promotion of adult wellbeing is paramount within safeguarding; however we understand and acknowledge the need to act in the best possible interests of an individual without comprising their human rights. We therefore ensure we adopt the local authority approach known as MSP – Making Safeguarding Personal, whereby we work with an adult to establish i) what they want to achieve i.e. what outcome is being sought, ii) what it means to ‘be safe’ to that individual and iii) how the outcomes can be best achieved.

Asset Training is committed to providing a safer learning environment based upon positive wellbeing, personal safety and security of all staff and learners. Asset Training will not tolerate the abuse of learners by other learners or staff members. This policy relates to all service users and partners.

**Mental Capacity Act: Children and Young People**

This policy also adheres to the Mental Capacity Act 2005 (MCA) which provides a statutory framework for individuals who lack capacity to make decisions for themselves or who have the capacity and want to make preparations for the future, should they lack the capacity later in their life. The underpinning concept of the Act is to ensure individuals who lack capacity are the focus of any decisions made, or actions taken on their behalf. It requires an individualistic, person centred approach signifying the interests of the person, not the views or requirements of those caring for and supporting the individual.

The Act is supported by a Code of Practice; to be used as a guide for those working with and/ or supporting Young People and Adults who may lack the capacity to make certain decisions. All involved within supporting individuals who may lack capacity are to follow the guidance within the Codes of Practice; if the Codes of Practice are not adhered to, staff will be expected to provide justifiable reasoning as to why. This can lead to staff being held accountable for non- compliance in a court of law, tribunal or via an abuse investigation (the Codes of Practice can be located at [www.gov.uk/government/publications/mental-capacity-act-code-of-practice](http://www.gov.uk/government/publications/mental-capacity-act-code-of-practice) )

The Act implemented a new criminal offence of ill treatment or wilful neglect of a person who lacks capacity, in the result of a conviction; individuals may be served a custodial sentence or be fined.

**Mental Capacity Act: Children and Young People**

1. **Children- under the age of 16 years of age**

The Mental Capacity Act does not generally apply to people under the age of 16, however there are two exceptions:

* The court of Protection can make decisions about a child’s property or finances if the child lacks capacity to make such decisions and is still likely to lack capacity to make financial decisions when they reach the age of 18
* Offences of ill treatment or wilful neglect of a person who lacks capacity can also apply to victims younger than 16

1. **Young People – aged 16-17 years of age**

The majority of the Mental Capacity Act applies to young people aged 16-17 years of age; it can also overlap with The Children Act 1989. For MCA 2005 to apply to a young person they must lack the capacity to make specific decisions, there are three exceptions:

* Only people aged 18 and over can make a Lasting Power of Attorney
* Only people aged 18 and over can make an advance decision to refuse medical treatment
* The Court of Protection may only make a statutory will for a person aged 18 and over

People carrying out acts in connection with the care or treatment of a young person aged 16–17 who lacks capacity to consent will generally have protection from liability as long as the person carrying out the act:

* Has taken reasonable steps to establish that the young person lacks

capacity

* Reasonably believes that the young person lacks capacity and that
* The act is in the young person’s best interests, and follows the Act’s principles.

The MCA 2005 applies to those 16-17 year olds who lack capacity because of an impairment of, or a disturbance in the functioning of the mind or brain. Any decision/ action taken must be in the best interests of the individual.

When assessing the young person’s best interests, we will ensure;

* We consult with those involved in the young person’s care, including anyone interested in their welfare, which may include the young person’s parents.
* We will not unlawfully breach the young person’s right to confidentiality.

If the young person has no friends or family who could be involved, we will refer for the support of an Independent Mental Capacity Advocate if required.

Guidance will be sought from the Local Children’s Safeguarding Board and Social Services in all circumstances regarding Mental Capacity.

**The concept of ‘significant harm’ is a key feature when considering abuse and is defined as:**

**Definition for Children and Young people**

The Children Act 1989 introduced the concept of Significant Harm and is defined as;

**Section 47(1) of the Children Act 1989 states that:**

'Where a local authority... have reasonable cause to suspect that a child who lives, or is found, in the area and is suffering, or is likely to suffer, Significant Harm, the authority shall make, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare... the enquiries shall be commenced as soon as practicable and, in any event, within 48 hours of the authority receiving the information.'

**Under Section 31 of the Children Act 1989** a court may only make a Care Order (committing the child to the care of the local authority) or Supervision Order (putting the child under the supervision of a social worker, or a probation officer) in respect of a child if it is satisfied that:

• The child is suffering or is likely to suffer Significant Harm;

• The harm or likelihood of harm is attributable to a lack of adequate parental care or control.

**Under Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002:**

• Harm means ill-treatment or impairment of health or development including for example impairment suffered from seeing or hearing the ill-treatment of another;

• Development means physical, intellectual, emotional, social or behavioural development;

• Health means physical or mental health;

• Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical.

**The Adoption and Children Act 2002** broadens the definition of Significant Harm to include the emotional harm suffered by those children who witness domestic violence or are aware of domestic violence within their home environment.

**There are no absolute criteria on which to rely when judging what constitutes Significant Harm. Consideration of the severity of ill-treatment may include:**

• The degree and extent of physical harm;

• The duration and frequency of abuse or neglect;

• The extent of premeditation;

• The degree of threats and coercion;

• Evidence of sadism, and bizarre or unusual elements in child sexual abuse.

Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the ill-treatment.

Sometimes, a single traumatic event may constitute Significant Harm. In other circumstances Significant Harm is caused by the cumulative effect of significant events, both acute and long-standing, or the damaging impact of neglect which interrupt and change or damage the child's physical and psychological development.

When judging what constitutes Significant Harm it is necessary to consider:

• The family context, including the family’s strengths and supports;

• The child's development within the context of the family and within the context of the wider social and cultural environment;

• Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family;

• The nature of harm in terms of the ill-treatment or failure to provide adequate care;

• The impact on the child's health and development;

• The adequacy of parental care.

**Under Section 31(10) of the Children Act 1989:**

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

To assess whether health or development are being significantly impaired the Act tells us to compare the health or development of the child in question 'with that which could reasonably be expected of a similar child'.

The definition of harm also includes 'impairment suffered from seeing or hearing the ill-treatment of another'.

It is important always to take account of the child's reactions, his or her perceptions, according to the child's age and understanding.

**Definition for Adults:**

‘Harm should be taken to include not only ill treatment (including Sexual Abuse and forms of ill treatment which are not physical) but also the impairment of, or an avoidable deterioration of physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development' (Law Commission, Who Decides Enquiry, Lord Chancellor's Department 1997, this also builds on the definition as defined within The Children Act 1989).

The terminology ‘impairment of development’ is predominantly associated to individuals who have a learning disability and/or cognitive impairment and may require support in order to fulfil their life.

**Identification for early help for a Child:**

As defined within Working Together to Safeguard Children 2018,staff are to be aware of indicators for children who may require early intervention and therefore should be alert to a child who;

* is disabled and has specific additional needs
* has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
* is a young carer
* is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
* is frequently missing/goes missing from care or from home
* is at risk of modern slavery, trafficking or exploitation
* is at risk of being radicalised or exploited
* is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
* is misusing drugs or alcohol themselves
* has returned home to their family from care
* is a privately fostered child (Private fostering occurs when a child under the age of 16 (under 18, if disabled) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home. A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer).

**Definitions of Abuse:**

***‘Abuse is a violation of an individual’s human civil rights by any other person/s’***

**Physical Abuse:**

Physical abuse causing harm to a person. This may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning or suffocating. It may be done deliberately or recklessly, or be the result of a deliberate failure to prevent injury. Factitious Disorder is also classed as physical abuse. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. In this situation it is commonly described using terms such as factitious illness by proxy or Munchausen’s by proxy.

**Sign and Symptoms of Physical Abuse:**

The signs of Physical abuse are often evident but can also be hidden by the abuser or the victim. Any unexplained injuries should always be fully investigated. Signs to be observant for are:

* Any injury not fully explained by the history given
* Injuries inconsistent with the lifestyle of the individual at Risk
* Bruises and/or welts on the face, lips, mouth, torso, arms, back, buttocks and thighs
* Clusters of injuries forming regular patterns or reflecting the shape of an article
* Burns, on the soles, palms or back, from immersion in hot water, friction burns, rope or electrical appliances
* Multiple fractures
* Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
* Marks on the body, including slap marks and/or finger marks
* Injuries at different stages of healing

**Neglect and acts of omission:**

Neglect and acts of omission is the persistent or sever failure to meet a child’s, young person’s/ vulnerable adults’ basic physical and/or psychological needs. It will result in serious impairment of the Individual’s health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born it may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to protect the child or vulnerable adult from physical harm or danger, or failure to ensure access to medical care or treatment. Neglect can also occur when a parent or carer is unresponsive to a child’s emotional needs. Passive neglect is a general failure to fulfil the above obligations. An act of omission can occur when a health or social care professional fails to meet the standards required of them by their professional code of conduct, for example the Nursing and Midwifery Council

(NMC), General Medical Council (GMC) or Health and Care Professional Council (HCPC).

Under the Mental Capacity Act 2005 ‘wilful neglect’ and ill treatment of a person lacking capacity is a criminal offence.

**Sign and Symptoms of Neglect and acts of omission:**

* Physical condition of the individual at Risk is poor, for example, unwashed, unkempt
* Clothing in poor condition e.g. unclean, wet, ragged
* Inadequate diet
* Untreated injuries or medical problems
* Inconsistent or reluctant contact with health or social care agencies
* Failure to engage in social interaction
* Malnutrition or rapid/ continuous weight loss or weight gain
* Poor personal hygiene
* Medical condition not treated due to failure to give prescribed medication
* Failure to engage in social interaction
* Administering too much, too little or the wring type of medication
* Withholding necessities such as nutrition, heating or clothing
* Failure to intervene in situations assessed to be dangerous to the adult or others especially when the person lacks capacity to assess risk
* Missed medical appointments and a carers/care worker’s reluctance to involve health and social care professionals in the person’s care

**Self-Neglect:**

Self-neglect is different from other forms of abuse due to the fact it does not involve a perpetrator. Self-neglect can be life threatening to an individual. It is a behavioural condition whereby an individual neglects to attend to their basic needs, which includes personal hygiene, appropriate clothing, adequate food and medical care. Extreme self-neglect is known as Diogenes Syndrome (also known as senile squalor syndrome) which is a disorder characterised by extreme self-neglect, domestic squalor, apathy, compulsive hoarding of rubbish and lack of shame.

**Signs and symptoms of Self-Neglect:**

* Dehydration, malnutrition, untreated or improperly attended medical conditions and poor personal hygiene
* Hazardous or unsafe living conditions/ arrangements for example, improper wiring, no indoor plumbing, no heating or running water
* Unsanitary or unclean living quarters for example animal/insect infestation, no functioning toilet, faecal or urine smell
* Inappropriate and/or inadequate clothing, lack of necessary medical aids such as glasses, hearing aids
* Grossly inadequate housing or homelessness
* Lacks mental capacity
* Evidence of physical , mental or learning disability or illness
* Substance misuse, heavy use of drugs or alcohol or both
* No support from family or others- very isolated
* Victim of crime or anti-social behaviour or abuse
* Perpetrator of crime or anti-social behaviour
* Risk of fatality or serious harm
* Fire Risk

**Sexual Abuse:**

Sexual abuse involves a child, young person/vulnerable adult being forced or coerced into participating in or watching sexual activity, including prostitution. It is not necessary for the child, young person/vulnerable adult to be aware that the activity is sexual and the apparent consent of the young person/vulnerable adult is irrelevant. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. It may involve non-contact activities such as involving children in looking at, or in the production of sexual online images, pornographic material, or watching sexual activities, or encouraging children to act in sexually inappropriate ways.

**Signs and Symptoms of Sexual Abuse:**

* Significant change in sexual behaviour or attitude
* Pregnancy in a woman who is unable to consent to sexual intercourse
* Wetting or soiling
* Poor concentration
* Withdrawn, depressed, stressed appearance
* Unusual difficulty or sensitivity in walking or sitting
* Stained or bloody underclothing
* Bruises, bleeding, pain or itching in genital area
* Sexually Transmitted Infections, urinary tract or vaginal infection
* Bruising to thighs or upper arms
* Self-harming behaviour

**Child Sexual Abuse online**

When online sexual abuse occurs, children, young people and vulnerable adults may be forced or persuaded to:

* Send or post sexually explicit images of themselves
* Take part in sexual activities via a webcam or Smartphone
* Have sexual conversations by text or online

The abuser may threaten to send images, video or copies of conversation to the individual’s friends and family unless they take part in other sexual activity. The images or videos may also continue to be shared long after the sexual abuse has stopped.

**Emotional Abuse/ Psychological Abuse:**

Emotional abuse occurs where there is persistent emotional ill treatment or rejection. It causes severe and adverse effects on the child’s, young person’s/vulnerable adult’s behaviour and emotional development, resulting in low self-worth. Some level of emotional abuse is present in all forms of abuse. It may involve conveying to the child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It can feature age or developmental inappropriate expectations being imposed on a child. This may include interactions that are beyond the child’s development capability as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interactions. It may also involve seeing or hearing the ill treatment of another and may involve severe bullying, causing children to feel frightened and/or in danger. Emotional abuses can also be the exploitation or corruption of an individual.

**Signs and Symptoms of Emotional/Psychological Abuse:**

* Change in appetite
* Low self-esteem, deference, passivity and resignation
* Unexplained fear, defensiveness, ambivalence
* Emotional withdrawal
* Sleep disturbance
* Self-harming behaviour

**Financial or Material Abuse:**

Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance, or financial transactions, misuse or misappropriation of property, possessions or benefits.

Young adults could also face financial abuse such as being manipulated for the financial gain of another or discrimination.

**Signs and Symptoms of Financial Abuse:**

* Unexplained sudden inability to pay bills or maintain lifestyle
* Unusual or inappropriate bank account activity
* Withholding of money
* Recent change of deeds or title of property
* Unusual interest shown by family or others in the Adult at Risk assets
* Person managing financial affairs is evasive or uncooperative

**Discriminatory Abuse:**

The principles of Discriminatory Abuse are embodied in legislation including Race Relations Act 1976 (Amendments) Regulations 2003, Human Rights Act 1998 and the Disability Discrimination Act 1995. Discriminatory abuse occurs when values, beliefs or cultures result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language and race or ethnic origin. It can result from situations that exploit a person’s vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, health, education, justice and access to services and protection.

**Signs and Symptoms of Discriminatory Abuse:**

* Lack of respect shown to an individual
* Signs of a sub-standard service offered to an individual
* Repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status
* Failure to follow agreed care plans

**ICT Abuse:**

E-safety can be described as safeguarding all users of fixed and mobile devices that allow access to content and communications that could pose risks to personal safety and wellbeing. For example: PCs, Laptops, mobile phones including gaming consoles such as Xbox and PlayStation.

The risks associated with ICT abuse are:

**Content (vulnerable person as recipient)**

* Commercial: adverts , spam, sponsorship, personal information
* Aggressive: violent and or/hateful content
* Sexual: pornographic or unwelcome sexual content
* Values: bias, racism, misleading information or advice

**Contact (vulnerable person as participant)**

* Commercial: tracking, harvesting personal information
* Aggressive: being bullied, harassed or stalked
* Sexual: meeting strangers, being groomed
* Values: self-harm, unwelcome persuasions

**Conduct (vulnerable person as actor)**

* Commercial: illegal downloading, hacking, gambling, financial scams, terrorism
* Aggressive: bullying or harassing another
* Sexual: creating and uploading inappropriate material
* Values: providing misleading information or advice

**Signs and Symptoms of ICT Abuse:**

* Spending extended amounts of time online
* Secrecy over mobile phone and computer
* Withdrawal from social contact
* Depression
* Mood Swings
* Unexplained gifts
* Sleep disturbances
* Self-harming

**Institutional Abuse:**

Institutional Abuse arises from an unsatisfactory regime. It occurs when the routines, systems and norms of an institution override the needs of individuals they are there to support. Such regimes compel individuals to sacrifice their own preferred life style and cultural diversity in favour of the interests of those there to support them, and others. This can be the product of both ineffectual and punitive management styles, creating a climate where the abuse of individuals, intentional or otherwise, is perpetrated by individual staff and others. There is a lack of good leadership within the institution and members of staff are not equipped to carry out the care/support required.

Managers and staff of such services have a responsibility in ensuring the operation of the service is focused on the needs of the service users (Person Centred) not the institution. Managers have to ensure they have mechanisms in place which maintain and review the appropriateness, quality and impact of the service for which they are responsible. The views of the service user, their carers and relatives must be at the centre and forefront of these mechanisms.

**Signs and Symptoms of Institutional Abuse:**

* Inappropriate or poor care
* Misuse of medication
* Inappropriate restraint, sensory deprivation
* Lack of respect shown to the individual at Risk
* Denial of visitors or phone calls
* Restricted access to the toilet or bathing facilities
* Restricted access to appropriate medical or social care
* Failure to ensure appropriate privacy or personal dignity
* Lack of flexibility and choice
* Lack of personal clothing or possessions
* Lack of adequate procedures
* Controlling relationships between staff and service users
* Poor professional practice
* Lack of staff training

**Domestic Violence and Abuse:**

The definition of domestic violence and abuse is ‘ any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality**.’** The abuse can encompass but is not limited to:

* Psychological
* Physical
* Sexual
* Financial
* Emotional

The abuse can include: name calling or putdowns, keeping a partner from contacting their family or friends, withholding money, stopping a partner from getting or keeping a job, actual or threatening physical harm, sexual assault, stalking and intimidation.

Violence can be criminal and includes physical assault, such as hitting, pushing, shoving and sexual abuse, unwanted or forced sexual activity and stalking. Emotional, Psychological and financial abuse are not criminal behaviours but they are forms of abuse which can lead to criminal violence. Violence can take many forms and be a regular pattern or sporadic acts. Victims of domestic abuse can be of any age, sex, race, culture, religion, education, employment or marital status. Both men and women can be abused. Children in homes where there is domestic violence are more likely to become victims of the abuser and suffer from neglect, the children will more than likely be aware of the violence. For those children who are not physically harmed, they may have emotional and/or behavioural problems.

**Controlling Behaviour:**

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive Behaviour:**

Coercive behaviour is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

**Signs and Symptoms of Domestic Violence/ Abuse in children and Young People:**

* Presenting as withdrawn
* Sudden changes in behaviour
* Aggressive behaviour
* Anxiety
* Clingy
* Depressed
* Problems sleeping
* Eating disorders
* Bed Wetting
* Soiled clothes
* Takes risks
* Misses school
* Changes in eating habits
* Obsessive behaviours
* Nightmares

**Signs and Symptoms of Domestic Violence/ Abuse Adults:**

* Bruises or injuries that look like they may have been caused by choking, punching or being thrown
* Black eyes
* Red or purple marks at the neck
* Sprained wrists
* Attempting to hide bruises with clothing or makeup
* Excuses made for example being clumsy, tripping and/or being accident prone and where the seriousness of the injury does not tally with the explanation
* Social Isolation – having few close friends and being isolated from relatives and colleagues.
* Asking permission to: meet, talk and/or do things with other people
* Financial dependency – little money of own and not able to have access to their own finances.

**Child Sexual Exploitation:**

Otherwise referred to as CSE – Child Sexual Exploitation is a type of sexual abuse where children are exploited sexually for money, power and/or status. The child, young person, vulnerable adult may be deceived into believing they are in a consensual relationship and they are loved. They may be invited to parties and given drugs and/or alcohol and are more than likely to be subject to online grooming. In some CSE situations a child or young person may have been trafficked into or within the UK for the sole purpose of sexual exploitation. Sexual exploitation can also occur to young people that are in gangs.

The official definition of CSE is’ Sexual exploitation of children and young people under 18 involved in exploitative situations, contexts and relationships where young people ( or a third person or persons) receives ‘something’ ( e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing and/or another or others performing on them, sexual activities. Child Sexual Exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.’ (National Working Group for Sexually Exploited Children and Young People – NWG)

In line with DCSF ( Department for Children, Schools and Families) and the Home Office we recognise that Child sexual exploitation is a hidden crime, whereby the individual at risk often trusts their abuser and does not understand they are being abused. In some situations the child or young person may have a dependency on their abuser or be too frightened to tell anyone they are being abused.

Child sexual exploitation can involve violent, humiliating and degrading sexual assaults. Young people and children may be persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Child exploitation does not always involve physical contact it can also occur online.

**Child Sexual Exploitation in Gangs:**

Within gangs sexual exploitation is used to:

* Exert power and control over members
* Initiate young people into the gang
* Exchange sexual activity for status or protection
* Entrap rival gang members by exploiting girls and young women
* Inflict sexual assault as a weapon in conflict

Girls and young women are more frequently forced into sexual activity by gang members.

Abusers who sexually exploit children and young people are frequently described as ‘highly manipulative individuals’. They are able to apply power over the individual/s through various means such as physical violence, emotional blackmail or financial pressure, such as holding the individual at risk in debt. Abusers are able to create or exploit weaknesses in children or young people where the child or young person presents as:

* Isolative and/or distant from family and friends
* Disengaged from services such as education and health
* Challenging and/or involved in criminal behaviour

**Signs and Symptoms of Child Sexual Exploitation:**

CSE can beproblematic to identify and therefore the warning signs can be easily mistaken for habitual teenage behaviour. Children and Young People who are being sexually exploited may:

* Be involved in abusive relationships or be intimidated and fearful of certain people and situations
* Socialise with older groups of people including antisocial groups or with other vulnerable peers
* Associate with other young people involved in sexual exploitation
* Be involved in gangs, gang fights and gang membership
* Have older boyfriends or girlfriends
* Spend time at a place of concern such as a hotel
* Go missing for periods of time or regularly come home late
* Go missing from home, education and care
* Not be known as they have been moved around the country
* Exhibit signs of sexual abuse or grooming
* Appear with unexplained gifts and/or new possessions
* Exhibit unusual behaviour
* Become withdrawn
* Present with anxiety
* Become aggressive
* Take drugs/alcohol
* Self-harm
* Express suicidal thoughts
* Develop an eating disorder
* Exhibit depression or mood swings
* Display obsessive behaviour
* Show sexual behaviour that is not appropriate for their age
* Display promiscuous behaviour
* Use sexual language or talk about sexual information that is not age appropriate
* Have physical symptoms, such as pregnancy, a sexually transmitted infection or genital soreness.
* Exhibit signs of grooming, such as being secretive, including secrecy about what activities they are undertaking online, have older girlfriends and boyfriends, start to go to unusual places to meet friends, have new possessions such as mobile phones or clothing but are unable to explain how these were obtained and/or have access to drugs and alcohol.

**Modern Slavery**

In accordance with the Modern Slavery Act 2015 which states this is ‘ An act to make provision about slavery, servitude and forced or compulsory labour and about human trafficking, including provision for the protection of victims; to make provision for an Independent Anti-Slavery Commissioner; and connected purposes’ ( Modern Slavery Act 2015, 26th March 2015)

Modern slavery is an international crime, it is a global problem that transcends age, gender and ethnicity and is occurring not only on an international level but also within the UK. It can include those victims who have been brought from overseas (trafficking) and vulnerable people within the UK who are forced to illegally work against their will in places such as brothels, cannabis farms, nail bars and agriculture.

Modern Slavery victims found within the UK are from countries such as Romania, Albania, Nigeria, Vietnam and the UK. Some of the key factors that contribute to human trafficking are issues such as poverty, limited opportunities at home, lack of education, unstable social and political conditions, economic imbalances and war. Victims can often face more than one type of abuse within slavery, for example a victim is sold to another trafficker and subsequently forced into another form of exploitation.

**There are various types of slavery which include:**

**Child Trafficking**: Young people, under the age of 18 are moved either internationally or domestically so they can be exploited

**Forced Labour/Debt Bondage:**  Victims are forced to work to pay off debts when in actual fact they will never be able to do so. Victims are paid low wages and the debts usually increased which means they are usually not able to re-pay the loan and in some situations the debts can be passed down to their children.

**Forced Labour**: Victims of forced labour are forced to work against their will, usually working long hours, in appalling conditions for little or no money. Victims of forced labour are usually subject to verbal and/or physical abuse to not only themselves but their families, this also included threat of violence. Forced labour can occur in many sectors within the UK, such as hospitality, food packing and tarmacking.

**Sexual Exploitation**: Victims of sexual exploitation are forced to carry out non-consensual or abusive sexual acts against their will, for example, prostitution, escort work and pornography. The majority affected are women and children but men can also be victims. Adults are usually coerced under the threat of force and/or violence or another form of abuse.

**Criminal Exploitation**: Victims of criminal exploitation are forced into crimes such as cannabis cultivation or pick pocketing. This is against the will of the victim and they are usually controlled and maltreated into carrying out criminal acts. There is usually a threat of other abuses, such as physical abuse and violence. Child criminal exploitation is defined by the Home Office (within the Serious Violence Strategy) 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 in exchange for something the victim needs or wants and/or for the financial or other advantage of the perpetrator or facilitator and/or through violence or 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.

**Child Criminal Exploitation: County Lines**: Defined by the Home Office (within the Serious Violence Strategy) as a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of ‘deal line’. They are likely to exploit children and vulnerable adults to move and store drugs and money from areas such as urban to suburban, rural, market and seaside towns. They will often use coercion, intimidation, violence (including sexual violence) and weapons. Victims may have been trafficked for the purpose of transporting drugs. County lines exploitation can:

* affect any child or young person (male or female) under the age of 18 years;
* affect any vulnerable adult over the age of 18 years;
* still be exploitation even if the activity appears consensual;
* involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
* be perpetrated by individuals or groups, males or females, and young people or adults; and
* is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

**Domestic Servitude**: Victims of domestic servitude are forced to carry out housework and domestic chores within a private household with little or no pay. Victims have their movements restricted without any free time, or very little and have marginal privacy, victims will often sleep where they work.

There are no typical victims of slavery, victims can be men, women and children of all ages and intersect across the population and some victims do not understand they have been exploited and are entitled to help and support. It is however, characteristically the more vulnerable, minority and socially excluded groups that are targeted and at risk of becoming victims of modern slavery.

**Signs and Symptoms of Modern Slavery:**

* Physical Appearance: Victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn
* Isolation: Victims may rarely be allowed to travel on their own, seem under control or influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work
* Poor Living conditions: Victims may be living in dirty, cramped or overcrowded accommodation and/or living at the same address
* Few or no personal effects: Victims may have no identification documents, have few personal possessions and always wear the same clothes on a daily basis.
* Restricted Freedom of movement: Victims have little opportunity to move freely and may have had their travel documents retained, for example, passports.
* Unusual travel times: Victims may be dropped off and/or collected for work either very early or late at night
* Reluctant to seek help: Victims may avoid eye contact, appear frightened or hesitant in talking to strangers and/or fear the law such as the police for fear of knowing who to trust, where to get help, fear of deportation and fear of violence to them or their family

This list is not exhaustive; an individual may display a number of trafficking indicators but may not essentially be a victim of trafficking. A picture needs to be built regarding the victims circumstances, which will indicate that something in the life of the individual is not correct.

**Additional issue of concern which all staff members need to be aware of includes the following:**

**Female Genital Mutilation (FGM)**

Female genital mutilation (FGM), which is sometimes referred to as female circumcision refers to procedures that intentionally partially or totally remove the external female genitalia or cause other injury to the female genital organs for non-medical reasons. **FGM is illegal**, even if it is carried out by a healthcare professional or if it takes place outside of the UK (on a UK national or UK resident). FGM is a form of child abuse and violence against women.

Some of the reasons given for the practice of FGM are;

* Protecting family honour
* A passage into womanhood
* A condition of marriage
* Preserving tradition
* Cleanliness
* Ensuring a woman’s chastity

FGM can lead to serious health problems and in some cases death, it can also cause:

* Psychological trauma/ depression
* Problems with pregnancy and childbirth

**FGM is illegal, under The Female Genital Mutilation Act 2003 it is an offence in England, Wales and Northern Island for anyone (regardless of their nationality and residence status) to;**

* Perform FGM in the UK
* Assist in the carrying out of FGM in the UK
* Assist a girl to carry out FGM on herself in the UK and
* Assist from the UK a non-UK person to carry out FGM outside the UK on a UK national or permanent UK resident.

UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that may also practice FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

**FGM Mandatory reporting duty:**

As defined within statutory guidance Keeping Children Safe in Education 2018; Section 5B of the FGM Act 2003 (as amended by the Serious Crime Act 2015) **places a statutory duty upon teachers (teachers is defined within the Act as ‘qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions’** ) along with regulated health and social care professionals in England and Wales, **to report ‘known cases’ to the police** where they discover, either through disclosure by the victim ( a girl may use the terminology female genital mutilation or another term such as ‘cut’) or visual evidence, that FGM appears to have been carried out on a girl under 18. **Those failing to report such cases will face disciplinary sanctions**. It will be rare for teaching staff to see visual evidence and they **should not be examining learners**. The FGM Act 2003 provides the following definition regarding relevant age, ‘as the girl’s age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).’

**Reporting FGM:**

The FGM Act 2003 places as duty that reports should be made as soon as possible after a case is discovered, **best practice is for reports to be made by the close of the next working** day unless there is an **exceptional** reason. The FGM Act 2003 defines an exceptional reason as ‘ **a professional has concerns that a report to the police is likely to result in an immediate safeguarding risk to the child (or another child, e.g. a sibling) and considers that consultation with colleagues or other agencies is necessary prior to the report being made.’**

**Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.**

**How to Report:**

**The FGM Act 2003 provides a clear and specific reporting method, which must be adhered to, as follows;**

It is recommended that you make a report verbally **by calling 101 (Police, non- emergency number)**

The call handler will log the call and refer to the relevant team within the force, who will call you back to ask for additional information and discuss the case in more detail.

**The following information will need to be provided to the call handler:**

* The report has been made under the FGM mandatory reporting duty
* Your details:
  1. Name
  2. Contact details ( work telephone number and e-mail address) and times you will be available to be called back
  3. Role
  4. Place of work
* Details of the organisations Designated Safeguarding Lead:
  1. Name
  2. Contact details ( work telephone number and e-mail address)
  3. Place of work
* Details of the girl:
  1. Name
  2. Age/date of birth
  3. Address

A reference number for the call will be provided, which must be documented within internal organisations safeguarding report/ records.

In line with the statutory reporting duty, Asset Training have consulted with the LSCB (Local Safeguarding Children Board) to ensure local arrangements are adhered to. In abiding to LSCB advice, in the event of a disclosure/ discovery of a ‘known case’ of FGM the following process is to be undertaken:

* Disclosure / Discovery made by a staff member
* Report directly to the lead safeguarding officer or in absence the designated officer. Report directly to SMT in absence of the lead and designated officer.
* The lead designated safeguarding officer ( or designated officer / SMT ) will then:

(i) Report to 101 (adhering to the reporting process above)

(ii) Report to LSCB

All internal reports will be competed in line with standard safeguarding practice, which will also include when and how the case was reported to the police, the LSCB and the case reference number.

When reporting FGM the girl and her parents/carers/ **guardians should be contacted** in order to explain why a report is being made. **It should be not discussed** however, if it is of the **belief that informing the child/ parents of the report may result in a risk of serious harm** to the child or anyone else, or of the family fleeing the country.

The lead designated safeguarding officer/ designated officer **will always seek advice** from the police and LSCB **before contact** is made to a girl and her parents/guardians. Local MASH (Multi Agency Safeguarding Hub) teams can also be contacted for advice regarding FGM.

**Honour based abuse (HBA)**:

HBA is a violent crime or incident that has occurred to protect or defend the honour of the family and/or community**.** It is often committed as a result of family members who mistakenly believe someone has brought shame to their family or community that is not keeping with their traditional beliefs of their culture.

**HBA might be committed against people who:**

* Have a boyfriend/ girlfriend who is from a different culture or religion
* Wear inappropriate make-up or dress
* Take part in activities that may not be considered traditional within a particular culture
* Marital infidelity
* Are gay
* Are misconstrued as flirting
* Refuse to agree to an arranged marriage
* Are raped

Common practices carried out in the name of honour include;

* Forced Marriage
* Child Marriage
* Honour Killings
* Female Genital Mutilation
* Domestic Abuse
* Child Abuse
* Vulnerable Adult Abuse
* Bride Price
* Dowry Abuse
* Suicide
* Self- harm
* Acid Attacks
* Rape
* Blood Feuds
* Male Child Preference

Acts carried out in the name of honour such as violence, forced marriage and female genital mutilation **is illegal in the UK**.

In adhering to statutory guidance staff must raise their concern regarding a child that might be at risk of HBV or who has suffered from HBV to the lead designated safeguarding officer / designated officer. The lead/ designated officer will adhere to local safeguarding procedures, liaising with LSCB / MASH teams and the police.

Forced Marriage:

Forced marriage is when someone is made to marry another person who they don’t want to. Forced marriages can happen in secret and can also be planned by parents, family or religious leaders.

It may involve;

* physical abuse
* sexual abuse or
* emotional abuse

Forced marriage is illegal in England and Wales. This includes:

* taking someone overseas to force them to marry (whether or not the forced marriage takes place)
* marrying someone who lacks the mental capacity to consent to the marriage (whether they’re pressured to or not)

A Forced Marriage Protection Order can be accessed if one of the following applies:

* the individual or someone else is being threatened with a forced marriage
* the individual is in a forced marriage

The order is designed to protect an individual according to individual circumstances, e.g. to stop someone taking an individual out of the UK.

Hate Crime:

A hate crime or incident is any incident that may or may not be a criminal offence which is perceived by the victim or any other person as being motivated by prejudice or hate.

The prejudice or hate can be based on a number of factors including:

* Disability (including learning disabilities)
* Race/ ethnicity
* Religion or belief (including no belief)
* Sexual orientation
* Gender identity.

Hate Crime can take many forms including:

* Verbal abuse or insults, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes and bullying in the school or workplace
* Threat of attack-including offensive letters, abusive obscene telephone calls and offensive comments on social networking sites
* Physical attack-such as physical assault, damage to property, offensive graffiti, neighbour disputes and arson
* So called 'mate crime' could also come under Hate Crime. 'Mate crime' is when somebody befriends a vulnerable person to take advantage of that vulnerability.

**Peer on Peer abuse:**

Peer on peer abuse is when children abuse other children and can be in various forms. This includes but is not limited to:

* Bullying
* Cyberbullying
* Sexual violence
* Sexual harassment
* Physical abuse ( for example, hitting, kicking, shaking, biting, hair pulling or any contact which causes physical harm)
* Sexting/ hazing type violence (a ritual imposed on a person who wants to join a group). Hazing can take many forms, including the following:
  1. to make victims act in embarrassing or humiliating ways
  2. To swear and yell insults at victims
  3. To deprive individuals of sleep or restrict personal hygiene
  4. To force victims to eat vile substances
  5. To physically beat individuals
  6. To force binge drinking
  7. To sexually assault victims
  8. Rituals

**Peer on Peer Abuse: Definition of Sexual violence and sexual harassment**:

**Sexual Violence:**

**Acts of sexual violence are sexual offences under the Sexual Offences Act 2003 and are defined as:**

**Rape:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

**Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

**Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe B consents.

**Sexual Harassment:**

This means ‘unwanted conduct of a sexual nature’ and can occur both physically and online. Peer on peer sexual harassment is highly likely to effect the dignity of a child, causing them to feel humiliated, degraded and intimidated.

Acts of sexual harassment can be and are not limited to:

* Sexual comments, for example, sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names
* Sexual jokes/ taunting
* Physical behaviour, for example, brushing against someone deliberately, interfering with someone’s clothes and displaying pictures, photos and/or drawings of a sexual nature
* Online sexual harassment, this can include:
  1. Non- consensual sharing of images and videos
  2. Sexualised online bullying
  3. Unwanted sexual comments and messages, including on social media
  4. Sexual exploitation ( coercion and threats)

If a member of staff has any concerns over an individual regarding sexual violence or sexual harassment speak to the lead designated safeguarding officer/ designated office or SMT in absence of both the lead and designated officer.

When responding to concerns and/ or allegations of peer on peer abuse (which includes sexual violence and sexual assault), Asset Training will consult the Local Safeguarding Children Board's (LSCB) for support and practice guidance. Asset Training adopts a **\*contextual safeguarding** approach in preventing and responding to peer on peer abuse, one which focuses on **all** forms of peer on peer abuse and across a range of behaviour.

**(\* Contextual Safeguarding** is an approach to **understanding and responding to children’s experiences of significant harm beyond their families.** It r**ecognises** that **the different relationships that children form** in their **neighbourhoods**, **schools** and **online** **can feature violence and abuse**. Parents and carers have little influence over these contexts, and children’s experiences of extra-familial abuse can undermine parent-child relationships).

**Additional Safeguarding Issues:**

**Homelessness:**

The Homelessness Reduction Act 2017 places a legal duty on English councils to help and support individuals and families who are homeless or at risk of homelessness.

Indicators that a family may be at risk of homelessness are:

* Household debt
* Rent arrears
* Domestic abuse
* Anti-Social behaviour

In these situations a referral should be made to local housing authorities but it does not replace a referral to Children’s Services if a child has been harmed or is at risk of harm.

Where 16-17 year olds are living independently and are homeless or at risk of homelessness, referrals are to be made directly to Children’s Services as they are the lead agency. The lead designated officer/ designated officer are responsible for making such referrals.

**Care Leavers:**

Keeping Children Safe in Education 2018 guidance requires safeguarding leads to ensure details are provided for local authority Personal Advisers who are responsible for supporting a care leaver; this is to ensure that any issues affecting the care leaver can be handled appropriately and effectively. A care leaver who is 16 or 17 (referred to in legislation as a ‘relevant child’) is defined in section 23A(2) of the Children Act 1989 as a child who is:

* 1. Not looked after
  2. Aged 16 or 17 and
  3. Was before ceasing to be looked after by a local authority, looked after for a period of 13 weeks or periods amounting I total to 13 weeks, beginning after she/he reached the age of 14 and ended after she/he reached the age of 16

As care leavers are vulnerable and can face additional wellbeing issues, any support plans required are to be in situ prior to an individual starting learning, to ensure holistic support promotes the educational and social development of an individual. This ensure the best possible opportunity of a child/ young person reaching their full potential while in learning. Support plans will be child centred, reflecting the individual’s requirements and Personal Advisers must be liaised with. In these situations staff are to refer to the lead safeguarding Officer/ designated officer and/ or SMT.

**Children with special educational needs and disabilities:**

Additional pastoral and wellbeing support may be required for those children and young people with special educational needs and /or disabilities, as they can face additional safeguarding requirements. Additional barriers can include:

* Indicators of abuse such as behaviour, mood and injury, which are related to the individuals disability, are not further explored
* Individuals are further prone to peer group isolation
* Individuals with special educational needs and/ or disabilities can be affected by issues such as bullying
* Individuals may have barriers to communication and experiencing difficulty in overcoming these.

In these situations staff are to refer to the lead safeguarding Officer/ designated officer and/ or SMT.

(Please refer to Appendix 1 Directory of Contact Details for additional information and advice regarding abuse and raising safeguarding concerns).

**Radicalisation, Extremism and the PREVENT Duty.**

In accordance with the Government Prevent Strategy we use the following accepted Governmental definition of extremism which is:

‘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; and/or calls for the death of members of our armed forces, whether in this country or overseas’.

There is no place for extremist views of any kind within Asset Training, whether from internal sources; learners and/or staff, or external sources such as community, external agencies, partners or individuals. Our learners see Asset Training as a safe place where they can explore controversial issues safely and where our Learning Facilitators encourage and facilitate this, we have a duty to ensure this happens.

As a Training Provider we recognise that extremism and exposure to extremist materials and influences can lead to poor outcomes for our learners and so should be addressed as a safeguarding concern as set out in this policy. We also recognise that if we fail to challenge extremist views we are failing to protect our learners.

Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice and thereby limiting the life chances of young people and vulnerable adults.

Any prejudice, discrimination or extremist views, including derogatory language, displayed by learners or staff will always be challenged.

As part of wider safeguarding responsibilities staff will be alert to:

* Disclosures by learners of their exposure to the extremist actions, views or materials of others outside of their learning environment, such as in their homes or community groups, especially where learners have not actively sought these out.
* Graffiti symbols, writing or art work promoting extremist messages or images
* Learners accessing extremist material online, including through social networking sites
* Learners voicing opinions drawn from extremist ideologies and narratives
* Use of extremist or ‘hate’ terms to exclude others or incite violence
* Intolerance of difference, whether secular or religious or, in line with our equality policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture
* Attempts to impose extremist views or practices on others
* Anti-Western or Anti-British views

We fully adopt the PEVENT duty and ensure the following:

* All staff undertake PREVENT and CHANNEL training
* All learners undertake PREVENT awareness training
* Staff know when it is appropriate to refer PREVENT related concerns regarding colleagues or learners to the Lead Safeguarding Officer.
* We demonstrate, embrace and evidence within our delivery British Values: Democracy, Rule of Law, Individual Liberty and Mutual Respect and tolerance for those with different faiths and beliefs.

All concerns should be reported immediately to the Lead Safeguarding Officer or to the Designated Officer in absence of the Lead. In absence of both the Lead and Designated Officer report directly to The Senior Management Team.

We will closely follow any locally agreed procedure as set out by the Local Authority and/or the Local Safeguarding Children Board’s/ Local Adult Safeguarding Board for safeguarding individuals vulnerable to extremism and radicalisation. (Please refer to Appendix 1 Directory of Contact Details for additional information and advice regarding concerns of Radicalisation and Extremism).

**Designated Staff with Responsibility for Child Protection and Safeguarding:**

Staff Member with **Lead Responsibility:**

The designate member of staff with lead responsibility for children, young people and vulnerable adult’s protection and safeguarding issues is **Sarah Fishburn.**

The designated Lead member of staff is responsible for:

* Overseeing the referral of cases of suspected abuse or allegations
* Providing advice and support to other staff on issues relating to children, young people and vulnerable adult’s protection.
* Maintaining a proper record of any child, young person and vulnerable adult protection referral, complaint or concern ( even when that concern does not lead to a referral)
* Ensuring that parents of children, young people and vulnerable adult’s within the organisation are aware of our safeguarding policy.
* Liaising with other appropriate agencies
* Liaising with external partners who refer learners to the organisation to ensure that appropriate arrangements are in situ.
* Ensuring staff receive basic training in child protection and vulnerable adult issues and aware of the organisations Children, Young People and Vulnerable Adults Safeguarding policy and procedure, including child protection arrangements.

Designated staff have been granted key responsibility for child protection and safeguarding issues and therefore ***in the absence of the Lead*** *Safeguarding Officer* **a designated second nominated person is in situ. In the absence of both the Lead and Designated Officer, safeguarding and child protection issues will be handled by SMT.**

The designated staff member will:

* Report to the member of staff with lead responsibility
* Will know how to make an appropriate referral
* Will be available to provide advice and support to other staff on issues relating to child protection and safeguarding
* Will deal with individual cases, including (if applicable) attending case conferences and review meetings as appropriate.
* Have received Safeguarding training for Children, Young People and Vulnerable Adults and receive refresher training at least every 3 years.

**Protection Procedures**

Alerting or raising a concern about abuse means;

* Recognising signs of abuse or ongoing bad practice.
* Responding to a disclosure.
* Reporting a concern, allegation or disclosure.
* Working strictly in accordance with anti-discriminatory practice.

If any of the above applies remember you are;

* Not being asked to prove or verify that information is true.
* Required to record your concerns and report them to your manager.

(\*Only the police have the responsibility to establish whether a criminal offence has been committed)

You will not be criticised at any point for following this procedure.

If you raise a concern about any organisation or individual and you are acting in good faith, you will be supported regardless of the outcome of the investigation.

**Failure to report a concern, allegation or disclosure** will be regarded as colluding with the abuse and may result in any or all of the following;

* Criticism of practice.
* Disciplinary action.
* Suspension.
* Dismissal.

Individuals will be expected to co-operate with any investigation and may be required to provide a statement, attend a strategy meeting or a police interview.

**Dealing with Disclosure of Abuse and Procedure for Reporting Concerns:**

**If a child, young person or vulnerable adult tells you about possible abuse you must:**

* Listen carefully and stay calm, demonstrating concern and interest
* Do not interview the individual, **you must** **listen and carefully record what is said in their own words.** **Do not write your own interpretations down or make emotive comments.**
* Do not lead or probe with questions
* Do not put words into the mouth of the individual making the disclosure/ the reporting of possible abuse.
* Do not agree confidentiality
* Reassure the individual that by telling you they have done the right thing and everything possible will be done to help.
* Record the disclosure
* Make a detailed note of the date, time, place and what the individual said, keep copies of notes taken and sign and date accordingly
* Do not be judgemental
* Do not make promises that can’t be kept (such as ‘this won’t happen to you again’).
* Do not contact the alleged abuser
* Do not gossip about the incident

Inform the reporting individual that you must pass the information on but that only those who need to know about it will be told. Inform the individual of to whom you will report the incident.

**Staff should not investigate concerns or allegations themselves but should report them immediately to the Designated Lead Safeguarding Officer**

The incident and information of the person involved must not be discussed with the alleged perpetrator or provide any information about the person involved.

**To report abuse contact:**

**Local Safeguarding Children’s Board for Liverpool City Region:**

* Liverpool Safeguarding Children’s Board: Careline: 0151 233 3700

(Same number for out of hours)

* **Sefton Safeguarding Children’s Board: 0345 140 0845. Out of hours: 0151 934 3555. CAS ( Community Adolescent Service 12-25 years): 0345 140 0845**
* **Wirral Safeguarding Children’s Board:** 0151 606 2008. Out of hours: 0151 677 6557
* **St Helens Safeguarding Children’s Board:** 01744 676 600. Out of hours: 0345 050 0148
* **Knowlsey Safeguarding Children’s Board:** 0151 443 2600 (MASH Team) (same number for out of hours).

**Local Safeguarding Adults Board:**

* Liverpool Safeguarding Adults Board: 0151 233 3800 ( Careline, same number for out of hours)
* Sefton Safeguarding Adults Board: 0845 140 0845. Out of hours: 0151 920 8234
* Wirral Safeguarding Adults Board: 0151 606 2006 (same number for out of hours)
* St Helens Safeguarding Adults Board: 01744 676 600. Out of hours: 0345 050 0148 or 0845 050 0148
* Knowsley Safeguarding Adults Board: 0151 443 2600 ( same number for out of hours)

**Or contact:**

* Careline: 0151 233 3800 (Adults)
* Careline: 0151 233 3700 (Children and Young People) or
* Merseyside Police on 0151 709 6010 or 101 or 999 in an emergency.

**Reporting Modern Slavery: The Salvation Army and National Referral Mechanism (NRM) Process:**

Modern Slavery is a serious crime and includes slavery, servitude, forced or compulsory labour and human trafficking. The National Referral Mechanism (NRM) is the process by which an individual is identified as a victim of modern slavery. Referral to the NRM can only be made by authorised agencies known as First Responders. The Salvation Army is a First Responder and they have authority to make referrals to the NRM.

When seeking advice or to refer a potential victim of modern slavery contact:

* The Salvation Army 24/7 confidential referral helpline: 0300 303 8151 or
* The Home Office Helpline: 0800 0121 700 or
* Report online at: www.modernslaveryhelpline.org
* If an individual is in immediate danger call 999

The Government’s NRM team have five working days to respond from receiving a referral, to decide if there are reasonable grounds to believe an individual is a potential victim of modern slavery.

**Process following NRM decision that an individual is a potential victim:**

* A place will be offered at a safehouse and the individual will be provided with a period of recovery and reflection of a minimum of 45 days
* During the 45 day recovery and reflection period care and support is provided by the Salvation Army
* The 45 day period can be extended if the individual requires the support of the safehouse for a longer period or if the decision making process takes longer
* Additional information is obtained, during this time, relating to the referral from the First Responder and other agencies
* The NRM team will then decide if the individual is indeed a victim of modern slavery. The decision is targeted to be made within the 45 day recovery period

**For children and young people who are potential victims of trafficking, refer to Local Safeguarding Children’s Boards and the NSPCC Child Trafficking Advice Centre on 0808 800 5000.**

It is important to note there may be instances where reporting a suspected trafficking/modern slavery case puts the potential victim at risk. Therefore it is highly critical The Salvation Army, as First Responder is contacted as a priority so they can evoke their legislative duty, reporting to the NRM team and ensures protection of an individual; this also includes children and young people who are potential victims of modern slavery (further information regarding First Responders and NRM processes can be found at

[**https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales**](https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales))

**Reporting and Dealing with Allegations of Abuse against Members of Staff:**

We recognise that an allegation of abuse made against a member of staff may be made for a variety of reasons and the facts of the allegation may or may not be true. It is therefore imperative when dealing with an allegation that an open mind is maintained and the investigations are thorough and not subject to delay.

We recognise:

* The welfare of the individual is the paramount concern.
* Making hasty or ill-informed decisions in connection with a member of staff can irreparably damage an individual’s reputation, confidence and career. Therefore, those dealing with such allegations within the organisation will do so with sensitivity and will act in a careful, measured way.

**If an allegation is made or there is a concern that a member of staff is abusing a learner or another adult, you must discuss this immediately with your line manager.**

**Receiving an allegation from a child, young person or vulnerable adult:**

A member of staff who receives an allegation about another member of staff should report the allegation immediately to their line manager, unless the line manager is the person whom the allegation is made.

In this case the report should be made to SMT and/ or the Lead Designated Safeguarding Officer.

The Line Manager (or lead designated person) should obtain written details of the allegation from the person who received it; this must be signed and dated. Then written details should be countersigned and dated by the Line Manager (or designated person).

Information should be recorded on: times, dates, locations and names of potential witnesses.

**Initial Assessment by the Line Manager (or lead designated person)**

The Line Manager (or lead designated person) should make an initial assessment of the allegation, consulting with the Safeguarding Officer with lead responsibility.

**Where the allegation** **is considered to be either a potential criminal act or indicates that the young person/vulnerable adult has suffered, is suffering or is likely to suffer significant harm,** **the matter should be reported immediately to the police/social services.** All **allegations against people who work with children, young people and/or vulnerable adults which meet the following specific criteria should be reported by the employer within one working day to the Local Authority Designated Officer (LADO) via the Local Safeguarding Children’s Board.**

* Staff who have behaved in a way that has harmed a child, young person or vulnerable adult
* Staff who have possibly committed a criminal offence related to a child, young person or vulnerable adult
* Staff who have behaved towards a child/children, young person/s and vulnerable adult/s in a way that indicates that he/she is unsuitable to work with children

It is important that the Line Manager (or lead designated person) does not investigate the allegation. The initial assessment should be on the basis of the information received and is a decision whether or not the allegation warrants further investigation.

**Other potential outcomes are:**

* The allegation represents inappropriate behaviour or poor practice by the member of staff and is neither potentially a crime or a cause of significant harm to the child, young person or vulnerable adult. The matter therefore will be addressed in accordance with internal disciplinary procedures.

**Enquiries and Investigations**

Asset Training shall hold its own internal enquires while the formal police or social services investigations proceed. Any internal enquiries shall conform to the existing staff disciplinary procedures.

If there is an investigation by an external agency, for example, the police, the Line Manager or lead designated person may be involved in and contribute to investigatory discussions. The Line Manager or lead designated person is responsible for ensuring that the organisation provides every assistance with the agencies enquiries. He/she will ensure that appropriate confidentiality is maintained in connection with the enquiries in the interests of the member of staff about whom the allegation is made. The Line Manager or lead designated person shall advise the member of staff that he/she should consult with a representative, for example, a trade union.

Subject to objections from the police or other investigating agency, the Line Manager or lead designated person shall:

* Inform the individual making the allegation that the investigation is taking place and what the likely process will involve.
* Ensure the parents/carers of the child, young person/vulnerable adult making the allegation have been informed that an allegation has been made and inform of the process involved.
* Inform the member of staff against whom the allegation was made of the fact an investigation is taking place and advised what the likely process will involve.
* Inform SMT (if this has not been undertaken) of the allegation and the investigation.
* The Line Manager or lead designated person shall keep a written record of the action taken in connection with the allegation.

**Suspensions of Staff:**

Suspensions should not be automatic. In respect of staff, suspension can only be carried out by the Senior Management Team.

Suspension may be considered at any stage of the investigation. It is a neutral not a disciplinary act and shall be on full pay. Consideration should be given to alternatives: e.g. paid leave of absence; agreement to refrain from attending work; change of or withdrawal from specified duties.

Suspensions should only occur for a good reason: For example:

* Where a child, young person/vulnerable adult is at risk.
* Where the allegations are potentially sufficiently serious to justify dismissal on the grounds of misconduct.
* Where necessary for the good and efficient conduct of the investigation

If suspension is being considered the member of staff should be encouraged to seek advice, for example a trade union.

Prior to making the decision to suspend, the Senior Management Team should interview the member of staff. This should occur with the approval of the appropriate agency, if the police are engaged in an investigation, the officer in charge of the case should be consulted.

The member of staff should be advised to seek advice and/or assistance of his/her trade union (if any) and should be informed that they have the right to be accompanied by a friend.

The member of staff should be informed that an allegation has been made and that consideration is being given to suspension. It should be made clear that the interview is not a formal disciplinary hearing but solely for raising a serious matter which may lead to suspension and further investigation.

During the interview the member of staff should be provided with as much information as possible, in particular the reasons for any proposed suspension, provided that in doing so it does not interfere with the investigation into the allegation.

The interview is not intended to establish the member of staffs innocence or guilt but to provide the opportunity for the member of staff to make representations about possible suspensions. The member of staff should be given the opportunity to consider any information given to him/her at the meeting and prepare a response

**If the Senior Management Team considers that suspension is necessary the member of staff shall be informed that he/she is suspended from duty.** **Written confirmation of the suspension** with reasons **shall be despatched** as soon as possible, **ideally within one working day.**

The parents/carers of the child, young person or vulnerable adult making the allegation should be informed of the suspension. They should be asked to treat the information as confidential

SMT are required to be informed for the reason for suspension and are to maintain confidentiality regarding the allegations.

The Line Manager shall consider carefully and review the decisions as to who is informed of the suspension and investigation. External investigating authorities should be consulted.

The suspended member of staff should be given appropriate support during the period of suspension. He/she should also be provided with information on progress and developments in the case at regular intervals.

The suspension will remain under review in accordance with internal disciplinary procedures.

**The Disciplinary Investigation**

The disciplinary investigation will be conducted in accordance with the existing staff disciplinary procedures.

The member of staff will be informed of:

* The disciplinary charge against him/her
* His/her entitlement to be accompanied or represented by a trade union or a friend.

**Where the member of staff has been suspended and no disciplinary action is to be taken the suspension should be lifted immediately and arrangements made for the member of staff to return to work. It may be appropriate to offer counselling.**

The individual making the allegation and /or their parents and carers should be informed of the outcome of the investigation and proceedings. This should occur prior to the return of the member of staff if suspension has occurred.

Consideration to what information should be made available to the general population of the centre should be made by SMT.

**Allegations without foundation:**

**False allegations may be indicative of problems of abuse elsewhere**. A record should be kept and **consideration given for a referral to be made to external safeguarding authorities** so they may act upon it.

Further to this:

* The member of staff against whom the allegation is made is to be informed orally and in writing that no further disciplinary or child protection action will be taken. It may be appropriate to offer counselling.
* The parents/carers of the alleged victim are to be informed that the allegation has no foundation and advise of the outcome.
* A report is to be prepared outlining the allegation and giving reasons for the conclusion that the allegation had no foundation and confirming the above action has been taken.

**Recording, Sharing of Information and Consent Issues:**

* Documents relating to an investigation will be retained in a secure place, together with a written record of the outcomes and if disciplinary action is taken; details will be retained on members of staff and confidentially filed.
* **If a member is dismissed or resigns before the disciplinary process is completed he/she will be informed about the organisations statutory duty to inform the Disclosure and Barring Serviced (DBS).**
* Records will be kept updated as and when information is received, including action taken, as a young person/vulnerable adult can request their records, until official consent has been sought we need to be sensitive as to what we record
* All written records which may need to be referred to at a later stage, or to be kept as evidence, are to be locked away in a secure designated location.
* Consent to share information should not be sought under the following specific circumstances:

1. If this would put the child, young person or vulnerable adult at greater risk of significant harm
2. Interfere with criminal enquiries
3. Raise concerns about the safety of staff

**Information sharing and General Data Protection Regulation (GDPR) :**

In ensuring information sharing best practice is undertake, Asset Training adhere to, ‘ the seven golden rules to sharing information’ ( Information Sharing Advice for Practitioners providing safeguarding services to children, young people, parents and carers):

1. General Data Protection Regulation (GDPR), Data

Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6.Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and upto-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

**The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children, young people and vulnerable adults safe.** The Act includes ‘safeguarding children and individuals at risk’ as a condition that allows **information to be shared** (by Safeguarding Officers) **legally without consent of an individual** if it cannot be **reasonably expected to gain consent** **or** to gain **consent could place a child or vulnerable adult at risk.**

Therefore, in ensuring information is shared effectively and in accordance with GDPR and the Data Protection Act 2018, we adhere to the following necessary processing conditions for the purpose of:

* Protecting an individual from neglect or physical, mental or emotional harm or
* Protecting the physical, mental or emotional well-being of an individual
* The individual is aged under 18 and/or aged 18 or over and at risk
* The processing is carried out without the consent of an individual for one of the reasons as listed below:
  1. In the circumstances, consent to the processing ( of information) cannot be given by the individual
  2. The processing must be carried out without the consent of the individual because obtaining consent would prejudice the provision of protection
  3. In the circumstances it cannot be reasonably expected to obtain consent from the individual

For individuals who are 18 or over and ‘at risk’ the Data Protection Acts defines this as:

* The individual has needs for care and support
* The individual is experiencing, or at risk of neglect or physical, mental or emotional harm and
* As a results of those needs is unable to protect him or herself against the neglect or harm or risk of it

Information can therefore lawfully be shared without consent for the purpose of;

* Protecting the economic well-being of an individual at **\***economic risk ( \* an individual who is less able to protect his or her economic well-being by reason of physical or mental injury, illness or disability) who is aged 18 or over
* Health

Asset Training ensures, when sharing information, it is done so at all times, to safeguard and promote the welfare of children, young people and vulnerable adults at risk of abuse and neglect. Keeping Children Safe in Education 2018 and Working Together to Safeguard Children 2018 clearly define that ‘fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.’

**Monitoring Effectiveness:**

When an allegation has been made against a member of staff, at the conclusion of the investigation and any disciplinary procedures, consideration will be given to any improvements required in Asset Training, including the training needs of staff.

**DBS Disclosure Policy and Procedure:**

We adhere to strict government legislation following the procedures as outlined by the Disclosure and Barring Service (DBS) which states:

* Any person barred from working with children and vulnerable adults is breaking the law if they work or volunteer, or try to work or volunteer with those groups. An organisation which knowingly employs someone who is barred to work with these groups will also be breaking the law.
* Asset Training abide by the legislative requirements (as stated by DBS) that if we (an organisation) work with children, young people or vulnerable adults and dismiss a member of staff because they have harmed a child, young person or vulnerable adult, or would have done so if they had not left, will by law inform the Disclosure and Barring Service.

In the instance of a disclosure that **does not involve a person barred** with said groups the following process will be adhered to:

* SMT will be notified immediately.
* SMT will liaise with the Managing Director, to confidentially discuss the issues raised
* The Managing Director /SMT will confidentially discuss with the individual the issues raised.
* A confidential record of discussion will be kept and held securely.
* The situation will be monitored on an on-going basis for a reasonable period of time as advised and arranged by SMT
* In the result of an incident in relation to the individual, the staff disciplinary procedure will be implemented by SMT to address the incident/issues.
* SMT and in consultation with the company Director will be responsible for all matters relating to disclosure issues and any subsequent suspension or termination of contract relating to the individuals(s) employment at Asset Training.

**Appendix 1: Safeguarding Contact Numbers for advice and referral**

**IN AN EMERGENCY CALL 999**

**Liverpool City Region: Local Safeguarding Children’s Boards:**

1. *Liverpool Safeguarding Children’s Board*: Careline: ***0151 233 3700***. Out of hours: **0151 233 3700**
2. ***Sefton Safeguarding Children’s Board*: *0345 140 0845*. *Out of hours*: *0151 934 3555*. *CAS* ( *Community Adolescent Service* 12-25 years, for those involved in gangs, at risk of sexual exploitation, issues with drugs and alcohol, experiencing violence at home, those who have run away from home and those experiencing mental health problems): *0345 140 0845***
3. ***Wirral Safeguarding Children’s Board*: *0151 606 2008***. *Out of hours:* ***0151 677 6557***
4. ***St Helens Safeguarding Children’s Board*: *01744 676 600***. *Out of hours:* ***0345 050 0148***
5. ***Knowlsey Safeguarding Children’s Board: 0151 443 2600*** (*MASH Team). Out of hours:* ***0151 443 2600***

**Liverpool City Region: Local Safeguarding Adults Boards:**

1. *Liverpool Safeguarding Adults Board****: 0151 233 3800*** (*Careline*). *Out of hours:* ***0151 233 3800***
2. *Sefton Safeguarding Adults Board:* ***0845 140 0845****. Out of hours:* ***0151 920 823***
3. *Wirral Safeguarding Adults Board:* ***0151 514 2222*** *Out of hours:* ***0151 677 6557***
4. *St Helens Safeguarding Adults Board:* ***01744 676 600****. Out of hours:* ***0345 050 0148*** *or* ***0845 050 0148***
5. *Knowsley Safeguarding Adults Board:* ***0151 443 2600****. Out of hours:* ***0151 443 2600***

**Area wide Local Safeguarding Boards:**

1. *Halton Local Safeguarding Children Board (covering Widnes and Runcorn): Office hours:* ***0151 907 8305****: Out of hours:* ***0345 050 0148:*** *LADO:* ***0151 511 7229***
2. *Halton Local Safeguarding Adults Board (covering Widnes and Runcorn)* Office hours: **0151 907 8306**: Out of hours: **0345 050 0148**
3. West Cheshire Local Safeguarding Children Board (covering Ellesmere Port) Office Hours: **0300 123 7034:** Out of hours: **01244 977 277**
4. *West Cheshire Local Safeguarding Adult Board (covering Ellesmere Port):* Gateway Team: **0300 123 7034**:Out of hours: **01244 977 277**: General Adult Safeguarding Enquiries**: 0300 123 8 123**
5. *Northumberland Local Safeguarding Children Board:* Children’s Team: **01670 536 400**: 14+ Team: **01670 622 930**: Out of hours: **0345 600 5252**
6. *Northumberland Local Safeguarding Adults Team:* Adult Services: **01670 536 400**: Out of hours: **0345 600 5252**

**Local Authority (HSC)/ Public Services Safeguarding Teams:**

1. *Careline (Adults):* ***0151 233 3800***
2. *Careline (Children and Young People):* ***0151 233 3700***
3. *Merseyside Police:* ***0151 709 6010*** *or* ***101*** *or* ***999*** *in an emergency*

**Modern Slavery:**

1. *The Salvation Army:* ***0300 303 8151***
2. *The Home Office Helpline:* ***0800 0121 700***
3. *Report online at:* [***www.modernslaveryhelpline.org***](http://www.modernslaveryhelpline.org)
4. *NSPCC Child Trafficking Advice Centre:* ***0808 800 5000.***
5. *Call* ***999*** *in an emergency*

**PREVENT & CHANNEL Referrals:**

1. *Merseyside PREVENT Team:* ***0151 777 8506***
2. *Email:* [***prevent@merseyside.police.uk***](mailto:prevent@merseyside.police.uk) *or* [***msoc.prevent@merseysidepolice.uk***](mailto:msoc.prevent@merseysidepolice.uk)
3. *Careline:* ***0151 233 3700 (Children and Young People) and 0151 233 3800 (Adults) ( Contact Careline for PREVENT & CHANNEL referrals)***
4. ***MASH Team Liverpool ( Children and Young People) 0151 233 2273 ( PREVENT & CHANNEL referrals)***

**Female Genital Mutilation (FGM)**

1. *NSPCC FGM helpline:* ***0800 028 3550***
2. *Merseyside Police:* ***101***
3. *Childline:* ***0800 1111***
4. *Savera Liverpool:* ***0800 107 0726*** */* ***info@saverauk.co.uk***

**Honour Based Violence:**

1. ***Merseyside Police: 101***
2. *Karma Nirvana:* ***0800 5999 247*** *(lines open 9:30am to 5pm)*
3. *Savera Liverpool:* ***0800 107 0726***

**Forced Marriage:**

1. *Forced Marriage Unit:* ***0207 008 0151 /*** [***fmu@fco.gov.uk***](mailto:fmu@fco.gov.uk)
2. *Freedom Charity:* ***0845 607 0133***
3. *Childline:* ***0800 1111***
4. *NSPCC:* ***0808 800500***
5. *Savera Liverpool:* ***0800 107 0726***

**Hate Crime:**

1. *Stop Hate UK:* ***0800 138 1625***
2. *For practical advice and support call* ***101 and ask to speak to your local hate crime team***
3. *Crimestoppers:* ***0800 555 111.***

**CSE guidance**

1. [***www.ceop.police.uk/safety-centre***](http://www.ceop.police.uk/safety-centre)
2. [***www.saferinternet.org.uk***](http://www.saferinternet.org.uk)
3. [***www.nationalworkingtogethergroup.org***](http://www.nationalworkingtogethergroup.org)
4. [***www.safeguardingchildrenea.co.uk***](http://www.safeguardingchildrenea.co.uk)
5. *or contact Missing People****: 116 000***

**Process for reporting safeguarding concerns/disclosures/incidents:**

**3 Step Process:**