



Night Angels and Safe Space

Safeguarding Policy and Procedures

2024

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1. Introduction

Gloucester City Safe (GCS) is Gloucestershire's foremost business crime reduction partnership.

Safe Space and the Night Angels are committed to:

- valuing and respecting children and adults at risk, maintaining confidentiality where appropriate given the nature of our work, and acting proportionately.
- maintaining strong protection systems and procedures
- sharing safeguarding best practice and information regarding safeguarding concerns with relevant parties and involving children, their parents and/or guardians and adults at risk and their carers where appropriate.

SS and NA will provide adequate and appropriate resources to implement this policy and procedure document and will ensure it is communicated throughout the organisation. GCS will ensure all staff understand and commit to this policy and procedure document.

This policy should be read alongside Safe Space and the Night Angels Safeguarding Procedures document which defines the process that should be undertaken in the event of any safeguarding concern. It is also to be read alongside our:

- Equality and Diversity Policy
- Recruitment and Selection Policy
- Health and Safety policy
- Lone working policy

2. Basic Principles and Definitions

There are several key pieces of legislation and guidance that inform the principles underpinning this policy, and our practice in relation to safeguarding children and adults at risk, these include:

- Children's Act 1989 and 2004,
- Care Act 2014,
- Care and Support Statutory Guidance 2014,
- Mental Capacity Act 2005,
- Equality Act 2010,
- What to do if you're worried a child is being abused: advice for practitioners 2015,
- Human Rights Act 1998,
- United Nations Convention on the Rights of the Child 1989,
- Data Protection Act 2018,
- Information sharing: advice for practitioners providing safeguarding services 2023.
- Furthermore, the safeguarding documentation of our partners, suppliers and contractors.

SS and NA are aware of its safeguarding responsibilities. This means that all necessary efforts must be made to comply with this Policy.



Definitions

Safeguarding is the actions taken to protect and promote the welfare of children and adults at risk.

Safeguarding children

In 'Working Together to Safeguard Children 2018's safeguarding and promoting the welfare of children are defined as:

- protecting children from maltreatment.
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- taking action to enable all children to have the best outcomes.

Safeguarding adults at risk

The Care Act 2014 describes Safeguarding adults as being the process of protecting adults with 'care and support needs' from abuse or neglect. At SS and NA it can be described as:

- stop abuse or neglect wherever possible.
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- safeguard adults in a way that supports them in making choices and having control about how they want to live.
- promote an approach that concentrates on improving life for the adults concerned.
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern.
- address what has caused the abuse or neglect (if appropriate)
- in general, promoting adult's wellbeing in all policy and practice.

Our values and principles with working with children and adults at risk:

- Best interests of the child and adult at risk shall be the primary consideration in our decision making.
- Equality of experience and opportunity for all adults and children we come into contact with
- Meeting our safeguarding duties in a timely, accurate, professional, and responsible manner
- Working in an open and transparent way by informing those we work with, including children, about our Safeguarding Policy.
- Ensuring confidentiality to protect sensitive personal data. Information will only be shared when there is a safeguarding concern, and only with those who are appropriate and necessary.
- Working together to safeguard children and adults at risk both across Safe Space and the Night Angels and with other organisations. This includes referral agencies such as the police and social care.



3. Scope of the Policy

For ease of reading, and to prevent having to repeat lengthy definitions throughout, the following terms are used:

- a child is defined as anyone who has not reached their 18th birthday.
- an adult at risk is defined as any person who is aged 18 years or over and at risk of abuse or neglect because of their need for care and or support.

The term 'staff' applies to all those working for Safe Space and the Night Angels in an individual capacity. This includes paid and unpaid staff and volunteers engaged on a one off, short- or long-term basis. It also covers consultants and contracted temporary personnel.

The terms 'partners, suppliers and contractors' relate to all those who we have a contract or agreement to provide goods, services, or collaboration. There may be a financial or alternative benefit, but this is not essential. It includes implementing partners who carry out work on our behalf and other stakeholders with whom SS and NA may establish a working relationship, such as Ministries and Donors/Funders. SS and NA policy and procedure documents may be distributed to partners, suppliers, and contractors when they will be required to be familiar with and adhere to our policies. In these cases, SS and NA will expect to see adequate safeguarding policies and procedures in place for these organisations before starting the relationship.

This policy refers to all our activities including those delivered at SS and NA premises as well as across public and private spaces including but not limited to business premises, high streets, communal spaces, and shopping centres.

4. Purpose of the Policy

The purpose of this policy and related procedure documents is to provide our staff with the principles, policy, and practice to protect and safeguard all children and adults at risk.

5. Safeguarding Statement

Safe Space and the Night Angels recognises the need to ensure safeguarding is an important part of our work. We will do this by:

- championing safeguarding across our work
- ensuring safeguarding is a standing agenda item at relevant meetings, such as management and Board of Director meetings.
- allocating safeguarding roles to staff and Directors, and ensuring they have the support, training and resource to effectively carry them out.
- safeguarding forming part of the organisational risk register.
- monitoring the working practice of staff and volunteers to ensure the requirements of safeguarding policy and practice are being met.
- Where appropriate, conducting specific risk assessments that address the risks and individual needs of working with children or adults at risk.



6. Safeguarding Governance

Our clear structure of safeguarding accountability supports everyone within the organisation to understand their individual responsibilities for safeguarding. Accountability for the implementation of the Safeguarding Policy rests with Chrissie Lowery and her Management Team. Ultimate accountability for Safeguarding within SS and NA rests with the Board of Directors. (SS and NA are part of The Craftology Project CIC. This Policy will be reviewed annually or in light of internal or external changes, to ensure it continues to meet legislative, regulatory requirements and best practice. It is subject to approval by The Craftology Project CIC Board and will be put to the Directors for approval following each review.

Chrissie Lowery is the Designated Safeguarding Lead and Vicki Smith as the nominated lead for Safeguarding on the Board of Directors. For any queries regarding this policy or overall safeguarding practice, or regarding safeguarding incidents, they can be contacted by:

Vicki Smith - 07880767688

Chrissie Lowery – 07891162140

7. Consent and Capacity

It is a fundamental principle of UK law that adults have the right to make decisions on their own behalf and are assumed to have the capacity to do so. All SS and AA staff will:

- assume a person has the capacity to make a decision themselves, unless it's proved otherwise.
- wherever possible, help people to make their own decisions.
- obtain consent whenever possible such as before contacting a referral agency e.g., the police.
- if there is a situation where we are required to make a decision for someone who is assessed to not have capacity, it must be in their best interests, and the least restrictive of their basic rights and freedom.

In regard to a safeguarding concern where someone is currently experiencing harm or is at risk of doing so, consent to act does not have to be sought from the child, though it should be sought wherever possible.

As part of their work, NA carry a mobile telephone which can be used if a vulnerable person needs to make a call (for instance, to a friend to come and collect them). By using the mobile telephone, informed consent will have been applied. Once the call has been made, that telephone number will be deleted.

When taking a vulnerable person home, by getting into the NA car informed consent will have been applied. To help that person understand how they were helped, a Safe Space/Night Angel calling card will be left with the persons personal effects.

8. Sharing Information

SS and NA staff with concerns about the welfare of a child or adult, must not discuss these



with colleagues, parents, carers, or others, until they have passed on the concerns and received advice and instructions from a Designated Safeguarding Lead, or the Board Safeguarding Lead if necessary. The Designated Safeguarding Lead is responsible for making sure written records of concerns about the protection of children and adults at risk are kept confidentially and will review procedures regularly and in response to updates to legislation such as General Data Protection Regulations (GDPR), due to internal changes or due to new safeguarding relationships with partners.

Decisions to share information without the person's consent will only be taken where the risks to themselves or others outweigh an individual's right to confidentiality.

SS and NA will assist referral and partner agencies such as Social Services, Police and contracted subsidiaries as far as possible during any investigation.

9. Recruitment Selection and Training

This policy is to be read alongside our Recruitment and Selection Policy and our Equality and Diversity policy.

SS and NA will ensure that as far as is possible, all its staff are safe and trustworthy to encounter children and adults at risk by enforcing robust recruitment procedures and complying with all relevant guidance and legislation.

All new positions will make it clear in all materials the need for a DBS and will include a statement of our commitment to safeguarding. SS and NA will ensure a formal application process - application forms, shortlisting and interviews. Suitable references will be sought for all appointments. Formal offers will be made conditional to the satisfactory completion of pre-employment checks, i.e., identity, references, qualifications, right to work in the UK and DSB certificate checks.

All employed staff members are to be subject to a 6 month probation period. All staff have a time of induction when they are new in post. During this time, they are required to read and record their understanding and commitment to this policy and all related procedures and attend induction training commensurate with their role.

Training

SS and NA supports all those working with or encountering children and/or adults at risk in their duties to undertake basic Safeguarding Awareness training, refreshed every 2 years.

All Designated Safeguarding leads are required to attend initial training and DSL refresher training every 2 years.

If SS and NA introduces a new policy or way of working about protection or safeguarding, it will induct all workers, volunteers, and people on placement to make sure they understand the new information.



10. Safeguarding Allegations against staff

SS and NA has clear written procedures (below) for dealing with situations where allegations are made against a member of staff in our organisation, which set out the processes for sharing information with other professionals and which state that we will refer to the DBS and Local Authority Designated Officer (LADO) when appropriate.

11. Support for staff

Any staff member reporting or involved in a serious safeguarding concern or incident will be offered support by a Director or Board Member in a timely manner.

Designated Safeguarding Leads and anyone dealing with safeguarding concerns will be offered appropriate supervision with time given to reflect on decisions, learning, and discuss how it feels from a personal perspective. It should include space for anyone to raise concerns within SS and NA. These formal supervision sessions should have a written record.

If an allegation is made against any staff member, it will be decided by appropriate Safeguarding Leads if the matter constitutes a safeguarding allegation and if an internal investigation or referral to an external partner is required. SS and NA acknowledges that staff who are the subject of allegations will also need support and will always strive to provide this.

12. Complaints

All complaints that are received about the conduct or behaviour of SS and NA staff will be dealt with according to our Complaints Procedure. If a complaint is identified as a potential safeguarding concern, our Safeguarding Procedures will be followed, and the complaint will be investigated by someone competent and trained in safeguarding.

13. Whistleblowing

We recognise the importance that the role 'Whistleblowing' can play in deterring and detecting malpractice and abuse of children and adults at risk. A whistleblowing policy is in place for staff who are concerned about anything that may be unsafe, illegal or untoward in the organisation, or another organisation. A procedure for reporting a concern is detailed below.

14. Quality and Review

SS and NA staff will regularly review the safeguarding policy and the procedures, plus those which support them. The staff team will ensure our Board of Directors are well informed about our safeguarding practice, including reporting on any significant or trends/patterns of concerns. SS and NA will consider future external safeguarding audits.

15. Local Safeguarding Partnerships or Boards (Children and Adults)

SS and NA will work in partnership and adhere to the procedures of Gloucestershire's Safeguarding Adults Board and the Safeguarding Children Partnership, and has a duty to co-operate in information sharing, such as in the case of Child Safety Practice Reviews and Safeguarding Adults Reviews.



16. Compliance

Failing to abide by this policy, the safeguarding procedures document and all other related policy and procedure documents at all times is likely to result in disciplinary procedures for staff as defined in our disciplinary policy, and the dismissal of volunteers.



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1. Introduction

These procedures are to be read alongside The SS and NA Safeguarding Policy. SS and NA expects all its staff to share a commitment to safeguarding at all times. Part of this commitment includes following our procedures below whenever relevant. We are committed to acting quickly and appropriately when there are safeguarding concerns.

2. How to Recognise a Safeguarding Concern?

A safeguarding allegation is defined throughout these procedures as one where a person has:

- Behaved in a way that has, may have, or might lead to the harm of a child or adult at risk.
- Possibly committed or is planning to commit a criminal offence against, or related to, a child or adult at risk.
- Behaved towards a child/adult at risk in a way that indicates they are or would be unsuitable to work with them.

The allegation may:

- Not have a known child/adult victim.
- Be about any type of abuse.
- Concern a breach of SS and NA's safeguarding code of practice.

Appendices 1 and 2 detail the categories of abuse and neglect children/adults may experience.

3. How to Respond to a disclosure of abuse?

If you suspect a child or adult may be at risk, or a child or adult discloses to you, it is your duty to report it. You must pass on any concern to the appropriate person, even if it seems minor. It is the role of the Designated Safeguarding Leads (DSL) or another trained member of the Board *only* to investigate any concern. They will decide whether it is significant, whether it constitutes a safeguarding concern, and how they will proceed with that information.

When responding to safeguarding concerns, keep in mind that the child/adult at risk's welfare is paramount – this means that their safety and protection must be the most important consideration and take priority over everything else.

Although you may receive feedback about any concern you have reported, it should not be expected.

If you are in any doubt about what to do, speak to your DSL or a Board safeguarding lead for advice, or contact Gloucestershire Adult or Child social care team (concerns can be discussed anonymously).



4. How to Report (internally)

Anyone can report a safeguarding concern – anyone can become aware that a child or adult at risk may be being abused or harmed, or at risk of this. Anybody might see or hear something that worries them. A child or adult at risk might tell anyone they have been harmed or abused. All staff have a duty to report any allegation of abuse, or any concern that a child or adult at risk may be being abused or harmed. All concerns will be considered sensitively and immediately. You will be directed to our DSL/Board Lead whether you are working directly for us, reporting to GCS, are a member of staff or volunteer.

A concern about the safety of a child/adult at risk might arise as a result of:

- They say they are being abused or tell you about an experience or event that has happened to them that you think would be harmful (a 'disclosure')
- Signs or indicators of abuse or neglect are identified.
- Directly witnessing someone being harmed by an adult or another child, or behaviour that gives cause for concern.
- Somebody says (e.g., a member of the public) either face-to-face or by any other means of communication, that a child/adult at risk is being harmed or is at risk of harm.
- An adult survivor of abuse or a child talk about an experience of abuse in their past which can be referred to as 'non-recent historical abuse'. However, the perpetrator may still be alive, and others may therefore still be at risk, so such a concern still needs to be acted upon.

What to do if a child or adult discloses to you

Thank the person for talking with you and listen carefully.

Reassure them that they have done the right thing and they will be taken seriously.

Remain calm, let them speak without interrupting, and do not comment or give your opinion.

Summarise and reflect back to confirm your understanding but do not 'lead' them.

Ask if there is anything else that the person would like to tell you.

If required, seek immediate medical assistance.

Inform them that you must pass the information on, but only to the person or people who will know best what to do to help them. Gain consent to do this where possible but be clear that it is necessary.

When possible, record the key facts e.g., incidents, times/dates, quotes, names mentioned, using the Safeguarding Incident Report Form if possible. If you include your opinion or assessment, this should be stated as such, and facts differentiated from



hearsay.

Contact the Designated Safeguarding Lead by phone immediately. If they are not available, contact the Nominated Safeguarding Lead. Do not delay confirming facts or gather more evidence.

Agree any immediate steps to be taken to safeguard the individual.

Out of hours, if you cannot get in contact with the DSL or Board Lead, contact the police or other emergency service if appropriate. Otherwise contact the DSL/NSL member first thing the next day.

Follow assignment instructions/all the Police immediately in cases of serious crime (such as assault, indecent assault or rape), or if you believe a serious crime may be about to be committed.

Follow any instructions given by staff or the emergency services.

Any notes made should be given/sent to the appropriate person on request or confidentially destroyed after reporting.

What to do if you witness (hear or see) a safeguarding incident

Think about immediate safety - secure the safety of anyone at risk, including yourself.

Remain calm and assess the situation. Can you safely intervene/de-escalate the situation?

Do you need to seek immediate medical assistance?

Are you able to speak to the victim? If so, let them speak then summarise and reflect back to confirm your understanding.

Inform them that you must pass the information on, but only to the person or people who will know best what to do to help them. Gain consent to do this where possible.

Follow your assignment instructions/call the Police immediately in cases of serious crime (such as assault, indecent assault or rape), or if you believe a serious crime may be about to be committed.

Agree any immediate steps to be taken to safeguard the individual. When possible, record the key facts e.g., incidents, times/dates, quotes, names mentioned, using the Safeguarding Incident Report Form if possible. If you include your opinion or assessment, this should be stated as such, and facts differentiated from hearsay.



Contact the Designated Safeguarding Lead by phone immediately (see page 6 for contact details). If they are not available, contact the Nominated Safeguarding Lead. Do not delay confirming facts or gather more evidence.

Out of hours, if you cannot get in contact with the DSL/Nominated Lead, follow your assignment instructions/contact the police or other emergency service if appropriate.

Otherwise contact the DSL/Nominated Lead first thing the next day

Follow any instructions given by staff or the emergency services.

Any notes made should be given/sent to the appropriate person on request or confidentially destroyed after reporting.

Do Not

- Ignore or dismiss the child/adult.
- Give promises that you will NOT share the information.
- Respond by looking horrified or giving your opinions of what has been said.
- Jump to conclusions - stick to the facts as they are given to you.
- Ask detailed questions about what you are told/investigate further.
- Share this information with other staff, other beneficiaries or anyone other than your DSL/Nominated Lead unless you have been given express permission to do so.
- Confront the alleged person of concern (perpetrator)
- Disturb any evidence before speaking to DSLs/the emergency services e.g., suggest that the person may want to have a shower, put their clothes in the washing, clean wounds.

Remember - The quicker you make a record of the concern, the more likely that you will be able to record accurately and in detail what happened.

SS and NA or the Board Safeguarding Lead will:

- Receive and record information.
- Assess the information promptly and carefully, clarifying or obtaining more information where necessary.
- Inform and discuss with the Board Lead if needed.
- Consult initially with the relevant statutory agency and make formal referrals as appropriate. Wherever possible, this person to remain as the named contact with external agencies.
- Offer support to the person reporting the concern and advise on any further action.
- Report to the Board of Directors
- Report any 'serious incident' as defined [here](#) to the Charity Commission



Supporting an adult or child who makes repeated allegations.

An adult or child who makes repeated allegations that have been investigated and are unfounded should be treated without prejudice. Each allegation must be responded to under these procedures.

5. How to Refer to Statutory Services? i.e., Social Services and the Police

These will only be completed by trained DSLs or the Nominated Safeguarding Lead.

You must have permission from the person at risk of harm to make a referral unless:

- They are a child, or the harm is likely to be witnessed by a child.
- The adult has care and support needs and the adult are experiencing, or at risk of, abuse or neglect.
- A crime has been committed.

If you are unsure whether an adult has care or support needs, you can speak to Gloucestershire Adult Social Care who will advise whether to make a referral. The out-of-hours or duty social worker in Gloucestershire are always available to speak to for advice (01452 614194).

When speaking to referral agencies:

- Have your notes/safeguarding incident form ready and use these to guide the call.
- Take the name of the person on the call and make a note in your records.
- If you are advised to make a referral, confirm how e.g., which form/how to submit, and when to expect a response.
- Complete and submit the referral as soon as possible, giving as much detail as you are able.
- Save a copy for your records.
- Follow up with the agency if you do not receive a response within their specified time.
- Note down all conversations/updates chronically, factually and succinctly.

SS and NA staff may be:

- Interviewed in relation to investigations.
- Asked to attend case conferences or review meetings held by Social Services.
- Asked to support adult at risks or children during the process of investigations.
- Be involved in putting protection plans in place with the people we exist to support.

What if the concern is not related to SS and NA?

You can still speak to a DSL if you want guidance on what to do next. You can also:

- If you are worried about the safety or welfare of a child, you can call the NSPCC Adult Helpline for confidential advice on 0808 800 5000.
- If you are worried about the safety or welfare of an adult, you can call the police (if they are in immediate need of help) or Gloucestershire Adult Social care on 01452 614194.



6. Safeguarding allegations against staff and volunteers

It can be very difficult to report allegations or concerns about a worker, volunteer, or person on placement, but everyone has a duty to do this. In these circumstances concerns need to be dealt with both quickly and with respect to the employee's privacy and reputation.

Record the key facts - incidents, times/dates, quotes, names mentioned etc. on the Safeguarding Incident Report Form.

Check which DSL (Nominated Lead if needed) are available and email directly to them (see page 6 for contact details). If you include your opinion or assessment, this should be stated as such, and facts differentiated from hearsay.

Contact the DSL by phone immediately. Do not delay confirming facts or gather more evidence.

Out of hours, if you cannot get in contact with the DSL/Nominated Lead, contact the police or other emergency service if appropriate. Otherwise contact the DSL/Nominated Lead first thing the following day.

Call the Police immediately in cases of serious crime (such as assault, indecent assault or rape), or if you believe a serious crime may be about to be committed.

Follow any instructions given by the DSL or the emergency services.

Any notes made should be given/sent to the appropriate person on request or confidentially destroyed after reporting.

Do Not

- Investigate further.
- Share this information with other staff, other beneficiaries or anyone other than your DSL/Board member unless you have been given express permission to do so.
- Confront the alleged person of concern (perpetrator)

SS and NA's DSLs and/or the Board Safeguarding Lead will:

- Receive and record the initial information, reassure the person reporting.
- Assess the information promptly and carefully, clarifying or obtaining more information where necessary.
- Inform and discuss with the Board Lead.
- Consult initially with the relevant statutory agency and make formal referrals as appropriate. Wherever possible, this person to remain as the named contact with external agencies.
- If the allegation is serious and concerns a child, they will contact the Local Authority Designated Officer (LADO)
- Offer support to the person reporting the concern, and advise on next steps, if any are needed.



- Liaise with the subject of the concern only when appropriate to do so. Any decisions made by SS and NA in relation to the concern to be confirmed in writing. It is likely the individual will be suspended without prejudice pending investigation.
- Continue to communicate with and act in accordance with the guidance of statutory agencies.
- Confidentially record all elements of the concern
- Information about the subject's rights to representation and support will be provided.
- The outcome of the reported concern can be shared with the person who reported, unless agencies advise otherwise, or it is not deemed appropriate/may impact the investigation.
- Report to the Board of Directors.
- Provide feedback in writing to the subject of the investigation, clarifying any outcomes and implications for their employment/volunteering, normally within five working days of the conclusion of the investigation.

If the allegation indicates poor practice rather than abuse, it will be dealt with in accordance with SS and NA's disciplinary procedures.

Any allegations about DSLs should be referred to the Nominated Safeguarding Lead or if they are not available/it concerns the Nominated Safeguarding Lead, then contact the Chair of the Board:

Chrissie Lowery 07891162140

7. Support for staff

After being involved in safeguarding concerns, we encourage all staff to contact their DSL for a debrief and to decompress.

If staff are required to be involved in any internal or external safeguarding investigations, meetings, conferences etc, they will be offered guidance and support, and the time and space to attend and reflect.

8. Whistleblowing

For advice and guidance staff can contact the specialist whistleblowing charity [Protect](#). Staff and volunteers are protected by law; however, they can also raise concerns anonymously.

If you consider that a safeguarding concern or allegation, you have raised has not been taken seriously by SS and NA then you must not ignore this but instead seek to make your concerns heard either by talking with the DSL or a Board member. SS and NA is committed to the right treatment and protection of whistle-blowers. If you disclose information about wrongdoing the law protects you from being treated unfairly or losing your job.



9. Professional Challenge and Escalation

If a worker or volunteer passes on a concern or allegation on, but feels this has not been acted on properly, they must contact the DSL who they reported it in the first instance. If the response received still seems appropriate, this should be escalated to the Nominated Safeguarding Lead. If they feel the action being taken, or not taken, is putting a child or adult at risk in immediate risk of harm they should contact the Chair of the Board in the next instance.

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Where a crime is being committed and a child or adult at risk is in immediate danger, staff should call the police on 999 (later documenting their decision to contact the police directly). They should pass the concern over to a DSL/Nominated lead as soon as they are able, following any advice given.

10. Recruitment, Selection and Training

Protocol for the recruitment of staff or volunteers:

- All recruitment publicity must include information about the requirement for the appropriate Disclosure and Barring Service vetting checks that will be required.
- Person specifications for applicants must include safeguarding criteria where appropriate.
- All roles to be applied for using a standard application form – CVs alone are not to be accepted.
- When assessing applicants, we check that they have the essential qualifications and experience for the role.
- All candidates to be interviewed at least once face-to-face with more than one person present.
- Applicants must provide legal ID to prove who they are.
- Two references are sought from people that can tell us whether the person is suitable for the job, one should be their latest employer.
- If there are concerns regarding the references received, liaise with the DSL and potentially seek further references.
- DBS checks are kept in a confidential secure digital file, with access given on a need-to-know basis.
- If a disclosure is highlighted on the DBS check, the DSL is to speak with the candidate and see a copy of the disclosure before making a decision along with the Nominated Safeguarding Lead on whether to go ahead with the appointment. A risk assessment should be considered before the candidate starts.
- DBS to be repeated on all eligible staff every 3 years.
- All staff leaving their role will be fully off-boarded including returning all ID badges/branded merchandise/IT equipment and phones and requested to delete anything on personal devices.

11. Sharing and Storage of Safeguarding Records

All staff are required when starting the role (and ongoing if significant changes are made)



to familiarise themselves with our Data Protection Policy.

Only in the event of a safeguarding concern and a clear need to protect others from harm can personal data be shared with another agency. Any persons including beneficiaries must be made aware that this would be the case before the conversation starts.

After speaking with a DSL regarding a concern, any follow up/submitting of the safeguarding incident form is to be sent by email directly to the DSL. On confirmation of receipt, this email and any other notes/forms to be deleted/destroyed. The DSL will ensure all identifiable safeguarding records are saved confidentiality with restricted access.

SS and NA ensures that contact details are shared widely, are easily accessible by all staff and beneficiaries, and everyone is updated if there any changes, even if these are short-term.

12. Safer Working Practices - Code of Conduct

All staff are expected to follow SS and NA's Code of Conduct along with the Health and Safety Policy. These include detailed guidance on making sure a safe and suitable service is provided for all. All staff are expected to record and report incidents and breaches of policies.

In the event of an allegation of a breach of code of conduct by staff/volunteers and that breach being of a safeguarding nature the individual will be suspended without prejudice pending investigation. If the facts suggest a crime has been committed the investigating DSL would hand the matter over to the police.

If the facts do not support an allegation of wrongdoing the suspension will be lifted.

Reports of incidents, accidents, complaints, grievances, and disciplinary action are formally reviewed by the Board.

SS and NA staff should be aware that direct allegations and disclosures of abuse are rare. Therefore, everyone must be extra careful to pick up on other things that might be signs of concern – 'low level concerns'.

13. Safeguarding roles and contact details.

Emergency contact numbers:

Emergency services – 999

Immediate health advice NHS 111

The Designated Safeguarding Lead is Chrissie Lowery

Contact Number: 07891162140



The Nominated Safeguarding Lead is Vicki Smith

Contact Number: 07880767688

14. Appendices- supporting information.

Appendix A

Categories of adult abuse and neglect

Categories of abuse and neglect that adults at risk may experience. Also listed are some possible indicators of abuse. This is not an exhaustive list.

Physical Abuse - 'non-accidental harm to a person caused by the use of force, which results in pain, injury or a change in a person's natural physical state'. It can include hitting, shaking, biting, pinching, poisoning, burning or scalding, enforced sedation, the excessive use of restraint.

Possible Indicators: Any unexplained injuries such as fractures, pressure sores, sprains, bruises, burns. There may also be outward physical signs of discomfort that could indicate other injuries. These may be accompanied by changes in mood or behaviour e.g., increased anxiety or aggressiveness.

Psychological or Emotional Abuse - usually a repeated form of abuse (but can be a one-off) where an individual is subjected to threats of harm, isolation or seclusion from services, harassment or intimidation, as well anything that alters the person's behaviour from the way they'd like to live and impacts negatively on their well-being. It can include: an absence of respectful interaction, a denial of measure to promote dignity, absence of warm support or human contact, shouting, swearing, using demeaning terms, insults, threats, ignoring, lack of stimulations, seeking to control or coerce the individual.

Possible Indicators: Fear, depression, withdrawal, passivity, confusion, running away, disturbed.

sleep patterns, weight loss or gain, low self-esteem, self-harming behaviours, crying, anxiety or behaviours that might be considered more 'aggressive'.

There is no one-size-fits-all response. Any unexplained change in behaviour could indicate that someone is experiencing this. Everyone must be alert to such changes and show concerned curiosity by a) exploring why this might be happening with the individual and b) making a comprehensive record of their discussion.

Sexual Abuse - includes rape and sexual assault or sexual acts, (not necessarily involving a high level of violence) to which the person has not or cannot consent, or where coercion/pressure has occurred. Examples of sexual abuse include rape, sexual assault (including non-penetrative acts, masturbation, inappropriate touching, oral sex). It also includes activities such as looking at or participating in the production of sexual images or videos, being encouraged to behave in sexually inappropriate ways, or grooming in



preparation for abuse (including via the internet). Any male, female or young person can sexually abuse another person.

Possible Indicators: Difficulty in walking or sitting, bruises or lacerations, torn or bloody or semen-stained clothing, pain, sexually transmitted infections, increase in urinary tract infections, an increase in sexualised behaviour, withdrawal, confusion, upset, anxiety, depression. A new relationship which appears controlling in nature or presents such as mobile phones or spending more time on social media/the internet may be an indication of grooming.

Financial or Material Abuse - an individual's funds or resources being inappropriately used by a third person. It may include theft, fraud, the withholding of money or the inappropriate or unsanctioned use of a person's money or property, taking possessions, coercion or exploitation, misuse of power of attorney, identity theft, cuckooing (where drug dealers take over someone's home and use it as a base to sell/distribute drugs).
Possible Indicators: Inadequate money to pay bills, lack of awareness of what is in a bank account, disappearing money, insufficient funds to purchase necessities, inadequate clothing, heating, sudden or large withdrawals of money, malnutrition, loss of tenancy or homelessness, unexplained changes in mood or behaviour.

Neglect - failure to meet the person's basic physical and/or psychological needs and is likely to result in the serious impairment of their health or well-being. It can include failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, basic emotional needs. This can also include a failure to protect from harm. Neglect of an unborn child is also possible, for example, through maternal substance misuse.
Possible Indicators: Lack of medical care, dehydration, malnutrition, hypothermia, inadequate clothing, infections, unexplained failure to respond to needs or requests for support, failure to follow up on needs/risks, failure to communicate effectively leading to a detriment in health or well-being, failure to record information.

Organisational Abuse is the collective failure of an organisation to provide an appropriate and professional service. It includes failure to ensure the necessary safeguards are in place, and it may be part of the accepted 'custom, culture and practices' within an organisation.
Possible Indicators: Poor standards of cleanliness, low staffing levels over a long period of time, lack of training, supervision and leadership, lack of knowledge or enforcement of policies and guidelines, punitive treatment, a culture of disempowerment, unstimulating environments, acceptance at all levels of the hierarchy, lack of positive attitude towards service users or batch care.

Discriminatory Abuse occurs when values, beliefs or culture result in a misuse of power that denies opportunities to some groups or individuals. It includes discrimination based on race, culture, gender, sexuality, faith/ religion or disability.
Possible Indicators: Religious observances not encouraged, lack of respect shown to an individual based on a protected characteristic, exclusion from rights afforded to other people such as health, education, employment, housing, criminal justice, civic status and social contact, development of a damaging self-perception, fearfulness, anxiety,



withdrawal, anger, frustration. Overt racist abuse and/or racist nuisances.

Domestic abuse - any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. It includes coercive control or exploitation that can be psychological, physical, sexual or financial. **Honour Based Violence (HBV)** - an umbrella term encompassing various offences. A collection of practices, used to control behaviour within families or other social groups, to protect perceived cultural and religious beliefs and/or honour. Violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code usually following a failure to conform to family/community standards.

Forced Marriage - marriage without the full consent of both parties and where pressure or threats are a factor. This is very different to an arranged marriage which both people will have agreed to. The pressure put on people to marry can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological e.g., when someone is made to feel like they're bringing shame on their family. Financial abuse (taking your wages or not giving you any money) can also occur. There is no 'typical' victim of forced marriage although most cases involve young women and girls aged between 13 and 30.

Female Genital Mutilation (FGM) - a destructive operation, during which the female genitals are partly or entirely removed or injured. Most often, but not always, the mutilation is performed before puberty, often on girls between the age of four and eight from African, some Middle Eastern and Asian countries. You may come across historic FGM that is impacting upon adult women.

Possible Indicators: Repeated health issues such as infections, intrusive 'other person' in consultations, symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders, self-harming, increased use of alcohol or other substance misuse, signs of sexual, physical, financial or psychological abuse may be observed.

Modern Slavery - encompasses slavery, human trafficking, forced labour, and domestic servitude. Traffickers/slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude, and inhumane treatment. It includes a range of types of exploitation, many of which occur together. These include, but are not limited to:

Sexual exploitation - Includes, but is not limited to, forced prostitution and the production of abuse.
images/videos.

Domestic servitude - Includes being forced to work in private households, usually performing domestic chores and childcare duties. Freedom may be restricted, and the victims may work long hours, often for little or no pay and sleeping where they work.

Forced labour - Victims may be forced to work long hours for little or no pay in poor conditions under verbal or physical threats of violence to them or their families. It can



happen in various industries, including construction, manufacturing, laying driveways, hospitality, food packaging, agriculture, maritime and beauty (e.g., nail bars).

Criminal exploitation - The exploitation of a person for committing a crime, such as pick-pocketing, shoplifting, cannabis cultivation, drug trafficking (running county lines), and other similar activities that are subject to penalties and imply financial gain for the trafficker.

Other forms of exploitation – Organ removal, forced begging, forced benefit fraud, and illegal adoption.

Possible Indicators: The person is not free to leave or come and go as he/she wishes, is in the commercial sex industry and has a pimp/manager, is unpaid or paid very little, does not have access to personal bank account or documents (e.g. passport), works excessively long and/or unusual hours, is not allowed breaks or suffers under unusual restrictions at work, owes a large debt and is unable to pay it off, was recruited through false promises concerning the nature and conditions of their work, high security measures exist at work and/or living locations (e.g. opaque windows, Boarded up windows, bars on windows, barbed wire, security cameras, etc.), poor mental health or abnormal behaviour, fearful, anxious, depressed, submissive, tense, or nervous/paranoid.

Self-neglect - this includes neglect of personal hygiene, nutrition and hydration, or health, to the extent that it may endanger safety or well-being. Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment. Refusal of services that might alleviate these issues.

Possible indicators: very poor personal hygiene, unkempt appearance, lack of essential food, clothing or shelter, malnutrition and/or dehydration, living in squalid or unsanitary conditions, neglecting household maintenance, hoarding, unwillingness to engage with health or care services.

Staff often find self-neglect a difficult issue to address. If an adult or young person has capacity, then they clearly have a right to make choices about how they live their life, even if we consider such choices unwise. However, we still have a duty of care towards the individual and in order to fulfil it we must be able to evidence concerned curiosity: conversations with the adult about their choices, their motivations, their values, their desired outcomes, their awareness of the benefits and risks of their choices.

Hate Crime - any incident act that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

Mate Crime - occurring when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual. Mate Crime is carried out by someone the adult/young person knows and often happens in private.

Radicalisation or Influenced by Extremism - where there is any level of concern that someone.

may be or has been radicalised, then you must always report this.



Possible indicators: support for violence and terrorism or the values of extremist organisations, possession of extremist literature; attempts to access extremist websites and associated chat rooms; possession of material regarding weapons, explosives or military training. Behaviour changes such as withdrawal from family and peers, hostility, association with prescribed organisations and those that hold extremist views, personal history claims or evidence of involvement in organisations voicing violent extremist ideology or attendance at military/terrorist training. Indicators of psychological or physical abuse may also be observed.

Appendix B

Categories of child abuse and neglect

Categories of abuse and neglect that children may experience. This is not an exhaustive list. Also listed are some possible indicators of abuse. This list is also not exhaustive and may vary from child to child depending on their experiences, age and development stage, their resilience and degree of vulnerability. There may be limited or no signs for some children who are being abused and children whose English is a second/foreign language, children with speech, language and communication needs or children whose behaviour may be correlated to their disability instead of a possible sign of abuse.

The behaviour of parents/carers can also indicate if a child is being harmed or at risk, therefore parent/carer-child interactions should be observed and recorded. Additionally, parents/carers struggling with addictions and/or emotional mental health difficulties may struggle with parenting, and this may have a negative impact upon the child and young person.

Physical Abuse: Deliberately hurting a child, causing injuries such as bruises, broken bones, burns or cuts. Physical abuse isn't accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them. Shaking or hitting babies can cause non-accidental head injuries. Sometimes parents/carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they don't need and making the child unwell—this is known as fabricated or induced illness.

Possible Indicators: Bruising caused by finger mark or grasp marks on the limbs or chest of a small child, bites, burn and scald marks; small round burns that could be caused by a cigarette, fractures to arms, legs or ribs in a small child, large numbers of scars of different sizes or ages.

Emotional Abuse: The ongoing emotional maltreatment of a child. It's sometimes called psychological abuse and can seriously damage a child's emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. Children who are emotionally abused are often suffering another type of abuse or neglect at the same time, but this isn't always the case.



Possible Indicators: Excessively clingy, attention-seeking behaviour, very low self-esteem, excessive self-criticism, excessively withdrawn behaviour, fearfulness; a 'frozen watchfulness', despondency, lack of appropriate boundaries (e.g., too eager to please), eating disorders.

Sexual Abuse: A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact and it can happen online. Sometimes the child won't understand that what's happening to them is abuse. They may not even understand that it's wrong. They may be afraid to speak out.

Possible Indicators: Allegations or disclosure, older children and young people may additionally exhibit depression, drug and/or alcohol abuse, eating disorders; obsessive behaviours, self-mutilation; suicide attempts; school/peer/relationship problems. Physical signs in private areas. Changes in behaviours such as mood swings, withdrawing, aggressiveness, sadness, isolating themselves, covering themselves up, shying away from touch.

Child Sexual Exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Neglect: The ongoing failure to meet a child's basic needs and is the most common form of child abuse. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents/carers. A child experiencing neglect will often suffer from other forms of abuse too. Neglect is dangerous and can cause serious, long-term damage, even death.

Possible Indicators: Inadequate supervision; being left alone for long periods of time, lack of stimulation, social contact or education, inadequate nutrition, leading to ill-health, constant hunger, stealing or gorging food, failure to seek or to follow medical advice such that a child's life or development is endangered or wear inappropriate clothing for the conditions.

Domestic Abuse: Witnessing domestic abuse is really distressing for a child and causes serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways and are recognised as victims in their own right. They might see the abuse, hear the abuse from another room, see injuries or distress afterwards, be hurt by being nearby or trying to stop it.

Online Abuse: is any type of abuse that happens on the web. Children and young people



may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse. Children can be at risk of online abuse from people they know as well as from strangers. Images and videos can be stored by the abuser and shared with other people.

Possible Indicators: appears nervous when receiving a message, or email, seems uneasy about going to school or pretends to be ill, unwillingness to share information about online activity, unexplained anger or depression especially after going online, abruptly shutting off or walking away from the computer/phone mid-use, withdrawing from friends and family in real life, unexplained stomach aches or headaches, trouble sleeping at night, unexplained weight loss or gain, suicidal thoughts or suicide attempts.

Exploitation by Radicalisation: The aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

Possible Indicators: Radicalisation can be really difficult to spot. Signs may include isolating themselves from family and friends, talking as if from a scripted speech, unwillingness or inability to discuss their views, a sudden disrespectful attitude towards others, increased levels of anger, increased secretiveness especially around internet use. Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family. These signs don't necessarily mean a child is being radicalised - it may be normal teenage behaviour or a sign that something else is wrong.

Criminal Exploitation: When a child or young person is manipulated and coerced into committing crimes. Through the use of violence or grooming and pressure, they may be forced into activities such as stealing or carrying drugs or weapons and be put into dangerous situations. This may involve being part of a gang which is linked to illegal activity. This can involve victims being trafficked away from home.

Possible Indicators: Going missing, unexplained absence from school or college, excessive travelling, being found out of their home area, unexplained access to money, clothes or mobile phone, excessive use of the internet, social media, texts, phone calls, relationships with controlling individuals or groups; gang association and/or isolation from peers/social networks, using slang words, suspicion of physical assault, unexplained injuries, carrying a weapon, self-harm or significant changes in emotional well-being, committing petty crimes like shop lifting or vandalism.

Please see **Appendix 1** above for other definitions and sign of abuse and neglect that can also relate to children and young people.



Appendix C

Prevent Duty

This duty is to prevent children and adults who may be vulnerable and at risk of abuse or neglect from being drawn into violent extremism and terrorism.

[The Counter Terrorism and Security Act 2015](#) sets out the duty on local authorities, Police and NHS to provide support for people vulnerable to being drawn into terrorism. In England and Wales this duty is the Channel programme which identifies new duties under the 'Prevent Strategy'.

The 'Prevent strategy' addresses all forms of terrorism and we continue to prioritise according to the threat they pose to our national security; the allocation of resources will be proportionate to the threats we face. The most significant of these threats is currently from terrorist organisations in Syria and Iraq, and Al Qa'ida associated groups. But terrorists associated with the extreme right also pose a continued threat to our safety and security.

The Prevent strategy has three specific strategic objectives:

Respond to the ideological challenge of terrorism and the threat we face from those who promote it.

Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and

Work with sectors and institutions where there are risks of radicalisation that we need to address.

Safeguarding links

It is essential that Channel panel members, partners to local panels and other professionals ensure that children, young people and adults are protected from harm and prevented from being drawn into violent extremism. Section 11 of the Children Act 2004 and Section 6 of the Care Act 2014 puts duties on partners of local authorities to cooperate in their Safeguarding responsibilities for children and adults who may be vulnerable and at risk of abuse or neglects.

Identifying Vulnerable Individuals

There is no single way of identifying who is likely to be vulnerable to being drawn into terrorism. Factors that may have a bearing on someone becoming vulnerable may include peer pressure, influence from other people or via the internet, bullying, crime against them or their involvement in crime, anti-social behaviour, family tensions, race/hate crime, lack of self-esteem or identity and personal or political grievances.

Example indicators that an individual is engaged with an extremist group, cause or ideology include:

- spending increasing time in the company of other suspected extremists.



- changing their style of dress or personal appearance to accord with the group.
- day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause; loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- possession of material or symbols associated with an extremist cause (e.g., the swastika for far-right groups).
- attempts to recruit others to the group/cause/ ideology; or
- communications with others that suggest identification with a group/cause/ideology.

Example indicators that an individual has an intention to cause harm, use violence or other illegal means include:

- clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills.
- using insulting or derogatory names or labels for another group.
- speaking about the imminence of harm from the other group and the importance of action now.
- expressing attitudes that justify offending on behalf of the group, cause or ideology.
- condoning or supporting violence or harm towards others; or
- plotting or conspiring with others.

Example indicators that an individual is capable of causing harm or contributing directly or indirectly to an act of terrorism include:

- being criminally versatile and using criminal networks to support extremist goals.
- having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or
- having technical expertise that can be deployed (e.g., IT skills, knowledge of chemicals, military training or survival skills) and
- having a history of violence.

The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

Outward expression of faith, in the absence of any other indicator of vulnerability, is not a reason to make a referral to Channel.

Local authorities have a duty to arrange Prevent Panels which must include the Police to consider those individuals referred who may be at risk. Other relevant partners also have a duty to cooperate under the Channel Programme/Prevent strategy e.g., prisons, probation (Sodexo), Education and childcare services.



If any SS and NA member of staff or volunteer has a concern that a child/adult who may be vulnerable and at risk of abuse or neglect client is at risk of being drawn into violent extremism, then they must follow the SS and NA Safeguarding procedures and report to a named safeguarding Lead.

Appendix E

Safeguarding and supporting those who are neurodiverse.

Neurodiversity refers to the idea that not all brains think or feel in the same way and that everyone, whether they are neurotypical or neurodivergent, should be treated equally. Most people are neurotypical; however, it is estimated that around 1 in 7 people are neurodivergent. Neurodiversity includes everyone and we all have neurological differences. However, individuals with neurodivergent traits may meet a diagnostic threshold for neurodivergent conditions such as Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Dyspraxia, Dysgraphia, Dyscalculia and Tourette's Syndrome.

SS and NA will always strive to understand what any individual staff member or volunteers' challenges and strengths are, including those who are neurodivergent, so that we can support them to best understand and work to our safeguarding policy and procedures. We will find out:

- if there are any tools that might be useful such as inclusive technology options like colour filters for screens, noise cancelling headphones or assistive text software.
- if written summaries of safeguarding training or recording the session would be helpful
- if they would benefit from more regular check ins or other types of support
- whether being given advance notice of any upcoming changes to safeguarding procedure or policy that affects their role would be helpful

We will also:

- avoid jargon if at all possible or provide a 'glossary' of terms.
- keep written procedure documents simple and accurate.
- be clear on roles, responsibilities and expectations – and check how this is best communicated.
- if possible, involve neurodiverse people in the designing and delivering of safeguarding training and development, and in policy and procedure design and roll out.
- utilise different communication channels to ensure accessibility for all.
- be aware that some neurodivergent conditions are directly linked with mental health concerns – we want to safeguard everyone's wellbeing.

SS and NA understand the most important ways to support neurodiverse people is to ask, understand and act on feedback as well as ensuring we continue to provide an open,



supportive and inclusive workplace culture.

Appendix 7

Self-harm and suicide ideation

If you are ever worried about a beneficiary, another staff member or a volunteer, and are worried they may try to hurt themselves:

- If you think they are in immediate danger/in crisis, contact the emergency services (ambulance) on 999 or services such as the Samaritans (116 123) or Child Line (0800 1111)
- Try to get them talking. Ask open-ended questions, such as 'How do you feel about...? What's happening for you at the moment...?'. If it is clear they don't want to talk, just stay with them.
- You do not need to respond with any answers or advice – just actively listen, be non-judgemental, and take what they are saying seriously.
- It can be helpful to ask them directly about whether they are considering suicide or self-harm – this can give someone permission to open up and can be useful information if needing to pass on to other agencies.
- Offer practical support – at this moment, can you do anything for them, or call someone?

For those not currently in crisis, you can support them to think about other options to deal with their feelings such as accessing support from the [NHS](#) or charities such as [Rethink Mental Illness](#), [Mind](#), [Young Minds](#), or speaking with their GP (for children, this may result in a referral to [Children and Young People's Mental Health Services \(CYPMHS\)](#)). Suggest, when they are able, that they put a 'safety plan' together to protect them in the future. You could do this with them, or more likely a close friend/family member or professional. However, it may be useful for you/someone appropriate at SS and NA to have seen a copy. The [Staying Safe website](#) provides information on how to make a safety plan, including video tutorials and online templates to guide you through the process.

Self-help tactics, or practising self-care, is another good option. What can help is individual to everyone, so encourage the person to find their thing or things. There is no right way to look after yourself, but small changes/doing little things could help their mental health. There are many apps and websites dedicated to ideas.

Lastly, supporting someone with self-harm/ideas of suicide could have an impact on you. Be aware this could be the case, and if so, look after yourself and reach out to someone at SS and NA.



Appendix F

Safeguarding incident report form

CONFIDENTIAL

Safeguarding incident and concern report form

To be completed as fully as possible if you have concerns regarding a child/adult at risk.

Once completed pass to a Designated Safeguarding Lead.

IF YOU THINK A CHILD OR ADULT WITH CARE AND SUPPORT NEEDS IS IN IMMEDIATE DANGER, DIAL 999

Section 1. Details of the child/adult at risk			
Initials of child/adult			
Age (approx.)		Gender	
Service (Safe Space or Night Angels)			
Section 2. Consent - ADULTS ONLY			
<p>Has the adult at risk given consent for this referral?</p> <p>If No, please confirm why this referral is being made without it, e.g., risk to others or the adult lacks the capacity to make this decision.</p>			
<p>Is the adult at risk aware this referral has been made?</p> <p>If No, please give the reason as to why the adult at risk was not made aware of the referral.</p>			
<p>Are there any doubts about the adult at risks capacity to consent?</p>			



Section 3. Details of the incident or concern

Include any relevant information, including:

- *what happened,*
- *whether it has happened before,*
- *description of any injuries,*
- *location, date and times*
- *whether you are recording this incident as fact, opinion or hearsay,*
- *what was said (verbatim if possible)*
- *whether other people were present*

Please indicate the abuse type if known (leave blank if uncertain)

Domestic abuse		Sexual abuse	
Neglect		Online abuse	
Physical abuse		Emotional abuse	
Child sexual exploitation		Female Genital Mutilation	
Bullying and cyberbullying		Child trafficking	
Grooming		Harmful sexual behaviour	
Discriminatory abuse		Modern slavery	



Organisational abuse		Self-neglect	
Financial/Material abuse			
<p>Have you spoken to the child/discussed your concerns with the adult at risk? If yes, what was said? What are their views, what outcomes have they stated they want (if any)?</p>			
<p>Does the child/adult at risk continue to be at risk? If yes, describe the risks that remain, and any immediate action needed:</p>			
<p>Have you spoken to the parent/carer(s) of the child, or the carer/partner/spouse/family member of the adult at risk? If yes, what was said and what are their views?</p>			
<p>Is there anyone else, including children, also at risk? If yes, add details and describe the risks that remain and action you are taking:</p>			

Section 3. Details of alleged abuser/suspect			
Name			
Address			
Email		Phone	
Relationship to the child/adult at risk? Do they live with the child/adult?			
If provider, please add the provider's name.			



Section 4. Details of person reporting this incident/concern			
Name		Job role	
Phone		Email	
Date/time referral completed		Who did you pass this referral to?	
Relationship to child/adult (if applicable)			
Are you reporting your own concerns or responding to concerns raised by someone else?			
If someone else, please give their details.			

Section 5. Additional Information
Is there any other information you believe the DSL needs to know?
Signed (including electronic signature):
Date:

Thank you for completing this form.