

Policy Name: SAFEGUARDING POLICY & PROCEDURE

Strategy Pillars: PEOPLE & CHARITY MANAGEMENT

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1. Introduction

Sophie Hayes Foundation was established in 2011. It is the only organisation in the United Kingdom focused solely on ensuring all survivors of modern slavery and human trafficking achieve complete and sustainable freedom and can live and work without fear. Our programmes provide coaching, facilitation and training, we help renew survivors' confidence, sense of purpose.

1.1. Purpose and Commitment

Sophie Hayes Foundation has a duty to care for the people who use our services and for our staff and volunteers. We recognise the right of every individual to stay safe and strive to ensure safe and supportive workplace for all. We have a strong commitment to the protection and welfare of our participants as vulnerable adults.

This policy and procedure is provided to support employees and volunteers to be aware of their responsibilities and know what to do if there are safeguarding concerns. We are committed to a multi-agency approach whereby strong relationships are built with other services supporting participants to ensure a coordinated response.

This policy and procedure reflects that Sophie Hayes Foundation works only with adult survivors (aged 18 years and over). However, there may be times when we encounter safeguarding concerns for young people under 18 years. For example, we may have concerns about the children or the younger siblings of one of our participants, or we may receive information that children are being trafficked or have been coerced into modern slavery. Appendix 1 therefore provides procedures for the recognition and response to safeguarding concerns about children and young people aged under 18 years.

It is expected that this policy and procedure will be read, understood and applied by all staff and volunteers. It will be made available at induction and through handbooks.

Our participants will be made aware of this policy and procedure prior to engaging in our activities, in writing about safeguarding and what to do if they are concerned about the behaviour of anyone at Sophie Hayes Foundation.

We will review this policy and procedure annually, updating it in accordance with changes in law, experience and practice. It will be re-issued to staff and volunteers accordingly.

1.2. Equality & Diversity

The welfare of all our participants, staff and volunteers is paramount, and everyone, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation backgrounds. Refer to [DEI Statement](#) for full details.

1.3. Scope

This policy applies to all staff, volunteers (trustees are volunteers) and anyone working on behalf of Sophie Hayes Foundation. Hereafter for ease, all will be called 'staff' in this policy and procedure.

1.4. Underpinning Legislation

The main legislation underpinning this policy and procedure are:

- Charity Commission Safeguarding Guidance 2022
- Data Protection Act 2018 and the GDPR 2018
- Information Sharing Guidance 2018
- Safeguarding Vulnerable Groups Act 2006
- Care Act 2014
- Care & Support Statutory Guidance 2020
- Mental Capacity Act 2005
- UN Convention on the Rights of the Child 1991

- Children Act's 1989 and 2004
- Working Together to Safeguard Children 2018
- Protection of Freedoms Act 2012
- Counter Terrorism and Security Act 2015
- Sexual Offences Act 2003
- Serious Crime Act 2015
- Female Genital Mutilation Act 2003
- Modern Slavery 2015
- Domestic Abuse Act 2021

1.5. Alignment with Other Policies

Sophie Hayes Foundation has a number of policies and procedures which are linked, and which should be read in conjunction with this policy and procedure.

For staff concerns, including wellbeing, please refer to:

- Anti-Harassment & Bullying Policy
- Grievance Policy
- Whistleblowing Policy
- Complaints Procedure

Other relevant policies include:

- Code of Conduct
- Equal Opportunities Policy
- Privacy Policy
- Safer Recruitment Policy
- Lone Working Policy
- NDA Policy
- Disciplinary incl Capability Procedure

2. Identifying Abuse and Neglect for Adults

2.1. Defining Safeguarding

Safeguarding is 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. At the same time, it includes 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.

Safeguarding is about embedding policies and practices in the organisation to prevent harm and to act effectively if there is actual or suspected abuse and neglect of a person.

2.2. Defining 'abuse' and 'neglect'

Abuse is when an individual exerts power or control over a person aged 18 or over, in a way that causes them to be harmed, exploited, manipulated or distressed. Abuse can be caused by deliberately inflicting harm or failing to act to prevent harm.

Abuse can be a one-off event, but often it is repeated behaviour over a period of time. Anyone can be an abuser, including family members and relatives, partners, ex-partners, friends, associates, people in the neighbourhood, care-workers and professionals, or strangers. It can happen anywhere, in homes, workplaces, in the community and online.

Abuse is not restricted to any socio-economic group, gender, or race, religion and culture.

Abuse can take many forms, including the types listed in 2.5 below.

2.3. Defining an 'adult at risk'

Safeguarding 'adults at risk' applies, to someone who is aged 18 years or over and who:

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

An adult may be in need of care and support and unable to protect themselves from harm for a variety of reasons such as physical or learning disability, mental health difficulties, brain injury, age and infirmity.

People can move in and out of an 'at risk' state depending on their circumstances. This can include staff and volunteers.

2.4. The Care Act 2014 – Six Principles in Adult Safeguarding

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

- **Empowerment** – We empower adults to make their own decisions by providing them with support, advice and guidance to make informed choices.
- **Prevention** – Guidance is in place to ensure people know how to recognise abuse and how to seek help and to take action before harm occurs.
- **Proportionality** – Our response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed.
- **Protection** – We provide advice and guidance about keeping safe and signpost or refer to relevant agencies.

- Partnership - We work together with other agencies to provide holistic oversight and effective support whilst ensuring confidentiality is maintained.
- Accountability – We are clear about the roles and responsibility of all those involved in safeguarding. We deliver a transparent service that provides a robust and effective safeguarding policy and procedure.

2.5. Categories and indicators of abuse and neglect

Abuse and neglect can take place in many ways and in many circumstances. When working with people, be it participants, staff and volunteers, it is important to be alert to any concerns about their well-being and safety. The types of abuse are defined in the following ways along with some signs and indicators to help us recognise the harm. These are not exhaustive and there may be no or few signs for some people.

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

<ul style="list-style-type: none"> • cyber bullying • unreasonable withdrawal of services or support networks 	<ul style="list-style-type: none"> • overly compliant behaviour • signs of distress: tearfulness, anger, fear • low self-esteem • insomnia • change of appetite, weight loss or gain • compulsive behaviour
Domestic Abuse	
<p>Domestic abuse covers the following:</p> <ul style="list-style-type: none"> • physical abuse; psychological abuse; sexual abuse; financial abuse; emotional abuse; so called ‘honour’ based violence. <i>‘Honour-based’ violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.</i>” (CPS and Home Office definition). <p>Coercion and control often underpins domestic abuse: what can seem like agreement from one party could be false representation due to the power another individual can gain.</p> 	<ul style="list-style-type: none"> • physical injuries • low self-esteem • self-blame for events outside of their control • injuries • hearing derogatory or intimidating comments about self • fear of an individual • isolation – not seeing friends and family, partaking in activities • limited access to money, without reason • isolated from friends, family
Financial Abuse	
<ul style="list-style-type: none"> • theft, fraud, internet scamming • coercion about finances including about wills, property, inheritance or financial transactions • misuse or theft of property, possessions or benefits • move into a person’s home without consent 	<ul style="list-style-type: none"> • fear of particular people • unable to make reasonable purchases • in debt (without reason) • unable to pay bills • unkempt looking, hungry • unable to account for monies spent • missing possessions • people attending property, using items, living rent free • forged signatures • no access to own house-key, bank cards
Modern Slavery	
<ul style="list-style-type: none"> • slavery • human trafficking • forced labour and domestic servitude, sexual exploitation, debt bondage <p>Human trafficking is a form of modern slavery, and a crime that involves the movement of people by the use of force, fraud, coercion or deception, with the aim of exploiting them. It involves transporting people across nations as well as trafficking around the UK. It can be for commercial, sexual and bonded labour.</p> <p>Three elements form part of trafficking:</p> <ul style="list-style-type: none"> • The act of recruiting, transporting, transfer, harbouring or receiving persons • Use of the means of force, fraud, coercion, deception • For the purpose of exploitation. 	<ul style="list-style-type: none"> • physical, emotional abuse, sexual abuse or neglect signs. • malnourishment • untreated medical conditions • withdrawn and / or fearful of others. • poor living or work conditions • unkempt, wears same clothes • working in excess of normal hours • unusual travel times for travel to /from work • lack of identification or own legal documents • lack of money • no personal possessions • isolation from family and friends • unable to travel alone, don’t appear to know the area. • appear under the control/influence of others. • speaks as if ‘coached’. • fear of police or authorities, reluctant to seek help. • appears frightened, withdrawn or confused
Discriminatory Abuse	

<ul style="list-style-type: none"> • harassment • slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion 	<ul style="list-style-type: none"> • withdrawn and isolated • anger, frustration, fear or anxiety • criminal damage to property • verbal and physical abuse • refused access to services or inappropriate exclusion
Organisational	
<ul style="list-style-type: none"> • neglect and poor practices in organisations and care settings, including care provided in own home. • ranging from one off incidents to ongoing ill-treatment. • arising from neglect or poor professional practices 	<ul style="list-style-type: none"> • lack of policy, procedure, supervision and management • lack of oversight of practice • low numbers of staff or poorly trained staff • denial of basic needs, eg food, water • disrespectful or abusive attitudes to service users and families • rigid routines • poor care standards
Self-neglect	
<p>Covers a wide range of behaviour in which a person neglects to care for own hygiene, health or surroundings and includes behaviour such as hoarding.</p>	<ul style="list-style-type: none"> • unsanitary conditions that pose risk • hoarding • poor physical condition and/or personal hygiene • malnutrition, unexplained weight loss, pressure sores, ulcers • non-attendance at health appointments • inconsistent or reluctant contact with health and social care agencies • not taking prescribed and recommended medication; accumulation of medication. • Untreated injuries
Sexual Exploitation	
<p>Sexual exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person into sexual activity. It occurs:</p> <p>(a) in exchange for something the victim needs or wants, including attention and affection, drugs, alcohol, or gifts and/or</p> <p>(b) for the financial advantage or increased status of the perpetrator or facilitator.</p> <p>The victim may have been sexually exploited even if the sexual activity appears consensual. Victims are often tricked and groomed into believing that the sexual activity is consensual, or they may be forced or intimidated.</p> <p>Sexual exploitation does not always involve physical contact; it can occur through the use of technology.</p>	<ul style="list-style-type: none"> • unhealthy or inappropriate sexual behaviour • being frightened of some people, places or situations • being secretive • sharp changes in mood or behaviour • having money or things they can't explain • physical signs of abuse, like bruises or bleeding in their genital or anal area • alcohol or drug mis/use • sexually transmitted infections • pregnancy • having an older 'boyfriend' or 'girlfriend' • staying out late or overnight • missing from home or care, stopping going to work or college • having a new group of friends • hanging out with older people, other vulnerable people or antisocial groups, or a gang.
Grooming	
<p>Grooming is when someone seeks to build a relationship and create trust with a person to manipulate, exploit and abuse them. The groomer may set up a relationship with their victim which can look romantic, educative or friendly. The groomer may use tactics like pretending to be someone else, showing care, buying gifts, giving treats. They may isolate the</p>	<p>Person who is groomed</p> <ol style="list-style-type: none"> 1. secretive about where they go 2. unexplained money or items 3. drinking or drug taking 4. upset, withdrawn or distressed 5. sexualised behaviour 6. going missing

<p>victim from family and friends, create dependency, use threats to control and frighten the victim.</p> <p>People who are groomed can be sexually abused, sexually exploited or abused in other ways. Grooming can take place over a short or long period of time. Victims can be groomed online, in person or both. Other people (e.g. parent/carer, friends, professionals) can also be groomed so that the groomer appears trustworthy to them.</p> <p>People may not realise they have been groomed. They may have complicated feelings, like loyalty, admiration, love, as well as fear, distress and confusion.</p>	<p>Groomer</p> <ul style="list-style-type: none"> • sexualised talk, 'jokes', 'banter', images • uninvited physical contact e.g. hugging, touching, kissing • not respecting privacy • spend excessive time with victim; special attention or favouritism • giving money or gifts (eg drugs, cigarettes, alcohol) • inappropriate relationships e.g. treating a person as a peer or spouse, over friendly • isolating victim from others • encouraging silence, secrets, criminal behaviour, lies
<p>Criminal Exploitation and County Lines</p>	
<p>Criminal exploitation is where people are manipulated and coerced into committing crimes. By the use of violence or grooming, they may be forced into stealing or carrying drugs or weapons and be put into dangerous situations. It may involve being part of a gang which is linked to illegal activity.</p> <p>'County Lines' is a term for urban gangs that exploit vulnerable people into moving drugs from a large city to suburbs, market and coastal towns, using mobile phone lines or "deal lines". It involves victims being trafficked from their home area, staying in accommodation and making and selling drugs.</p>	<ul style="list-style-type: none"> • going missing, absent from college or work • excessive travelling, being found out of their home area • unexplained access to money, clothes or mobile phones • signs of drug or alcohol abuse • excessive use of internet, social media, texts, phone calls • relationships with controlling people or groups; gang-association and/or isolation from peers/social networks • using new slang words. • physical assaults, unexplained injuries • carrying weapons such as knives • self-harm or significant changes in emotional well-being • committing petty crimes like shop lifting or vandalism
<p>Radicalisation and Extremism</p>	
<p>Radicalisation can be described as a process, by which a person comes to accept specific extremist ideologies.</p> <p>It can result in a person becoming drawn into terrorism and using undemocratic or violent means. It is a form of harm.</p> <p>Vulnerable individuals being targeted, groomed and radicalised and recruited into violent extremism.</p>	<ul style="list-style-type: none"> • isolating self, time alone on social media • feelings that they have no purpose in life; don't belong; low self esteem • change in emotions and behaviour • change of routines and in appearance • fixated on an ideology, belief or cause • intolerant of difference such as race, faith, culture, gender or sexuality • justifying violence to others • change in language or use of words; closed to new ideas; 'scripted' speech • have materials/symbols to do with the cause • attending events, rallies etc of an extremist nature • sense of grievance (e.g. anti-West, anti-Muslim); sense of 'them and us' • conflict with family/friends or lose interest in people who do not have same beliefs • try to recruit others to join the 'cause'

Online Harm/Harm through Technology	
<p>Technology can be used to groom and harm people in various ways. Abusers can adopt an identity to 'befriend' victim's, manipulate people into sharing sensitive information and sexual images, access online accounts and financial information.</p> <p>Online safety falls into these areas of risk: content: illegal, inappropriate or harmful material e.g. sexual or violent material, offensive material which breeds hatred, fabricated news, extremist views. contact: harmful online interaction with other users e.g. adults posing as children or as 'friends', commercial advertising conduct: personal online behaviour that causes harm, e.g to peers, such as trolling, making, sending and receiving explicit images or online bullying. contract: identity theft, online scams, security risks, phishing.</p>	<ul style="list-style-type: none"> • meeting up with older or new friends they've only previously met online • receiving gifts or money • withdrawn and secretive • seems distant, upset or angry, especially after time online • new phone or more than one phone • receiving large numbers of calls or messages, lots of new phone numbers • worried about being away from their phone • excessive time on phone or online.
Female Genital Mutilation (FGM)	
<p>FGM is a range of procedures where a female's genitals are cut, removed or changed without a medical reason. It is often carried out without medicines, sterile equipment or medical training. FGM can be done on females of any age, from new-borns to older teenagers and adult women.</p> <p>It is a criminal offence to perform FGM or to enable/facilitate FGM on a British National or a permanent British resident.</p>	<ul style="list-style-type: none"> • long visit abroad; 'ceremony' to be 'woman' • relative or 'cutter' visiting from abroad • female relative being cut • prolonged absence from college, work • difficulty walking, standing or sitting • spend longer in the toilet • pain urinating or menstruating • appear withdrawn, anxious or depressed • reluctant to have normal medical exams • severe pain, shock, bleeding, infections, organ damage, blood loss.

3. How Safeguarding Concerns May Arise

It is important to remember that anyone can perpetrate abuse or neglect and that it can happen anywhere. Anyone can be targeted for abuse. Some individuals however may be more vulnerable to be targeted by abusers who exploit vulnerabilities in people who have physical or mental health difficulties and/or particular life experiences. For example, people with disabilities may be additionally vulnerable because they may have impaired capacity to resist or avoid abuse or have difficulties communicating what is happening. People may be additionally vulnerable due to their previous experiences of abuse, neglect and family breakdown, being care experienced, being subject to discrimination, exclusion, isolation or experiencing poverty. Whilst there are many things that can make a person vulnerable, not all vulnerabilities will translate into harm.

Sophie Hayes Foundation meets survivors through the following activities:

- Survivor Support Network (CREW) in person and online events.
- Employability Programme which we facilitate in partner or public locations.
- Employability Programme group online sessions.
- Employability Programme 121 online sessions.
- Sharing Stories, virtual and face to face internal/external media events.
- Awareness Events, virtual and face to face internal/external events.

In the main, we meet participants who are adults (aged 18 years and over) both in person and online. On some occasions, participants may bring their children to events; whilst we are not directly responsible for these children, we need to recognise that if we have safeguarding concerns about them, we need to apply this policy and procedure.

To help us to identify safeguarding concerns, some examples are given below of the different ways in which safeguarding concerns may arise at Sophie Hayes Foundation – this is not an exhaustive list and staff are included in the scope of some concern, and it is important to remain vigilant.

- In a session with a survivor, they tell us that they have been abused.
- A third party tells you that an adult you are working with has experienced abuse.
- A survivor tells you they have experienced abuse in their childhood; you find out that the person who abused them currently has access to children.
- You are working with a survivor who is struggling to cope (eg mental health difficulties, homelessness etc). They are the sole carer for a young child, which leaves you with concerns about the child's welfare.
- A survivor tells you they are the victim of domestic abuse at home. They have children who witness the domestic abuse.
- In a session with a survivor, they tell you they have harmed a child.
- A survivor tells you they slapped their elderly, frail grandmother.
- A survivor tells you that another member of staff is trying to connect with them on social media.
- You observe a survivor bullying another participant in the waiting area.
- You see physical signs of what could be abuse or neglect (survivors or staff).
- You are working with a survivor who is a new parent, and their behaviour leaves you with concerns towards their child.
- An 18-year-old survivor tells you about a sexual relationship they had with a teacher a couple of years ago. **For staff safeguarding incidents or concerns, the policies referred to section 1.5 may be more appropriate. If you are not clear, please speak to DSL for guidance.**

4. Roles and Responsibilities

Everyone

This policy and procedure applies to everyone working at or for Sophie Hayes Foundation and everyone is responsible for safeguarding. Everyone should:

- Read and follow this safeguarding policy and procedure
- Be alert to potential indicators of abuse or neglect and respond to safeguarding concerns as per this policy and procedure.
- Promote safeguarding by being an excellent role model. This includes adhering to safeguarding practices, being mindful of their own actions and behaviour, being aware of our position of trust and our duty to our service users, contributing to discussion about safeguarding, positively involving people in developing a safeguarding culture as Sophie Hayes Foundation and reporting and breaches of safeguarding practices.

Some people at Sophie Hayes Foundation have specific responsibilities for safeguarding and these are detailed below.

Designated Safeguarding Officer (DSO)

The DSO's have operational responsibilities for safeguarding across Sophie Hayes Foundation. Their responsibilities include:

- Keep updated with safeguarding law, best practice and of emerging trends and themes in safeguarding.
- Providing advice and support on safeguarding matters to staff.
- Managing individual safeguarding cases including making decisions about them, seeking specialist advice, referring to other agencies (eg police or social care) as necessary, working with external agencies, escalating concerns if required, managing record keeping
- Alerting the DSL to any safeguarding concerns relating to allegations against staff; poor practice concerns, staff training needs or any other matters relating to the management of safeguarding.
- Deputising for the DSL including contributing to the broader safeguarding work e.g. policy development, data collection, safer recruitment, induction and training of staff.

The DSO at Sophie Hayes Foundation is: Amoge Ukaegbu amoge@sophiehayesfoundation.org

Designated Safeguarding Lead (DSL)

The DSL has strategic responsibilities for safeguarding across Sophie Hayes Foundation. The DSL may delegate parts of the role but remains responsible overall. The DSL:

- Keeps updated with safeguarding law, best practice and of emerging trends and themes in safeguarding.
- Sets the safeguarding policy and procedure direction in line with statutory guidance ensures annual reviews are undertaken and is responsible for its implementation.
- Monitors effectiveness and compliance with safeguarding policy and procedures as well as related procedures such as Code of Conduct, Safer Recruitment, Disciplinary, Whistleblowing and Privacy Policy.
- Ensures effective safeguarding systems and processes are in place, including secure recording and retrieval systems; DSO's are appointed and that safeguarding responsibilities are stated in all staff job descriptions.
- Sets out required safeguarding training, including induction, and provides training and updates as per staff members roles and responsibilities. Maintains a record of staff attendance at safeguarding training.

The DSL at Sophie Hayes Foundation is: Carly Webster carly@sophiehayesfoundation.org

CEO

The CEO has responsibilities to keep staff and people who come into contact with your organisation, safe. The CEO makes safeguarding a central part of the organisation's culture, strategy and delivery.

The CEO will make sure that:

- Staff understand their responsibilities in creating a safer organisation.
- There is a culture of openness, where everyone feels able to speak up and voice concerns.
- The board understand the importance of safeguarding.
- The designated safeguarding lead knows how to do their role well and has good training and support.
- Any concerns or allegations are investigated and reported as per policy.

Trustees

The Trustees are responsible for the governance or safeguarding at Sophie Hayes Foundation, ensuring that the organisation is legally compliant and delivering services safely. Their responsibilities include ensuring:

- A culture of safeguarding is promoted whereby staff and service users can raise concerns and feel supported.
- There is a staff Code of Conduct and policies such as Whistleblowing and Safer Recruitment.
- A Safeguarding Policy and Procedure is in place. It is reviewed as least annually and is available to and understood/applied by staff.
- Safeguarding concerns are managed effectively; there are systems in place for its management; safeguarding resources including training; a DSL is appointed whose role is stated in their job description.
- They receive regular feedback on safeguarding activity (such as gaps, threats, risks), oversee a risk register and the remedial actions required and the track progress.
- Chair of Trustees undertakes enquiries in the event of an allegation being made against the CEO.
- Compliance with the Charity Commission serious incident notification requirements, and other bodies such as regulators, commissioners, grant-makers, insurance companies.
- A Lead Safeguarding Trustee is nominated who liaises with the DSL and helps the board of Trustees' to ensure safeguarding is well-managed and is compliant across the organisation. This includes but is not limited to:
 - Being a point of contact for staff or volunteers if someone wishes to complain about a lack of management action in relation to safeguarding concerns.
 - Supporting the trustees in developing their individual and collective understanding of safeguarding.
 - Making sure the organisation has ways of gathering the views of staff and volunteers in relation to safeguarding and sharing these with the board.

The Safeguarding Designated Trustee Lead at Sophie Hayes Foundation is:

Alex Cole-Hamilton - alex@sophiehayesfoundation.org.uk or 07720292512.

In the event that the Designated Trustee Lead is not available, the Chair of the Risk and Finance Committee should be reached. Konstantina Papadopoulou

konstantina@sophiehayesfoundation.org

5. Responding to Safeguarding Concerns

5.1. Barriers to Speaking Out for Others

Many people are reluctant to talk about their experience of abuse and neglect because they:

- Do not have anyone that they can turn to or that they can trust
- May have sought help before but felt let down
- Fear not being believed or being taken seriously
- Feel shame, guilt or responsibility for the abuse
- Feel embarrassed about talking to someone about what happened
- Fear the consequences of telling, fear the situation could become worse
- Believe they need to protect other (e.g. the abuser, family members)
- Have been groomed
- Consider what is happening to them to be a 'normal' part of their life
- Lack language e.g. pre-verbal, communication impairment, don't speak English fluently

Staff may find it difficult to respond to concerns about abuse and neglect and to act swiftly. This may be due to not understanding what is happening or knowing how to react, fear of getting in wrong or making things worse or feeling overwhelmed or anxious. These feelings may be normal but can negatively impact and limit our responses to people who need our help. It is important to speak to the DSO about any concerns, big or small.

5.2. Responding to someone disclosing about abuse

For staff processes, please refer to section 8. Below are guiding principles.

If a person tells you about abuse and neglect it may need to be reported to another agency and there may be criminal or safeguarding inquiries that commence. The role of staff at Sophie Hayes Foundation is to support people to speak out, it is not to investigate allegations – that is the job of trained professionals to whom we refer if needed. In the event of disclosure:

- Make time and provide a comfortable space to listen and understand what is being said.
- Respond naturally, with compassion and empathy. Reassure the person that they are right to tell you/someone.
- Take the matter seriously.
- Actively listen – allow the person to speak freely and recall significant events. Do not interrupt or push the person to tell you or that they wish or directly question them about the details of the incident.
- Remain 'neutral' and do not show reaction or feeling such as shock, denial.
- Do not ask leading questions. Where you need to ask questions, use open questions, such as those starting 'who', 'when', 'where', 'how'. Avoid asking 'why' questions.
- Do not speculate or blame anyone.
- Never ask to look at injuries, especially if it entails them lifting/removing clothing
- Never promise confidentiality or make other promises such as 'it will all be okay now'.
- Explain what will happen next, who you will tell, that you have guidelines to follow. See section 8
- Consult immediately with the DSO.
- Record the conversation immediately on the safeguarding form.

5.3. Information Sharing and Confidentiality

When sharing information about service users with external agencies, the law on confidentiality and information sharing must be applied. The general principle is that service users have a right to expect that their personal information will not be shared with other agencies and that their consent is obtained before sharing. There are exceptions to the general principle and confidentiality is not offered

absolutely. We have a duty to make reports and share information in certain circumstances when it is in the public interest and may override their consent to share information in these circumstances:

- A person aged 16 years and over lacks the mental capacity to make that decision.
- There are emergency or life-threatening situations.
- Other people are, or may be, at risk, including children.
- Seeking consent could place the individual or others at risk.
- Sharing the information could prevent a serious crime.
- A serious crime has been committed.
- The risk is unreasonably high.
- Staff, either at Sophie Hayes Foundation or in another agency are implicated.

It is important to make decisions with adults about their circumstances, to share information with their informed consent or empower them to make their own decisions about information sharing. If an adult at risk does not give consent to sharing safeguarding information, the reasons for this should be explored. Reassurance and support may help to change their view on whether it is best to share information. If they remain firm in their view and do not consent to information being shared, in general, their wishes should be respected, and they should be offered support and signposting as well as further opportunities to discuss sharing information in the future. Advice can be sought from social care or Police (whilst keeping the person's details anonymous) if the DSO is not sure if their lack of consent should be breached. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why along with DSL.

Consent to share information should not be sought if this will place the person at further risk. This might include situations where for example there has been an allegation of familial sexual abuse or fabricated/induced illness when the detection of the crime may be jeopardised. If there is any doubt, seek advice before asking for consent or information the individual.

When the DSO or DSL are deciding on whether to take action without consent, The Social Care Institute or Excellence (SCIE) have produced a detailed guide called Safeguarding Adults: Sharing Information (2019) which available here:

<https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

Mental Capacity

Mental capacity is the ability a person has to make a decision for themselves, for example giving consent about sharing information. The Mental capacity Act 2005 provides the legal framework for making decisions on behalf of people aged over 16 years who lack the mental capacity to make decisions themselves. A person may not be able to make a decision at a certain point in time if they have an impairment in their functioning e.g. a learning disability, and the impairment means that they cannot make a certain decision because they are unable to understand information about the decision, retain, use or communicate their decision and understand the consequences.

The Mental Capacity Act 2005 sets out five principles where a person:

- a) Is assumed to have capacity unless it is established that they lack capacity
- b) Should not be treated as unable to make a decision unless all steps to help them to do so have been taken without success.
- c) Should not be seen as unable to make a decision because they make an unwise decision.
- d) Who lacks capacity must have decisions made in their best interests.
- e) Must have decisions made which are least restrictive of their rights and freedoms.

5.4. Recording

Recording is a key task in safeguarding practice and includes recording of concerns, interventions, decision, actions and reasoning. Records may be used in future legal proceedings and be accessed and scrutinised by all parties to proceedings. For details on where to record information, please refer to Appendix 4.

Records:

- Can be made during the session or immediately afterwards but must be completed as soon as possible and within 24 hours.
- As far as possible, use the person's own words and phrases.
- Should avoid acronyms unless these are properly explained and unambiguous.
- Must be in plain language, free from jargon, clear, legible, accurate, concise and up to date.
- Should differentiate between fact and professional opinion or observations.
- Must state the date, time, place and who is present.
- Be made only on Sophie Hayes Foundation systems and not on personal equipment such as phones or notebooks. Records will only be held by Sophie Hayes Foundation and all records are stored securely and password protected.
- Be accessed only by those who are authorised and, on a need-to-know basis.
- Must not be amended. Additional information or corrections of fact must be written as a separate record and explaining why the additional note is being made.

6. Safeguarding Learning & Development

All staff should be equipped with the knowledge and skills to recognise the possible signs of abuse and neglect and to know what to do if they have a concern. Everyone should be familiar with this policy and procedure and be willing and able to apply it when required.

DSO's and the DSL and Trustee's must be able to undertake their specific responsibilities supported by training.

Sophie Hayes Foundation requires staff to complete the developmental opportunities listed below. Records will be kept and reviewed of attendance.

Induction

All new staff, volunteers and Trustee's, at the time of their starting work at Sophie Hayes Foundation will receive this safeguarding policy and procedure. They are expected to read it and to agree to apply it as required. Opportunity will be provided for discussion of this, and other policies and procedures. Induction will enable all new staff to know how to respond to safeguarding concerns.

Safeguarding learning and development for all staff

All staff, volunteers and Trustees will receive within 6 months of their starting their role, safeguarding learning and development which will help them to identify abuse and neglect and know how to report it according to this policy and procedure to ensure they are aligning with statutory guidance. No service user facing staff will have direct contact with a service user before receiving training. This training will then be refreshed and updated annually.

All staff and volunteers will undertake free online Prevent training provided by the government: www.elearning.prevent.homeoffice.gov.uk and notify the DSL once completed.

Safeguarding training for Designated Safeguarding Staff (DSO and DSL)

The DSO and DSL will receive training within a month of their role commencing and then refresh/updates every two years. This training will focus on managing safeguarding concerns, including making decision, referrals, and contributing to multi-agency work, consent, confidentiality and information sharing, staff support and promoting a safeguarding culture.

Safeguarding training for Designated Safeguarding Leads and Trustees

Those senior roles will need to complete 'safer recruitment' training and training in managing allegations against staff. This training should be updated every two years.

Safeguarding Governance for Trustees

Trustees will have development opportunities to be able to fulfil their safeguarding governance responsibilities. This should take place for all Trustees and be updated every two years.

7. Support and Communication

Sophie Hayes Foundation has numerous opportunities for safeguarding to be communicated throughout the organisation. All staff are encouraged to raise any safeguarding matters and be provided with support, advice, guidance and reflective discussion. It is recognised that working in safeguarding can be professionally as well and personally challenging and these mechanisms for safeguarding communication and support is provided:

- Monthly senior leadership meetings
- Quarterly full team meetings
- Monthly Trustee report
- 1:1 meeting with volunteers
- Reminder of safeguarding policy application at Employability Programme reviews
- Clinical Supervision for front line staff
- Opportunities for debriefing after incidents
- Access to counselling

SAFEGUARDING PROCEDURES

8. Procedure for managing concerns about service users

It is not our responsibility to decide whether an adult or child has been abused, or to undertake enquiries into abuse, but we are responsible for responding to and reporting concerns. Regardless of how safeguarding concerns emerge, it is important to act on them and to report them in accordance with this procedure. Reports must be made immediately or as soon as possible after the concern comes to light and within the day.

Please refer to the flowchart for managing concerns about adults and children (Appendix 5) and the Safeguarding Form (Appendix 4).

8.1. Responding to an emergency

In an emergency where someone has been seriously hurt or is in imminent danger, inform a DSO as soon as possible. If the DSO is not immediately available, ring 999 and ask for the emergency service required – police and/or ambulance and alert the DSO as soon as possible. The procedures set out below must then be followed by the DSO.

8.2. Responding to a safeguarding concern

Contracts and memorandums of agreement for partnership work will include clear minimum requirements and arrangements for safeguarding, and non-compliance procedures. All service delivery contractors are required to honour their own safeguarding policies and procedures. Only if these are insufficient or not acted upon, Sophie Hayes Foundation will revert to these procedures.

Communicate your concerns with your Sophie Hayes Foundation co-worker present.

Communicate concerns to service provider of safehouse or aftercare. The service provider will be accountable for taking this forward.

Communicate concerns to the Sophie Hayes Foundation DSO by submitting a Safeguarding Form within 12 hours of the incident. If urgent, contact the DSO to discuss verbally – but ensure you still complete and submit a Safeguarding Form within 12 hours.

The DSO will then take responsibility for contacting the service provider to make sure they are taking the concern forward and only if they are not and the concern still remains, to follow the safeguarding pathway in this procedure.

If the concern is raised in another venue

Communicate your concern to your immediate co-worker, and to the DSO. This should be done on the same day.

Submit a Safeguarding Form to the DSO within 12 hours of the incident / disclosure. If urgent, contact the DSO to discuss verbally – but ensure you still complete and submit a Safeguarding Form within 12 hours.

The DSO, having listened and understood any relevant background, will make decisions about the next steps to take. The DSO may seek advice from others either at Sophie Hayes Foundation or from external agencies. The DSO will ensure that the safeguarding concern has been discussed with the participant to obtain their view of what they would like to happen and tell them of our duty to pass on our concerns if this is required. The DSO will clarify matters regarding consent to share information

have been addressed properly. Thereafter the DSO will make decisions accordingly within 24 hours of the concern being alerted to them.

If there is any disagreement between the staff member and the DSO about the decision that is to be taken then the matter must be referred to the DSL to make a decision.

The DSO may make any of these decisions:

- i. There is no further action to take. This is because there are no safeguarding concerns.
- ii. The threshold has not been met to refer onwards. Sophie Hayes Foundation will continue to provide early help and support to the participant. This could involve signposting to other sources of help and support. It may involve ongoing monitoring of safeguarding for the person.
- iii. Referral is made to other agencies for support and such referrals will require the informed consent of the participant. It may involve ongoing monitoring of safeguarding for the person by Sophie Hayes Foundation.
- iv. Referral is made to Local Authority Social Care department if there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or there are serious concerns about the wellbeing of the person. Information sharing with other agencies should be in line with the principles set out in this policy and procedure.

The referral must be made immediately by the DSO using the procedures and forms as set out by the Local Authority (see contact details in Appendix 3). If the referral is made by telephone, this must be followed up in writing immediately and within 24 hours.

Social Care should acknowledge your written referral within one working day of receiving it. If the DSO has not heard from them within 3 days of the referral, they must make contact again to clarify. Having made the referral, there may well require ongoing work required by the DSO, including providing further reports or attendance at meetings, in line with the multi-agency procedures. If a referral is not accepted or there are delays, the DSO should be advised by the Local Authority and given reasons for these decisions. If the DSO remains concerned, they should be proactive in pursuing further discussions with the Local Authority and consider escalating their concerns through the Safeguarding Partnership procedure.

- v. Refer to the Police or other Emergency Services if there is an emergency situation requiring immediate action.

At any time, the DSO can seek advice from other agencies including those listed in Appendix 3.

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

For safeguarding concerns or incidents concerning staff, please speak to the DSL in the first instance with consent if required. The DSL will guide on the best response and process to implement.

9. Procedure for managing allegations against staff

N.B 'Staff includes trustees, paid staff and volunteers.

Sophie Hayes Foundation's working practices seek to reduce the potential for staff to act in ways that may cause harm to our service users or to other staff and to our reputation. Staff should raise any concerns, including low level concern, about the behaviour of colleagues. Sophie Hayes Foundation will fully support anyone who, in good faith, reports that a colleague may pose risk to a child or adult. Staff members reporting abuse will be treated as witnesses not complainants.

This procedure is relevant if there are safeguarding concerns about a member of Sophie Hayes Foundation staff. Safeguarding concerns can include where a staff member may have:

- i. behaved in a way that has – or may have - harmed an adult or a child; behaved in a way that could lead to an adult or child being harmed
- ii. possibly committed, or is planning to commit a criminal act towards an adult or a child
- iii. behaved toward an adult or a child in such a way that it indicates that they could pose a risk of harm to service users or be unsuitable to work with service users

whether this has occurred whilst working at Sophie Hayes Foundation or elsewhere, including online.

Safeguarding concerns about a staff member may arise in various circumstances, for example, allegations being made about a staff member, concerns about behaviour of a colleague, a staff member engaging in poor working practices, historical allegations, concerns raised by another agency about a staff member, new information is contained in a Disclosure and Barring List (DBS) check.

The allegation may be unfounded, they may be false or malicious, but they may also be founded. The outcome cannot be known until a proper enquiry has been undertaken using this procedure. It is important that all allegations are taken seriously and not ignored. All allegations and concerns must be reported so they can be properly addressed in line with this procedure and outcomes recorded. The report must be made immediately or as soon as possible after the concern comes to light and within the day.

9.1. Responding to a safeguarding concern about staff.

Where there are safeguarding concerns about staff, including concerns about poor working practices, follow the steps below. Refer to the flowchart for Managing Allegations against staff (Appendix 6) and the Safeguarding Forms (Appendix 4).

Speak to the DSL about your concern on the same day that you identify it. It is not necessary for you to be completely certain, but it is expected that you notify any concerns that may impact on the wellbeing of our service users. The person you have concerns about should not be notified. If the concern is about the DSL, CEO or a Trustee, then the Designated Trustee must be notified. If the allegation is about the designated trustee, then the Chair of Trustees must be notified.

Record all relevant details on the Safeguarding Form (Appendix 4) and send to the DSL, or above-mentioned contact as appropriate. The notified person will ensure that all subsequent actions and decisions are recorded. For the purpose of the policy the term DSL below will refer to the DSL or other notified appropriate person as per 9.1.

Steps the DSL may take

The DSL will follow this procedure, dealing with matters quickly, fairly and consistently so that individuals are safeguarded, any evidence is secured, and the staff member is supported. This will involve working with others, both internally (including Trustees) as well as external agencies including Police and the Local Authority (where appropriate).

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

1. A police investigation if a criminal offence may have been committed.
2. Enquiries by social care about child or adult at risk safeguarding.
3. Sophie Hayes Foundation internal process including possible disciplinary action.
4. Referral to the Disclosure & Barring Service and/or referral to a professional registration body for professional misconduct.

The incident may also fall under other HR policies, such as Whistle Blowing or Anti-Harassment, so will therefore be processed under the relevant procedures.

An initial plan for the enquiry with proposed actions and timescales must be confirmed within one working day by the DSL. Consideration should be given to these areas:

- Which of the four strands of inquiry above are required (this may change as enquiry progresses)
- Any immediate action is required to safeguard service users, staff, the building or services, including removing access to equipment, records, people or building.
- What other information is required, how it will be sought, when, from whom.
- If advice is required from the Police. The Local Authority or other agency.
- What information to share with the subject of the allegation and with any other known employer; any arrangements to support the person.
- Decision about suspension or altering duties of the person subject to allegation.
- What information to share with staff and service users; managing media interest if it should arise.
- If the criteria is met for referral to the Police, Local Authority and DBS, insurers, partners and for a serious incident report being made to the Charity Commission.

A police investigation if criminal offence may have been committed

A report must be made to the Police and a crime reference number obtained where there has been a crime, or a crime is suspected. Allegations about staff/volunteers who are no longer working for Sophie Hayes Foundation must also be reported to the police.

Enquiries by social care about safeguarding

The immediate safety of an individual service user must be considered as well as the safety needs of all other service users (current and historical) and any others that the subject of the allegation may have encountered. This will involve making referrals to the Local Authority as per the above 'Procedure for managing concerns about service user'.

Sophie Hayes Foundation internal process

Internal investigations must be taken without delay but are secondary to reports being made to Police or Social Care. Internal enquiries should use Sophie Hayes Foundation HR policies and advice as well as consultation with other relevant colleagues.

Suspension should not be the default option and alternatives to suspension will always be considered. Where suspension takes place, it is viewed as a neutral act which does not imply guilt. Suspension should be considered in these situations: police are investigating allegations; the allegation is so

serious that if it is substantiated, it would be grounds for dismissal; the person whom the allegation is made may put pressure on others who are witnesses or may pose ongoing risk which cannot be managed satisfactorily without suspension. In any event, whilst enquiries are ongoing, the worker in question should not be in contact with service users.

Outcomes of the investigation may fall into these areas:

- There is sufficient evidence to state that the allegation is substantiated.
- There is sufficient evidence to disprove the allegation and find it is malicious. Malicious allegations made by another member of staff may result in disciplinary procedures against the referrer.
- There is sufficient evidence to disprove the allegation, but it was not made to deceive. False allegations may be the result of a misunderstanding or misinterpretation of events.
- There is insufficient evidence to either prove or disprove the allegation which is therefore unsubstantiated.
- There is no evidence or proper basis which supports the allegation being made, e.g. due to a misinterpretation, so the allegation is unfounded.

Final decisions could include reintegrating the member of staff into the job role, making changes to the job, disciplinary or dismissal. Other known employers of the individual concerned may need to be advised. Trustees may need to inform the Charity Commission. Sophie Hayes Foundation has a duty to refer to DBS any person engaged to work in regulated activity where the allegation has been substantiated and we withdraw permission for a person to work in regulated activity, even if the person was re-deployed, dismissed, resigned, retired, or left.

Detailed and clear records of the allegation, how it was managed, actions taken, and decisions reached, is kept on the confidential personnel file of the subject of the allegation.

Compromise, settlement or non-disclosure agreements whereby a person agrees to resign with an arrangement that the employer will not pursue disciplinary action, and where both parties agree a form of words to be used in any future reference. These types of agreement must never be used in these cases nor can Sophie Hayes Foundation's duty to report to DBS be overridden.

Appendix 1:

Children's Safeguarding

Definition of 'child'

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

Definition of 'safeguarding'

The legal definition of 'safeguarding' is:

- Protecting children from abuse and maltreatment
- Preventing harm to children's mental and physical health or development
- Ensuring children grow up with the provision of safe and effective care
- Taking action to enable all children and young people to have the best outcomes

Child protection is part of safeguarding and promoting welfare and it refers to the work that is done to protect children who are suffering, or are likely to suffer, significant harm.

Defining 'abuse' and 'neglect'

Abuse and neglect are types of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Four categories and indicators of abuse and neglect

The statutory guidance 'Working Together 2018' sets out four categories of abuse and neglect that children may experience, these are defined below.

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

Sexual Abuse: 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.

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

- a. Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. Protect a child from physical/emotional harm or danger
- c. Ensure adequate supervision (including the use of inadequate care givers)
- d. Ensure access to appropriate medical care or treatment

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

Emotional Abuse: Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include 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 from 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.

The four categories above are not an exhaustive list, abuse and neglect takes place in many different ways – please refer to the categories of abuse for adults above – children are harmed in exactly the same types of ways. It is important that when observing or talking with people, we are alert to any concerns about the wellbeing and safety of children.

Procedures of the management of safeguarding concerns for children

The procedures for the reporting of any safeguarding concerns relating to children are consistent with the procedures for adults, and as stated in this document. There are two aspects that are particularly different in the children's safeguarding legislation however, information sharing and the role of the Local Authority Designated Officer (LADO).

Information sharing about children

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

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

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

1. The General Data Protection Regulation 2016 (GDPR), Data Protection Act 2018 are not barriers to justified information sharing but provide a framework to ensure that personal information about individuals is shared appropriately/
2. Be open and honest with the individual (and/or their family) from the start about why, what, how and with whom information may be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from others including external agencies, if there is any doubt about sharing the information without disclosing the identity of the individual.
4. Where possible, share information with consent and respect the wishes of those who do not consent to having their information shared. You may share information without consent if you consider on the facts presented that there is a lawful basis such as where safety may be at risk.
5. Consider safety and well-being: base information sharing decision on the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

Keep a record of your information sharing decision and the reasons. If you decide to share, then record what you have shared, with whom and for what purpose.

Local Authority Designated Officer (LADO) and Managing Allegations Against Staff

Where there are allegations against staff, and the member of staff works with children, the LADO must be contacted within one working day. The LADO is responsible for:

- Providing advice, information and guidance to employers and voluntary organisations around allegations and concerns about staff.
- Managing and overseeing individual cases from all partner agencies.
- Ensuring the child's voice is heard and that they are safeguarded.
- Ensuring there is a consistent, fair and thorough process for all adults working with children against whom an allegation is made.
- Monitoring the progress of cases.
- Recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or social care.
- Advising about referrals to other agencies such as DBS.

The LADO will advise if the threshold for their involvement is met. If it is, then the LADO is involved from the initial phase of the allegation through to the conclusion of the case and will ensure all the relevant reports are made and lines of enquiry are undertaken. Whilst there is no LADO equivalent for adult safeguarding (matters relating to staff working with adults are dealt with by Adults Social Care), where there may be crossovers between adult and child safeguarding, the LADO can advise.

Appendix 2:

Key Internal Contacts			
Designated Safeguarding Officer (DSO)			
Name:	Amoge Ukaegbu	Tel:	0759 6953850
		Mobile:	
Job Title:	Employability Programme Manager	Email:	Amoge@sophiehayesfoundation.org
Designated Safeguarding Lead (DSL)			
Name:	Carly Webster	Tel:	07511404274
		Mobile:	
Job Title:	Head of People & Culture	Email:	Carly@sophiehayesfoundation.org
Chair of Trustee's			
Name:	Nicola Murphy	Tel:	07917083236
Title:	Chair of Board of Trustees	Email:	Nicola@Sophiehayesfoundation.org
Lead Trustee for Safeguarding			
Name:	Alex Cole-Hamilton	Tel:	07720292512
Title:	Trustee	Email:	Alex@sophiehayesfoundation.org

Appendix 3:

Key External Contacts and Resources	
Police, Ambulance, Fire Services	
Police (non-emergency)	Tel 101
Emergency Services	Tel 999
Police Public Protection Unit	Tel 101
Police Anti-terrorism Hotline	Tel 0800 789 321
Police Prevent Team	Tel 101
Local Authority	
Local authority Adults Social Care (England)	Use the following website to find out the details https://www.gov.uk/report-abuse-of-older-person
Local authority Children's Social Care (England)	Use the following website to find out the details: https://www.gov.uk/report-child-abuse-to-local-council
Local Authority Designated Officer	
Birmingham (West Midlands)	Tel: 0121 675 1669
Liverpool	Contact: https://liverpool.gov.uk/contact-us/careline-for-children/
Manchester	Tel: 0161 234 1214
Sheffield:	Tel: 0114 203 9591
London	Tel: 07795 090649
Radicalisation	
HM Govt Report radicalisation online	https://act.campaign.gov.uk/
Home Office Radicalisation e-learning module	https://www.elearning.prevent.homeoffice.gov.uk
Adult Safeguarding	
Ann Craft Trust Resources and support for safeguarding adults at risk	Tel 0115 951 5400 Website: http://www.anncrafttrust.org/safeguarding-adults-sport-activity/
NAPAC (National Association for People Abused in Childhood) Helpline and online support	Tel 0808 801 0331 Email support@napac.org.uk
Mencap Direct Helpline and support	Tel: 0808 808 1111 E-mail help@mencap.org.uk www.mencap.org.uk

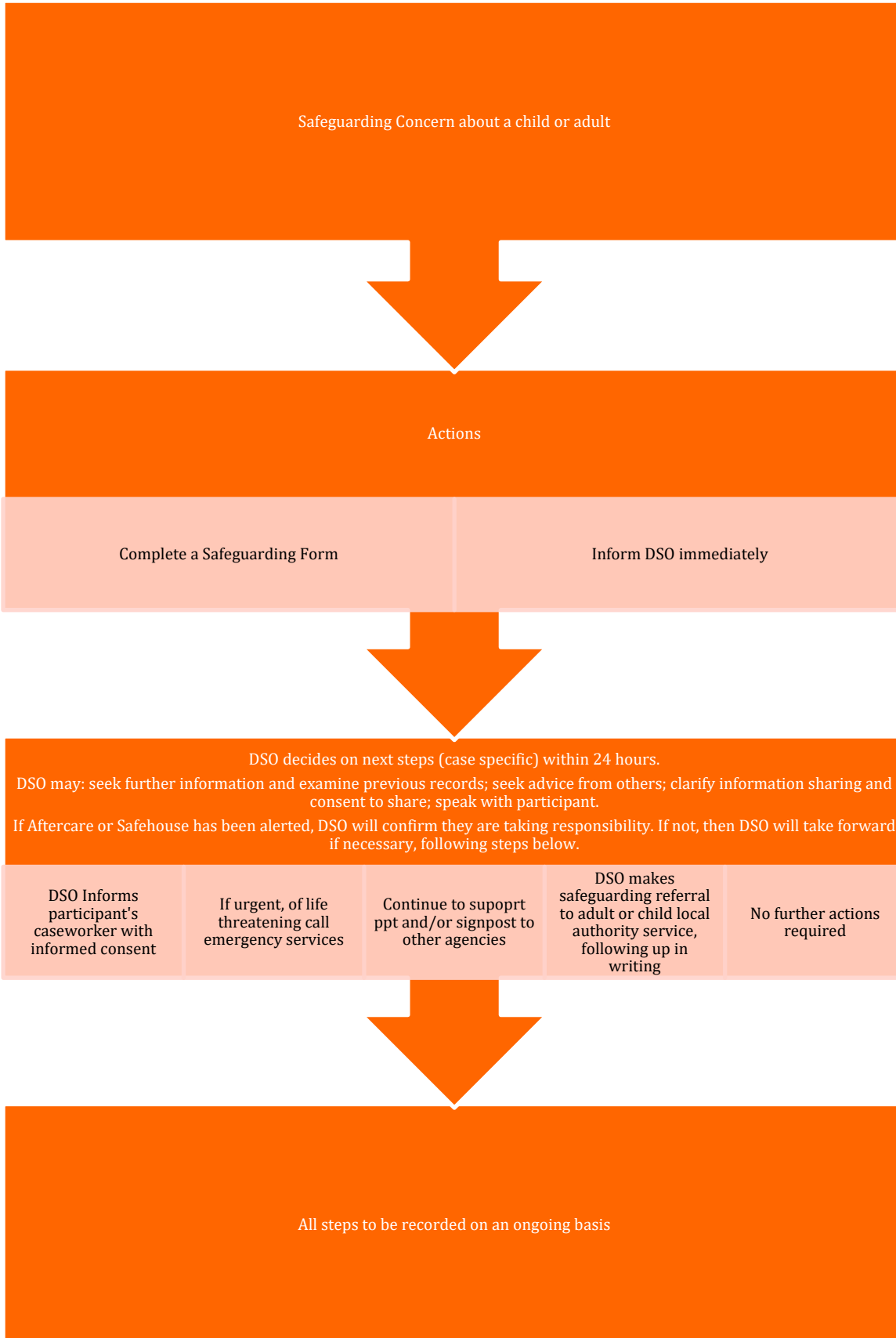
MIND Helpline and support	Tel 0300 123 3393 Text 86463 E-mail info@mind.org.uk www.mind.org.uk
Children's Safeguarding	
NSPCC Helpline For anyone concerned about a child	Tel 0808 800 5000 Email help@nspcc.org.uk
Childline For children to use	Tel 0800 1111
Triangle Support and advocacy for disabled children	Tel 01273 305 888 https://triangle.org.uk/
Family Lives Parent advice line.	Tel 0808 800 2222
Child Trafficking Advice Centre	0808 800 5000
Child Exploitation and Online Protection Centre (CEOP) Investigates inappropriate online behaviour such as grooming online.	0870 000 3344
Other National Services	
Victim Support	Tel 0808 168 9111 www.victimsupport.org.uk
National Domestic Violence Helpline	Tel 0808 2000 247
FGM FORWARD Training and support for FGM	Tel 020 8960 4000 Email forward@forwarduk.org.uk
Forced Marriage Helpline	Tel 0800 599 9247
Forced Marriage Unit	Tel 0207 008 0151 Out of office hours contact: 0207 008 1500 (ask for Global Response Centre).
UNSEEN – Modern Slavery Line Specialist charity giving advice and support about Modern Day Slavery	Telephone: 0303 040 2888 Helpline: 08000 121 700 Website: https://www.unseenuk.org/
British Institute of Learning Difficulties Training and resources	Tel 0121 415 6960 www.bild.org.uk
The UK Safer Internet Centre Provides advice for professionals and responds to reports about sexual abuse images of children online	0844 381 4772
Disclosure & Barring Scheme	https://www.gov.uk/government/organisations/disclosure-and-barring-service

Appendix 4:**Sophie Hayes Foundation Safeguarding Forms**

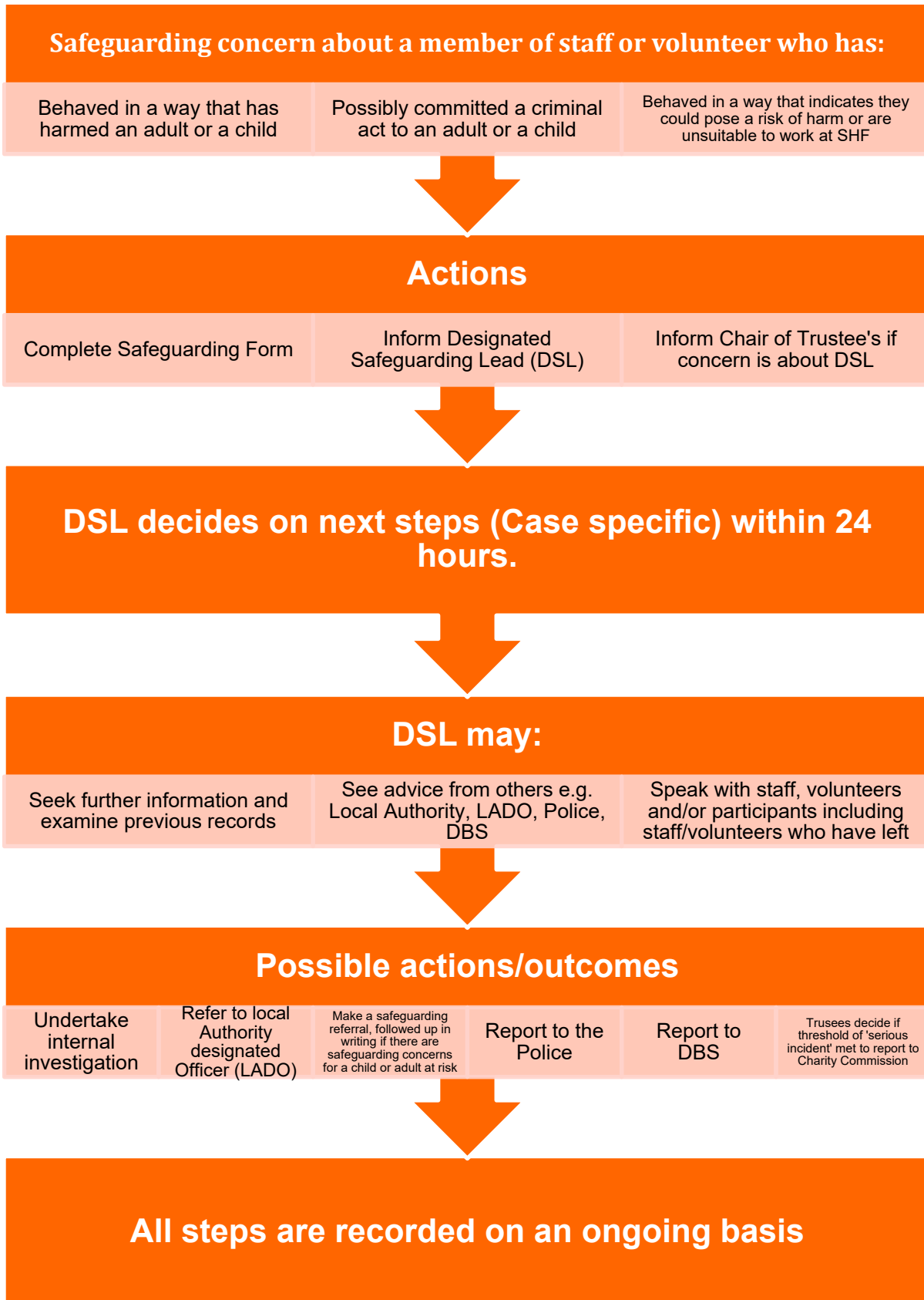
[Safeguarding Concern Form](#)

[Safeguarding Disclosure Form](#)

Appendix 5:



Appendix 6:



Appendix 7:

**CONFIRMATION OF HAVING READ, UNDERSTOOD AND AGREEMENT
TO APPLY SAFEGUARDING POLICY AND PROCEDURE BY STAFF &
VOLUNTEERS**

[Please follow the link here to confirm.](#)