

Safeguarding at SHGH

Policy and Procedures

July 2025

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01 Safeguarding Policy

1.1 Introduction

Public First is a policy, research, opinion and strategy consultancy. We work with global companies, governments, start-ups, institutions and foundations around the world to tackle major public policy and strategic challenges. We are a company partner of the Market Research Society and members of the British Polling Council.

SHGH undertakes quantitative and qualitative research with children, young people and vulnerable adults in the following ways:

- Online scripted surveys
- Online and in person focus groups
- Online and in person individual interviews
- Immersive, ethnographic style research

We recognise that safeguarding is a shared responsibility. Everyone associated with SHGH who comes into contact with children, young people and vulnerable adults has a role to play. In particular, good safeguarding practice must be considered at all stages of the research process, including recruitment, fieldwork, transcription, analysis, and follow-up. This commitment is supported by consistent policies and the promotion of good practice across the entire organisation.

1.2 Purpose and scope

This document sets out the policy and procedures relating to safeguarding in SHGH which are informed by current legislation and best practice. It applies to all individuals involved with SHGH, including but not limited to employees, contractors, partners and beneficiaries.

Breaches of the safeguarding policy, Code of Conduct and related procedures will be taken seriously by SHGH and may result in disciplinary procedures and/or referral to child or adult protection services or the police.

1.3 Legal framework

Legal arrangements may vary between England, Northern Ireland and Scotland, but the general principles of protecting children apply throughout the UK. This policy and procedures are based on the legal requirements for England which include:

- **UN Convention on the Rights of the Child 1989** – ensures that every child has the right to protection, education, healthcare, and participation in decisions affecting them, without discrimination.
- **The Children Act 1989** - provides the legislative framework for child protection in England and Wales. Key principles established by the Act include – the paramount nature of the child’s welfare and the expectations and requirements around the duties of care to children.
- **The Children Act 2004** – encourages partnerships between partners and agencies to co-operate with the sharing of information to safeguard children.
- **Working Together to Safeguard Children 2023** – statutory guidance for organisations to have appropriate arrangements in place to safeguard and promote the welfare of children.

- **The Care Act 2014** - introduces well-being principle and the term 'adult at risk' of abuse or neglect.
- **The Mental Capacity Act 2005** –identifies principles for capacity and decision making for individuals 16 years and older.
- **Data Protection Act 1998** – includes provisions for the processing of information related to safeguarding children and vulnerable adults.

1.4 Safeguarding Policy Statement

At SHGH we believe that children and adults should never experience abuse of any kind. Everyone, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse. Therefore, we have the responsibility to promote the welfare of children and vulnerable adults, to keep them safe and to carry out our activities in a way that protects them and promotes their welfare.

This means embedding the following principles and commitments:

Principles

- **Respect for Dignity and Rights:** We respect the dignity and rights of all individuals, including their right to be safe from harm, abuse, or exploitation.
- **Prevention:** We are committed to preventing harm by identifying and mitigating risks and creating a safe and supportive environment.
- **Transparency:** We encourage all individuals associated with SHGH to report any safeguarding concerns promptly and confidentially.
- **Response and Accountability:** We will respond to safeguarding concerns promptly, thoroughly, and in line with legal and ethical obligations.

Commitments

SHGH will safeguard children, young people and vulnerable adults by:

- Valuing, listening to and respecting children and adults engaged in our activities.
- Adopting and disseminating safeguarding procedures to those working for SHGH
- Providing a Code of Conduct on our website which links to our disciplinary procedures
- Ensuring suitable staff are recruited to engage with children and vulnerable adults by adopting appropriate recruitment, selection and vetting processes
- Providing support and training so that all staff can follow our safeguarding policy and procedures, and Code of Conduct confidently and competently
- Establishing a safeguarding structure with assigned roles and responsibilities, including the appointment of a Designated Safeguarding Officer
- Acting promptly and sensitively to respond to safeguarding concerns and allegations of abuse
- Recording, storing and using information appropriately and securely, in line with data protection legislation and guidance

- Incorporating safeguarding arrangements into all contracts and agreements with providers and partners for activities involving children and vulnerable adults, ensuring they are proportionate to the work conducted by SHGH
- Reviewing this policy regularly to ensure best practice is maintained including any learning or feedback from safeguarding concerns, changes in legislation or guidance

Related SHGH Policies

These other SHGH policies related to safeguarding must be adhered to by those they apply:

- Disciplinary Procedures
- Equality Policy
- Equality Diversity & Inclusion Policy
- Grievance Procedures
- Harassment & Bullying Policy

Key Contacts

Role	Details
Designated Safeguarding Officer (DSO)	Dr Sally Burtonshaw Phone: 07791122728 Email: sally.burtonshaw@publicfirst.co.uk
Deputy Designated Safeguarding Officer (DDSO)	Edward Shackle Phone: 07581384611 Email: edward.shackle@publicfirst.co.uk
Head of Opinion Research	Seb Wride Phone: 07557961323 Email: seb@publicfirst.co.uk

Approve and Review

SHGH Safeguarding Policy and Procedures were developed in collaboration with the NSPCC.

Approved by: Dr. Sally Burtonshaw (DSO), Seb Wride (Head of Opinion Research), Rachel Wolf (CEO).

Date approved: July 2025

Date of next review: July 2026

1.5 Terminology

Abuse: A form of maltreatment of a child or adult. Somebody may abuse or neglect a child or adult by inflicting harm, or by failing to act to prevent harm. Children or adults may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children. They may be abused offline, online or a combination of both.

Child: A person under the age of 18 (The Children Act 1989). For older children the term 'young person' is sometimes used.

Adult at Risk and Vulnerable Adult : The Care Act 2014 provides the legal framework for safeguarding an adult at risk. An adult at risk is someone aged 18 or over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The term 'vulnerable adult' is often used more broadly to include individuals who, while not meeting the statutory threshold for safeguarding duties, may still require support due to factors such as mental health issues, sensory or physical impairments, declining abilities due to old age, substance addiction, bereavement or trauma. Vulnerability is not always permanent, nor is it always visible.

Safeguarding: This involves protecting children and vulnerable adults from abuse and maltreatment; preventing harm to their health or development; ensuring they are provided with a safe environment and effective care; and taking action to enable all children and vulnerable adults to have the best outcomes.

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

1.6 Types of abuse and harm

There are more detailed definitions of abuse and harm in Appendix 1 and 2. However, the main types as defined under the 1989 Children Act include:

- **Physical abuse** – physical chastisement; deliberate, malicious injuries; inappropriate restraint; lack of supervision resulting in accidents causing harm.
- **Neglect** – persistent failure to meet young people's physical and psychological needs.
- **Emotional abuse** – persistent ridicule, rejection, humiliation, an atmosphere of fear and intimidation, inappropriate expectations, bullying, scapegoating, low warmth and high criticism.
- **Sexual abuse** – including contact abuse such as sexual touching, sexual activity, rape, penetration and non-contact abuse such as exposure to sexual activity, nudity, pornography, sexual imagery, sexually explicit language; grooming, making child abuse images and child sexual exploitation.

Many of these definitions of abuse relate to vulnerable adults as well.

Other areas of abuse and harm that children and/or vulnerable adults can be subjected to include:

- **Bullying** – when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable. It can involve people of any age and can happen anywhere.
- **Child trafficking and modern slavery** - recruiting, moving, receiving and harbouring children for the purpose of exploitation. Child trafficking is a form of modern slavery. Children can be trafficked into the UK from overseas, or from one part of the UK to another.
- **County lines** – form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and/or transport them to suburban areas, market towns and coastal towns.
- **Discriminatory abuse** – a form of abuse that focuses on a difference or perceived difference. This may involve race, gender, disability, religion or any of the protected characteristics of the Equality Act 2010.
- **Grooming** - the process by which someone builds a relationship, trust, and emotional connection with a child or young person to manipulate, exploit, and abuse them.

- **Female genital mutilation (FGM)** - is the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. FGM is child abuse and is illegal in the UK.
- **Harassment** – when someone repeatedly behaves in a way that makes you feel scared, distressed or threatened. Can include bullying, cyber stalking (using the internet to harass someone), antisocial behaviour.
- **Online abuse** – any type of abuse that happens on the internet, facilitated through technology like computers, tablets, mobile phones and other internet-enabled devices.
- **Peer-on-peer child abuse** – also referred to as 'child-on-child abuse' describes children abusing other children. It can include bullying, physical abuse, sexual abuse, sexual harassment, sexting, upskirting, emotional abuse, financial abuse and coercive control.
- **Radicalisation and Extremism** - the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm. Extremism 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.
- **Self-neglect** - covers a wide range of behaviour involving neglecting to care for one's personal hygiene, health or surroundings.
- **Sexting** - when people share a sexual message and/or a naked or semi-naked image, video or text message with another person. It's also known as nude image sharing.
- **Sexual harassment** - Unwanted behaviour which is of a sexual nature, and which has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for the person. 'Of a sexual nature' can cover verbal, non-verbal or physical conduct including unwelcome sexual advances, inappropriate touching, forms of sexual assault, sexual jokes, displaying pornographic photographs or drawings, or sending emails with material of a sexual nature.

02 Safeguarding Structure / Roles and Responsibilities

2.1 All Staff and Associates

All individuals associated with SHGH must be aware of and adhere to this policy and report any safeguarding concerns

2.2 Heads of Practice and Partners Group

The Heads of Practice and Partners Group play a strategic role in safeguarding and is responsible for oversight and ensuring the organisation's compliance with safeguarding policies and procedures. The main responsibilities are to:

- Ensure the safeguarding policies and procedures are fit for purpose, regularly reviewed and updated.
- Make sure everyone in SHGH is aware of their safeguarding responsibilities and knows how to respond to concerns.
- Appoint a Designated Safeguarding Officer (DSO) and SMT Safeguarding Lead and support them in their role with access to necessary resources.

- Ensure training opportunities for those who engage with children and vulnerable adults.
- Receive and consider a safeguarding report annually.
- Approve the safeguarding policy and procedures.
- Undertake basic safeguarding training as a minimum level of child and adult protection training.

2.3 Head of Opinion Research

The Head of Opinion Research holds a strategic role in ensuring good practice and effective management of safeguarding within SHGH. The main responsibilities are to:

- Liaise with the DSO to support the implementing of the safeguarding policy.
- Support the Heads of Practice and Partners in developing their understanding of safeguarding.
- Check that safeguarding is included on the agenda at Heads of Practice meetings as appropriate and provide a written report to the Heads of Practice and Partners annually.
- Ensure that an up-to-date safeguarding policy is provided to the Heads of Practice and Partners for reviewing and approving.
- Provide advice and support to the DSO (or Deputy DSO) on issues pertaining to safeguarding allegations, inappropriate behaviour or actual abuse of young people or vulnerable adults by persons working with SHGH.
- Undertake basic safeguarding awareness training as a minimum level of child protection and adult protection.

2.4 Designated Safeguarding Officer (DSO)

The DSO is the main source of support, advice and expertise for safeguarding in SHGH. The main responsibilities are to:

- Advise and support the **Head of Opinion Research** in developing, implementing and monitoring SHGH's approach to safeguarding
- Be the main point of contact for anyone with a safeguarding concern
- Receive, record and store information from anyone who has a safeguarding concern
- Assess the information promptly and carefully
- Consult with the local authority children or adult protection services or NSPCC Helpline (0808 800 5000) to talk about concerns and seek advice
- Manage referrals to statutory agencies as appropriate
- Liaise with the **Head of Opinion Research** on matters concerning safeguarding
- Provides access to support for staff who have been involved in a safeguarding matter
- Advise on training needs and identify those who require safeguarding training and maintain records of training completed
- Keep a record of DBS checks and work with HR to issue reminders for updating every three years.
- Regularly review and update the safeguarding policy
- Undertake basic safeguarding training as a minimum level of child protection and adult protection training and where feasible, an advanced safeguarding training for the role.

2.5 Deputy Designated Safeguarding Officer

The Deputy DSO steps in for the DSL when they are unavailable, ensuring continuity in safeguarding practices. They should be trained to the same standard as the DSO.

03 Safeguarding Procedures

These procedures are to be followed if you have a safeguarding concern regarding a child, an adult or the behaviour of a member of staff or associate offline or online.

3.1 Recognising a safeguarding concern

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

- A child or adult communicates that they are being abused or tells you about an experience or event that has happened to them that you think would be harmful (this is sometimes referred to as a 'disclosure')
- Directly witnessing someone being harmed by another person
- Somebody tells you that a child or adult is being harmed or is at risk of harm
- You may observe signs or indicators that suggest a child or adult is being harmed or at risk of harm (see Appendix 1).
- The behaviour or attitude towards a child or adult by someone associated with SHGH or a partner organisation gives cause for concern
- A child or adult tells you about an experience of abuse in the past which is often referred to as 'historical or non-recent abuse'.

All concerns should be taken seriously, even if vague or a suspicion, and be reported to the Designated Safeguarding Officer (DSO).

3.2 Responding to disclosures and other safeguarding concerns

Procedures for responding to a young person, vulnerable adult, colleague or anyone who has made an allegation of abuse or inappropriate behaviour or expressed a concern or suspicion:

- Consider whether the time and place are appropriate for you to listen with care and security. Do not defer listening but seek the other person's agreement to find a suitable and safe place to listen. Bear in mind that this may be the only time they are willing to disclose.
- Listen carefully and try not to interrupt or put words into their mouth.
- Show concern and compassion. Do not pass judgement, minimise or express shock or disbelief at what you are being told.
- Ask if they mind you taking notes during the conversation (if appropriate) or take notes immediately afterwards of what was said, including the date, time, venue and the names of people who were present.
- Find out what the person hopes for as a result of sharing this information.
- Reflect back the key points of what you have heard to confirm you have understood what has been communicated and offer reassurance.
- Do not promise to keep what you have been told confidential. Explain what you will do with the information, i.e. share it with the DSO who can help (see section on information sharing) and that this would be managed very carefully.
- Remain unbiased afterwards in your reporting of the allegation, concern or suspicion.
- Do not contact the person about whom the allegation has been made.

- If a child indicates, either verbally or through their behaviour, that they have a concern or are facing a problem but are unwilling to discuss it with SHGH staff, share the contact details of Childline with them so they can speak to someone in confidence. Record the action taken.
- Either during (if appropriate) or after, make notes of what was said, including the date, time, venue and the names of people who were present. (If possible, use the safeguarding Concern Reporting form in Appendix 4).

3.3 Emergencies

- If the person is at risk of immediate danger or needs urgent medical attention, take immediate action necessary to safeguard them including calling the police on 999, child or adult protection services.
- Inform the DSO after taking this action.
- If the DSO is not available, inform the Deputy DSO, or Head of Opinion Research. DSO is not present inform your line manager.
- Complete the Safeguarding Concern Reporting form – see Appendix 4.

3.4 Reporting to Designated Safeguarding Officer (DSO)

- Speak to the DSO about the safeguarding incident or concern **within 24 hours**. The DSO will determine what action is needed (i.e. no action, advice and support, monitoring the situation or a referral externally to child or adult protection services or the police). See flowchart in Appendix 3.
- Share your notes with the DSO and the actions you've taken using the Safeguarding Concern Reporting form (see Appendix 4). See guidance on what to record below.

3.5 DSO's procedures

- Take the disclosure or the safeguarding concern seriously and without bias.
- If the young person or vulnerable adult is considered to be at a medium or low risk of harm or if you are uncertain, consult with the SMT Lead for Safeguarding on what action to take and/or seek advice from the local authority social services or NSPCC Helpline (0808 800 5000). The DSO may seek to clarify or obtain further information about the concern, but it is not their role to conduct an investigation to determine if abuse has taken place. This is the task of the local authority's children/adult services or the Police who has the legal responsibility.
- If a child is at risk of harm, it is in their best interests to share information with relevant agencies – even without the child's consent or the parent/carer's consent. Parents or carers should not be told when a referral is being made if this will put the child at further risk or harm. Whatever decision is taken it must be recorded on the Safeguarding Reporting form with the rationale.
- Where a disclosure of child abuse has been made and it does not relate to SHGH and it didn't take place during SHGH activity, then it would normally be referred to Children Services. In most situations, a referral to the Local Authority Designated Officer (LADO) and/or Children's Services (depending on local provision) or adult safeguarding (local authority) in Adult Services should occur within one working day. It is preferable for the DSO to do this but, if the DSO is not available, anyone can do it.

- The DSO and the organisation must follow the advice given by statutory agencies (Children's Services, Adult Services, the police).
- Any referrals to statutory services should be followed up in writing within 48 hours by email or by using the local authority online referral form, as required. Seek feedback within 3 working days of having made the referral to check what action is being taken.
- Maintain confidentiality throughout and follow guidance on information sharing in this section.

See referral flowchart in Appendix 3.

3.6 When to speak to parents

When you have a safeguarding concern about a child, you should generally discuss the concern with the parent/carer and seek their agreement to make a referral. However, this should only be done if it does not place the child at increased risk of harm. Specifically, if the parent is the subject of the safeguarding concern, discussing the issue with them could potentially endanger the child further.

The decision to involve the parent should be based on the seriousness of the reported incident(s) and the wishes of the young person.

3.7 Early Help

If the concern is about the child's welfare but does not meet the threshold for child protection, the child/family can be referred to Early Help services. These services can provide support and resources to address issues before they escalate.

Early help and intervention can be provided at any stage in a child or young person's life, from early years to adolescence, and can be delivered to parents, children, or whole families.

Record any concerns and speak to the DSO, who will signpost to the local authority Children Services or other support services.

3.8 Working with schools or partner organisations

If you are working with children or young people who are under the supervision of another organisation, for example a school or community centre, you should adhere to their safeguarding policies and procedures as well as SHGH's.

If you become aware of a safeguarding concern relating to a child, or about the behaviour of school staff or partner organisation staff towards a child, follow these procedures:

- If the child is in immediate danger, contact emergency services by calling 999.
- Notify the school's or partner organisation's Designated Safeguarding Lead (DSL) or Deputy DSL as soon as possible. Provide them with all relevant details about the concern.
- Record the concern in writing, including the date, time, and details of the incident or disclosure, using SHGH Safeguarding Concern Reporting form (see Appendix 4). This should be shared with both the school/partner safeguarding lead and SHGH's DSO.
- If the child is in immediate danger, contact emergency services by calling 999.

- Notify the school's or partner organisation's Designated Safeguarding Lead (DSL) or Deputy DSL as soon as possible. Provide them with all relevant details about the concern.
- Record the concern in writing, including the date, time, and details of the incident or disclosure, using SHGH Safeguarding Concern Reporting form (see Appendix 4). This should be shared with both the school/partner safeguarding lead and SHGH's DSO.
- The school/partner safeguarding lead will assess the concern and if necessary, make a referral to statutory agencies such as Children's Services or the police. You may be asked to provide additional information or support during this process.
- Maintain confidentiality and share information only with those who need to know. This includes the safeguarding lead, relevant school/partner staff, statutory agencies, and SHGH's DSO.
- Ensure that there is a follow-up on the concern to check that appropriate actions have been taken and that the child is safe.
- If a school/partner staff also heard the disclosure, follow their lead in terms of an immediate response. However, nothing overrides the welfare and safety of the child and if necessary, you should use your own judgement. Even if a member of staff was present and appears to have acted on the concern you should record what has been said and report it using the systems outlined in 3.2 to SHGH. A school is responsible for the child's welfare and safety but SHGH has a responsibility to ensure information is passed on. Doing nothing is not an option. It is your responsibility to act.

If you are worried that your organisation or another organisation is not responding to or sharing child protection information appropriately, it's vital that you share your concerns to keep children safe. In England, Scotland and Wales, whistleblowers are protected by law under the [Public Interest Disclosure Act 1998](#).

3.9 Referring an adult at risk

Adults with mental capacity should be empowered to make their own decisions about their safety and well-being. They must be informed about the safeguarding concern and given the opportunity to consent to any actions taken.

If an adult with mental capacity does not want a safeguarding concern to be reported, their wishes should generally be respected. However, there are exceptions, such as when:

- the perpetrator presents an immediate risk of harm to others
- the person is being coerced into withholding consent
- there is a likelihood that a crime is being committed

If the adult consents, or if there are overriding concerns (above), the safeguarding concern should be reported to the local authority or the police where applicable.

The local authority then has a duty according to Section 42 of the Care Act 2014 to make enquiries and take appropriate actions to protect the individual if they suspect that an adult with care and support needs is experiencing, or at risk of, abuse or neglect, and as a result of those needs, is unable to protect themselves.

See further information on safeguarding adults at risk in Appendix 2.

3.10 Supporting adults with below-threshold safeguarding concerns

If a safeguarding concern for an adult doesn't meet the threshold for applying the duty under Section 42 of the Care Act 2014, you can still take several important steps to ensure their safety and well-being:

- Offer the adult information about available support services and advice on how to stay safe. This can include local community resources, helplines, and advocacy services.
- Encourage the adult to make their own decisions and take control of their situation. Provide them with information and support to help them make informed choices.
- If applicable, keep an eye on the situation and maintain regular contact with the adult to ensure their well-being. If the situation changes or escalates, reassess whether it meets the safeguarding threshold.
- Document the concern and any actions taken. This ensures there is a record if the situation changes or further concerns arise.

3.11 Escalating concerns

If, after referring a concern about a child or adult, it is evident that the local authority has not taken appropriate next steps in relation to the safeguarding concern, then the DSO must discuss this with the SMT Safeguarding Lead and determine if the matter needs escalating with the local authority. The respective Safeguarding Children Partnership or the Safeguarding Adult Board will have specific procedures to be followed in such instances where escalation is warranted. A record of any decisions and outcomes must be kept by the DSO.

3.12 Non-recent/historic allegations of abuse

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person or when the incident happened some time ago.

Disclosures or allegations of historic abuse should be responded to in the same way as current safeguarding concerns.

It's never too late to report abuse. The victim or survivor has the choice to report it to the police by calling 101 (non-emergency number) or to not report it at all. If they don't feel comfortable contacting the police, you can refer them to an appropriate support service. For more information, see Help and Support Information Sheet (Appendix 5).

3.13 Peer-on-peer abuse

Sometimes you might see a young person behaving inappropriately towards another young person and decide to talk to them about this immediately, in order to manage the behaviour. Remember that they may not realise their behaviour is unacceptable. Talk to them calmly and explain why their behaviour is unsuitable and what they can do to improve it.

If you observe the incident directly then you may need to intervene to stop a young person being harmed. You will need to note down the witnesses. Do not rush to judgement and find out what went on leading up to the incident. If you are in a school, then their disciplinary and safeguarding procedure will take precedent, as outlined in 3.8.

If allegations have been made against a young person you should speak to SHGH's DSO who can advise on the best way to proceed. Or if you are working in a school or with a partner organisation – follow the procedures outlined in 3.8.

3.14 Support for victims of abuse

Account should be taken of what is in the best interests of the young person or vulnerable adult in terms of support after an incident or disclosure. These support needs may not be immediately apparent. For more advice, contact the NSPCC helpline on 0808 800 5000 or by emailing help@nspcc.org.uk. See further contacts for help and support – Appendix 5.

3.15 Managing Allegations against staff

According to statutory guidance, Working Together to Safeguard Children 2023, an allegation against a staff member or other personnel is when the person has:

- behaved in a way that has harmed, or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards one or more young people in a way that indicates they may
- pose a risk of harm to a child
- behaved in a way that indicates they may not be suitable to work with a child

Examples of such behaviour could include:

- A child or parent/carer makes a direct allegation against a staff member
- An employee directly observes behaviour that is cause for concern
- Making inappropriate comments or jokes that could be harmful or offensive to young people or vulnerable adults
- Engaging in physical contact that is not necessary for the research or consultancy work, such as hugging or touching
- Using inappropriate sexualised, intimidating or offensive language.

Allegations that SHGH staff or associate have harmed an adult will also be taken seriously and managed sensitively and fairly in accordance with these policies.

Procedures to follow:

- If anyone considers that a child or adult is subject to life threatening concerns or risk of immediate harm or needs emergency medical attention, then the emergency services must be contacted straightaway and the parents/carers of the child/adult are informed that immediate steps are being taken to get help.
- Report your concern, suspicion or allegation immediately to the DSO who will consider if the allegation is a safeguarding one requiring action.
- The only exception to sharing information with the DSO is where the DSO is the subject of the allegation/concern or implicated in any way. In such situations, report to the Head of Opinion Research.
- Contact with the person whom the allegation is made should only occur after consultation with the DSO or the Head of Opinion Research. If an allegation of abuse against the staff involves a child, agreement from the statutory authorities (LADO) is also required.
- Make a record of the concern and the decision.

The DSO or the Head of Opinion Research will:

- Gather the facts of the case and keep written records.
- If confirmed to be a safeguarding allegation, the DSO will take immediate action, including ensuring the safety of the child, children or adults at risk, and deciding if the criteria has been met for referral to the local authority and/or the police.
- Contact the Local Authority Designated Officer (LADO) or NSPCC Helpline to ensure that we are responding appropriately. If the level of seriousness tends towards those situations listed above, i.e. harming a child, criminal offence, posing a risk or unsuitability to work with children, then we will immediately involve the appropriate agency or the police.
- If there are any concerns of immediate or ongoing injury/abuse, then the employee may be suspended pending investigation (in the case of a non-employee their services will be put on hold).

The following outcomes may result from reporting an allegation involving a child:

- a police investigation;
- an investigation by the local authority;
- disciplinary action by an employer.

If the allegation does not meet the criteria for referring to statutory services, it may amount to poor safeguarding practice by the staff member who is accused, in which case HR, the DSO and the person's senior manager will need to consider whether to handle this by way of advice, supervision, training, grievance process, investigation that could lead to disciplinary action or a combination of these. See section on Low Level Concern.

If the allegation is against someone we do not employ directly, then the organisation they work or volunteer with will be contacted.

If someone resigns from their post in SHGH or refuses to cooperate with the process, this must not prevent an allegation being followed up.

3.16 Support for those involved in an allegation

As an employer, SHGH has a duty of care to its employees and will act to manage and minimise the stress inherent in the allegations process. In managing any allegation, the DSO, line manager and HR will consider the support needs of all individuals involved.

We will make every effort to maintain the confidentiality of all parties during the investigation of any allegation or concern, however, our primary focus will be on protecting and supporting the child or children involved.

3.17 Duty to refer to DBS

The Disclosure and Barring Service (DBS) duty to refer applies specifically to individuals who are involved in regulated activity with children or vulnerable adults.¹

We have a legal duty to refer anyone to the DBS who has either:

- left the organisation
- or moved to a role which does not involve regulated activity because they harmed or might have been at risk of harming a young person.

Failure to refer to the DBS is a criminal offence.

With the information provided, the DBS will decide if the person should be added to their barred list to prevent them from working in a regulated activity or work with children again in the future.

Referrals to the [DBS](#) can be submitted online, by email, or by post.

Where an employee is registered with a professional body, the issue of referral of the employee to the professional regulatory body must be considered by the DSO.

3.18 Low level concerns

A low-level concern is any concern that an adult has acted in a way that:

- is inconsistent with the safeguarding code of conduct, including inappropriate conduct outside of work
- does not meet the threshold of harm or is not considered serious enough for
- onward referral

Low-level concerns are part of a spectrum of behaviour. This includes:

- inadvertent or thoughtless behaviour
- behaviour that might be considered inappropriate depending on the circumstances
- behaviour which is intended to enable abuse

All low-level safeguarding concerns or allegations should be shared with the DSO in accordance with this safeguarding policy. All concerns will be responded to in a sensitive and proportionate way to demonstrate that it will be handled promptly and effectively, whilst at the same time, protecting any accused person from potential false low-level concerns or misunderstandings.

If the DSO is undecided as to whether the information shared is a low-level concern or if it meets the threshold for a higher-level concern, then they should consult with the SMT Safeguarding Lead and if still in doubt refer to the LADO.

¹ Regulated activity involves close, unsupervised interaction with children or vulnerable adults. Individuals in these roles must undergo an Enhanced DBS check. See [Guide to Enhanced DBS Eligibility](#). [Regulated Activity with Children in England and Wales](#).

The DSO should make appropriate records of all internal and external conversation, the rationale for the decision making and any action taken.

3.19 Handling safeguarding concerns in good faith

SHGH strictly prohibits retaliation against individuals who report safeguarding concerns or allegations in good faith. Any form of retaliation will be treated as a serious violation of our policy.

Each safeguarding concern will be considered on its merits. The DSO will gather the facts and take into account any mitigating factors then come to an agreement on what actions to take.

The DSO in collaboration with the SMT Safeguarding Lead will assess whether a safeguarding or child/adult protection response is required and ensure the appropriate procedures are followed.

If there are any complaints on how an allegation was handled, this should be dealt with via the SHGH Grievance Procedure. All complaints will be responded to with care, diligence and impartiality. If anyone feel unable to report an incident within the organisation, they can make a report to the police, children/adult services or by contacting NSPCC Whistleblowing Advice Line (0800 028 0285, help@nspcc.org.uk).

04 Recording, Storing and Information Sharing

4.1 Recording your concern

Whenever concerns are raised about a child or adult, whether through an allegation or the observation of a set of circumstances, it is crucial to make and keep an accurate written record. Confidentiality should apply throughout the process and information should only be shared on a need-to-know basis.

Include in your notes:

- Who was involved – names of key people and their roles
- What happened – stipulate between fact, hearsay and opinions
- Where it happened
- How it happened
- Make sure the notes are legible and clear, wherever possible, use the person's own words and phrases
- Include the context and background leading to the disclosure
- Record all decisions and actions you have taken and details of referrals to others, including Social Services or the Police
- The record must always be signed and dated by the person making the record

All information relating to a safeguarding concern about a child or adult at risk and subsequent actions taken must be recorded using the Safeguarding Concern Reporting form (Appendix 4).

4.2 Record keeping and storing

It is essential that SHGH keep clear and comprehensive records of any concerns or allegation including details of how they were followed up and resolved, and details of the decisions reached and any action taken. The records must be stored securely in a password protected folder in a shared drive and with restricted access by the DSO and anyone else authorised by them.

Records of child/adult protection concerns and referrals should be stored individually for each child/adult and kept separate from records of safeguarding allegation against staff, rather than combining everything in one large 'concern log'. This practice ensures that sensitive information is kept confidential and accessible only to those who need to know.

The DSO is responsible for creating and maintaining the record during the course of managing a safeguarding concern or allegation. Summaries of the content of these will be recorded on the Safeguarding Recording Log.

4.3 Record retention

The retention period for records of safeguarding allegations can vary depending on the organisation's policies and the nature of the records. Generally, child protection records should be kept for a significant period to ensure that historical concerns can be addressed if needed.

These records should be retained for a period of 15 years. The period of retention may need to be longer if there has been a complaint in respect of the case of legal proceedings. The reason for keeping a record for longer than 15 years must be documented so as to be in line with the principles of the Data Protection Act.

Records of serious safeguarding allegations and any subsequent against staff should be retained by SHGH until the person reaches 65 years, or for 10 years if that is longer. The records must be stored securely in a password protected folder in a shared drive and with restricted access by the DSO and anyone else authorised by them. Details of allegations that are found to be malicious should be removed from personnel records.

4.4 Consent, confidentiality and information sharing

Any information disclosed by a young person or vulnerable adult must be treated confidentially and only shared with the people responsible for safeguarding in SHGH and any appropriate agencies such as child and adult protection services.

The Data Protection Act 2018 and GDPR allow for the sharing of personal data in safeguarding situations, provided it is done lawfully, fairly, and proportionately. Information can be shared without consent if there is a lawful basis, such as when a child's or vulnerable adult's safety is at risk. In emergencies or life-threatening situations, sharing information is permitted to protect individuals. The guidelines ensure that information sharing is conducted responsibly to safeguard children and vulnerable adults while balancing the need for confidentiality.

If it is decided that information does need to be shared with an agency, the following should be considered:

- Consider the safety and welfare of the young person or vulnerable adult when deciding to share information
 - where there are concerns of significant harm, safety and welfare are paramount.
- Explain to the young person or vulnerable adult what will be shared and why, and seek their agreement unless this would put them or others at increased risk.
- Where possible, respect the wishes of young people who do not consent to share confidential information.

Information sharing decisions should be recorded and signed by relevant staff members.

HM Government sets out the principles on sharing information about children, young people and their families in order to safeguard children: The Seven golden rules for sharing information - [Information Sharing Advice for practitioners providing safeguarding services for children, young people, parents and carers \(DfE May 2024\)](#).

05 Safer Working Practice

5.1 Safeguarding Code of Conduct

This Code of Conduct outlines the expected behaviour of SHGH staff when engaging with children and vulnerable adults, including the use of digital devices, and applies to all staff. This is not an exhaustive list and is intended to provide a minimum framework for good practice. Adhering to this code will help promote the welfare of children and vulnerable adults, while also maintaining staff professional reputation and that of SHGH.

Appropriate behaviours:

- operate within SHGH's safeguarding principles and guidance;
- treat all children and adults equally with respect and dignity;
- engage and interact appropriately with children and vulnerable adults;
- maintain appropriate professional boundaries;
- ensure that more than one adult is present during activities involving children. If this is not feasible, make sure you are within sight or hearing of others;
- exercise caution when you are discussing sensitive issues;
- report any concerns, suspicions, allegations, or disclosures of harm, abuse, neglect, or inappropriate behaviour promptly;
- cooperate fully with any safeguarding investigations or inquiries, providing accurate and truthful information as required.

Inappropriate behaviours:

- seek situations where you are alone with a young person;
- develop inappropriate relationships;
- make inappropriate promises to children and young people;
- engage in behaviour that is in any way abusive, including having any form of sexual contact;
- make sarcastic, insensitive, offensive, discriminatory, derogatory or sexually suggestive comments or gestures;
- smoke, vape, consume alcohol or use illegal substances during work activity with children;
- share your personal contact details (mobile number, email or postal address) or have contact with children via a personal social media account;
- act in a way that can be perceived as threatening or intrusive;
- take or possess unauthorised images of children;
- allow concerns or allegations to go unreported.

If you become aware of any breaches of this Code of Conduct, you must contact the DSO and record the concern.

5.2 Safer recruitment, induction and training

To create a safe and positive environment and demonstrate our commitment to the safety of children and vulnerable adults, SHGH will implement safer recruitment processes, including background checks and the disclosure of criminal records where appropriate. This ensures that only suitable individuals are recruited for positions where they are expected to engage with children and vulnerable adults during specific work activities.

Safer recruitment involves:

- **Clear Job/Role Descriptions:** Ensure that job and role descriptions clearly outline SHGH's safeguarding policy and the vetting checks that successful candidates will undergo.
- **Candidate Agreement:** Inform candidates as part of the contracting process that by applying for the role, they agree to the terms of SHGH's safeguarding policy and code of conduct.
- **Interview Process:** Include specific questions about safeguarding and conduct during the appointment process.
- **Reference Follow-Up:** Follow up on references before candidates join the organisation.
- **DBS Checks:** Complete DBS checks at an Enhanced level where applicable.

Once an applicant has been safely appointed, SHGH should provide:

- **Support and supervision** – information about to whom they are accountable and where they can access further support should they have a concern.
- **Induction** – An induction should be arranged to clarify job requirements, responsibilities and standards of practice/behaviour. Information on the safeguarding policy and procedures should be shared again along with the Code of Conduct.
- **Training** – New staff should be provided with access to appropriate safeguarding training relevant to their role. The training will be to ensure clarity and confidence in safeguarding and promoting the welfare of children and adults who may be vulnerable.

5.3 Parental consent and information

When inviting children and young people under the age of 16 to take part in research activities or events, always obtain parental consent. For those aged 16-17, assess whether parental consent is necessary based on the activity and individual circumstances. Even if parental consent isn't required, consider informing parents or carers. This is particularly the case in schools, which usually require parental consent until 18. Parents generally have legal responsibility for their children up to age 18. *Refer to SHGH YP Consent Form Template.*

It's good practice to involve children and young people, typically over 12, in decision-making if they have the maturity and capacity. However, their consent does not replace parental consent but complements it.

Staff engaging with project involving children should:

- Share information about the activity with parents/carers to ensure everyone knows how the activity will run and what action they need to take to make sure children and young people are safe.
- Make sure children and young people know what is going to happen and who they can talk to if they have any concerns.

- Create a list of emergency contact numbers for each child and make sure this is easily available to the staff or volunteers who are responsible for the child.
- Know the procedures for contacting the emergency services should you need it. Give parents/carers a number they can call if they need to contact you or their child in an emergency.
- Be aware in advance of any additional support needs for each child.
- Keep all written records, such as consent forms, medical information and any records about child protection concerns securely.

5.4 One-to-one situations with children

SHGH's requires two adults to be present when conducting research with young people. However, if a worker finds themselves alone with a young person or a group of young people temporarily (e.g., a colleague leaves the room or a young person becomes ill), follow these guidance:

- Move to a location where you can be seen by others, such as near a window or an open door.
- If you are in a room, keep the door open to ensure visibility and transparency.
- Maintain professional boundaries to ensure your behaviour remains professional and appropriate at all times
- Observe SHGH's Safeguarding Code of Conduct and always behave appropriately when you are around children. This will help to ensure everyone feels comfortable and protected.
- Follow the safeguarding procedures to report any safeguarding concerns.
- Keep a record of any time spent working with children one-to-one. Include:
 - o the date, time and place
 - o the reason for the contact
 - o a summary of the activity or discussion.
- Inform your Project Lead as soon as possible if this situation has arisen.

The above guidance can also be applied, where applicable, to working in a one-to-one situation with a vulnerable adult.

5.5 Conducting research with children using online platforms

Ensuring the safety of children and staff during virtual/online meetings is essential. The same safeguarding policies and procedures apply.

Guidance for safe practice:

- Conduct a thorough risk assessment before using any online platform for appropriate use with children. This includes evaluating risks related to content, conduct, and contact.
- Ensure staff understand how to set up and apply controls for interactions, including managing microphones and cameras.
- Clearly communicate expectations around behaviour and participation to staff, children and parents/carers.
- Contact with young people should always take place with appropriately vetted and checked staff present and not by any single worker on their own.
- Provide information to the child/young people on how to report concerns or anything that makes participants feel uncomfortable.
- When recording a session, comply with GDPR, obtain written consent from parents, and assess any risks. Refer to Photography, filming and recording section below.

- Use neutral or plain backgrounds during sessions.
- Be mindful of what a child might see on your computer - only open things that are needed for the session.
- Keep a record of the session.
- Ensure procedures are readily available to report and address safeguarding concerns. After the session, follow up with the child and, where applicable, their parent/carer to listen to their concerns and report to the Designated Safeguarding Officer (DSO) afterwards.

5.6 Photography, filming and recording

The taking and use of photography, filming or recording must adhere to data protection regulations such as GDPR to ensure privacy and safety.

Obtaining consent

Children should always be consulted about the use of their photography, filming or recording and must give consent to it being taken, used or shared. For young people under 16, parental consent should also be obtained.

For 16 to 17-year-olds, you should decide if it's appropriate to obtain parental consent, depending on the activity and the young person's circumstances and mental capacity. If you decide you do not need parental consent, then consider whether you should still inform parents that the photo, video or recording of the child is being used or shared. In most circumstances, parents have a legal parental responsibility for their children up to the age of 18.

It's important to make sure all parties understand why the photography, filming or recording is being taken and what you are going to do with it. If you have already gained consent, but the existing media is no longer going to be used for the original purpose, it is important that you contact the child's parent or carer to gain new consent or destroy the item.

Use of personal devices to take photos, videos or recordings of children

Avoid using any personal equipment to take photos and videos of children – only use cameras or devices belonging to your organisation. It's important that images, videos or recordings are saved securely. Devices should be stored away safely and securely when not in use.

Potential risks

Before sharing images of children on social media, you should also consider how widely images may be shared, how long they may remain available and how this may affect the children's long-term wellbeing.

When deciding what images to use:

- choose images that present the activity in a positive light and focus on the activity rather than the child
- choose images of children in appropriate clothing (including safety wear if necessary)
- avoid images that may be more prone to misinterpretation or misuse by others
- don't supply full names of children along with the images
- Research participants should not be identifiable on social media

Recording online sessions

You need to be clear about why you want to record online sessions. Make it clear that the participants can withdraw consent at any time.

You must have a specified, explicit and legitimate purpose for making a recording and only use it for that purpose. Safeguarding and child protection measures should be applied at all times.

Ensure that the recording takes place in a suitable and secure environment, preferably within the school premises or SHGH offices.

5.7 Safeguarding arrangements with partners, contractors, freelances

When SHGH partners with another organisation for work involving children or vulnerable adults, safeguarding arrangements must be clearly specified before joint work begins. This can be achieved by establishing a safeguarding protocol, which is a formal agreement between multiple organisations to ensure the safety and well-being of children.

If SHGH is taking the lead for safeguarding, the DSO must assess the partner organisation's knowledge and expertise in safeguarding. This may entail undertaken a risk assessment to determine the level of involvement with children, young people, and vulnerable adults, and identify any necessary mitigating conditions.

If SHGH is not leading the safeguarding efforts, such as when working in a school, this does not absolve SHGH or its staff of safeguarding responsibilities. SHGH must liaise with the school to clarify areas of responsibility, such as the supervision of children and the reporting of concerns.

06 Appendices

Appendix 1 - Definitions of child abuse, signs and indicators

Definitions of child abuse, signs and indicators

Definitions of child abuse provided by Working Together to Safeguard Children (Department of Education 2023) statutory guidance:

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

Sexual abuse - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Emotional abuse - The persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment)

- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment
- provide suitable education

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The signs and indicators of abuse

Children and young people who are being abused may show a number of physical and emotional changes. But remember that these signs do not always mean that a child is being abused - there may be other explanations. The behavioural indicators described here are generic signs of a troubled child, not necessarily an abused child.

Physical Abuse	
Physical signs	Behavioural signs
<p>Bruises, black eyes and broken bones are obvious signs of physical abuse, but they are not the only ones. Other signs include:</p> <ul style="list-style-type: none"> • Injuries that the child cannot explain or explains unconvincingly • Untreated or inadequately treated injuries • Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen • Bruising which looks like hand or finger marks • Cigarette burns, human bites • Scalds and burns 	<p>Sometimes if a child is being physically abused, they may show changes in behaviour, such as:</p> <ul style="list-style-type: none"> • Becoming sad, withdrawn or depressed • Having trouble sleeping • Behaving aggressively or being disruptive • Showing fear of certain adults • Showing lack of confidence and low self-esteem • Using drugs or alcohol
Sexual Abuse	
Physical signs	Behavioural signs
<ul style="list-style-type: none"> • Pain, itching, bruising or bleeding in the genital or anal areas • Genital discharge or urinary tract infections 	<ul style="list-style-type: none"> • A marked change in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically.

<ul style="list-style-type: none"> • Stomach pains or discomfort walking or sitting • Sexually transmitted infections 	<ul style="list-style-type: none"> • A young person may refuse to attend school or starts to have difficulty concentrating so that their schoolwork is affected • They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities. • They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age • The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
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Emotional Abuse

Physical signs	Behavioural signs
<ul style="list-style-type: none"> • Speech disorders • Delayed physical development • Substance abuse • Ulcers, severe allergies 	<ul style="list-style-type: none"> • Habit disorder (sucking, rocking, biting) Antisocial, destructive • Neurotic traits (sleep disorders, inhibition of play) • Passive and aggressive - behavioural extremes • Delinquent behaviour (especially adolescents) • Developmentally delayed

Neglect

Physical signs	Behavioural signs
<ul style="list-style-type: none"> • Abandonment • Unattended medical needs • Consistent lack of supervision • Consistent hunger, inappropriate dress, poor hygiene • Lice, distended stomach, emaciated • Inadequate nutrition 	<ul style="list-style-type: none"> • Regularly displays fatigue or listlessness, falls asleep in class • Steals food, begs from classmates • Reports that there is no carer at home • Frequently absent or late • Self-destructive • School dropout (adolescents) • Extreme loneliness and need for affection



Appendix 2 - Guidance for Safeguarding Vulnerable Adults or 'Adults at Risk'

Safeguarding Adults

The statutory safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. (Care Act 2014)

Since mental health challenges can affect anyone and may not always be apparent to an observer, no assumptions should be concerning the mental health or emotional resilience of any individual. It should also be remembered that even over the age of 18, young adults can be vulnerable as they transition to adulthood, particularly when, for example, they are away from home for the first time as students.

Adult safeguarding – what it is and why it matters (Care Act Statutory Guidance)

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

What constitutes abuse?

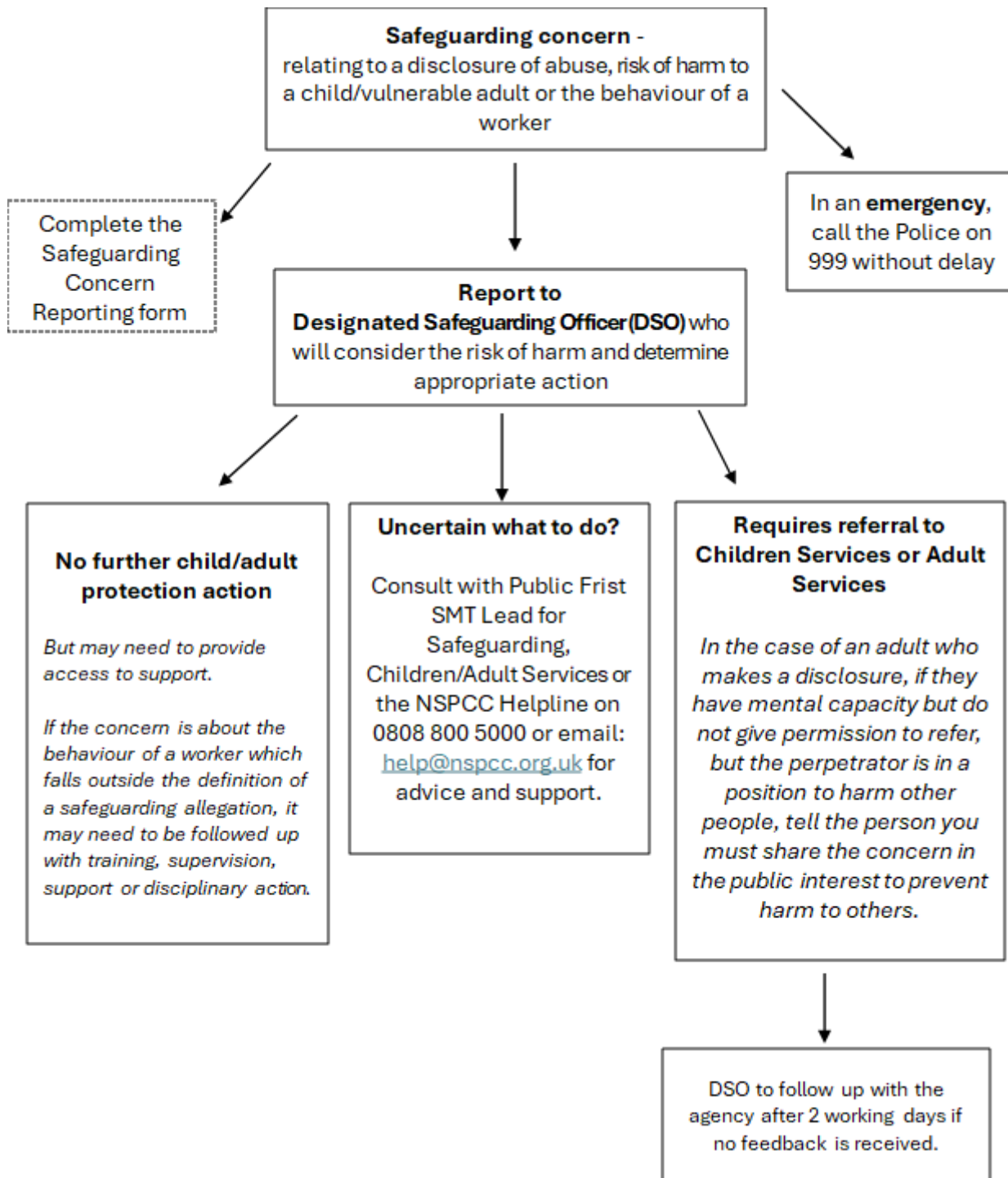
The term 'abuse' can be subject to wide interpretation. Abuse can take many forms and the circumstances of the individual case should always be considered. Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect.

- **Physical abuse**, including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate sanctions;
- **Domestic violence** including psychological, physical, sexual, financial, emotional abuse or so called 'honour' based violence;
- **Sexual abuse**, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;

- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or unreasonable and unjustified withdrawal of services or supportive networks;
- **Financial or material abuse**, including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits;
- **Modern slavery** encompasses slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment;
- **Discriminatory abuse**, including forms of harassment, slurs or similar treatment because of – race, gender and gender identity, age, disability, sexual orientation or religion;
- **Organisational abuse**, including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** - including ignoring medical or emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, or the withholding of the necessities of life, such as medication, adequate nutrition and hearing; and
- **Self-neglect** - This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Incidents of abuse may be one-off or multiple and affect one person or more.

Appendix 3 - Referral Flowchart: Responding to a Safeguarding Concern



Appendix 4 - Safeguarding Concern Reporting Form

This form is to be completed as soon as possible following a disclosure from a child or vulnerable person. Should you have any questions about the form please contact the Designated Safeguarding Officer.

Section 1: Personal details of the individual at risk
Full name:
Approx age/ date of birth (if known):
Child or adult?
Address:
Contact information:
Any known disabilities or additional needs:

Section 2: Details of the Concern:
Date and time of incident/observation:
Location of incident:
Description of concern (include factual observations and statements made by the individual):
Immediate actions taken:

Section 3: Details of the Reporter:

Full name:

Role:

Contact information:

Has the concern been reported elsewhere? If Yes, provide details (e.g., reported to DSL, police, local authority):

Additional notes or relevant information:

Signature:

Date:

Section 4: For Designated Safeguarding Officer Use:

Actions taken:

Outcome and next steps:

Date and signature of Designated Safeguarding Officer:



Appendix 5 - Help and Support Information Sheet

Here are a list of numbers and helplines that are available for additional support:

BEAT - 0300 123 3355 / <https://www.beateatingdisorders.org.uk/> (Support for people affected by eating disorders)

Childline – 0800 1111 / www.childline.org.uk (Confidential advice and support for under 18s)

Mind – 0300 123 3393 / www.mind.org.uk (Mental health support)

NAPAC (the National Association for People Abused in Childhood) – 0808 801 0331 /

www.napac.org.uk (Support adult survivors of child abuse)

NSPCC – 0808 800 5000 / www.nspcc.org.uk (Child protection and abuse prevention)

Samaritans – 116 123 / www.samaritans.org (Support for anyone in distress or crisis)

Victim Support – 0808 168 9111 / www.victimsupport.org.uk (Support for victims of crime)

Women's Aid - Email: helpline@womensaid.org.uk / www.womensaid.org.uk (Support for women and children victims of domestic abuse)

Young Minds – Text YM to 85258 / www.youngminds.org.uk (Mental health support for young people)