

This document outlines CANDI's Safeguarding Policy and Procedures for the protection of children, young people, and vulnerable adults from risk of harm.

The relevance of this document is inclusive to all staff (including employees, trustees, volunteers, self-employed professionals, and any other partner/external agencies).

This document relates to all CANDI's activities, which include but not limited to:

- Youth Space (Drop in)
- Youth Dance
- Homework Club
- Day clubs – Lunch Club, Women's Space, Men's Club etc
- Charity & Fundraising events

Key Contacts

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The term 'service users' refers to children, young people, and/or vulnerable adults within this document.

The term 'staff' refers to employees, trustees, volunteers, and external partners who work for and/or on behalf of CANDI.

CANDI is supported by:

Gloucestershire Safeguarding Children Partnership (GSCP) <https://www.gloucestershire.gov.uk/gscp> and,

Gloucestershire Safeguarding Adults Board (GSAB) <https://www.gloucestershire.gov.uk/gsab/>

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1. Safeguarding

CANDI has statutory responsibilities in respect of safeguarding and will take all relevant action in relation to its duty to protect children, young people, and vulnerable adults from harm.

The safety and wellbeing of every child, young person, and vulnerable adult we work with is of the utmost importance. We believe that everyone has the right to be safeguarded from harm and to be provided with every opportunity to thrive and reach their full potential.

CANDI works effectively with other organisations and professionals to promote and ensure safe practice.

CANDI is committed to anti-discriminatory and anti-oppressive practice. We will give equal priority to keeping all children, young people, and vulnerable adults safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.

2. Legal and Policy Frameworks

Legal framework (Children/Young People) - this policy is founded upon current legislation which safeguards children and young people and include:

- Children Act 1989
- Children Act 2004
- Children and Families Act 2014
- Data Protection Act 1998
- Domestic Abuse Act 2021
- Human Rights Act 1998
- Protecting of Freedoms Act 2012
- Safeguarding Vulnerable Groups Act 2006
- Sexual Offences Act 2003
- Special Education Needs and Disability (SEND) code of practice: 0-25 years – Statutory Guidance
- United Nations Convention of the Rights of the Child 1991

Policies (Children) – this policy must be read in conjunction with the following documents:

- Working Together to Safeguard Children (2023)
https://assets.publishing.service.gov.uk/media/65cb4349a7ded000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf
- NHS England Safeguarding Policy
https://www.england.nhs.uk/wp-content/uploads/2015/07/B0818_Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf
- Gloucestershire Safeguarding Children Board (GSCB) Working protocol

<https://www.gloucestershire.gov.uk/media/qywpjpr3/gscp-b-protocol-between-partnerships-november-2015-1.pdf>

- Gloucestershire Children's Partnership and Gloucestershire Health and Well-Being Partnership
<https://www.gloucestershire.gov.uk/health-and-social-care/gloucestershires-childrens-partnership-gcp/what-is-the-gloucestershires-childrens-partnership/>
- Gloucestershire county council: How to report a child/young person who is at risk
<https://www.gloucestershire.gov.uk/health-and-social-care/children-young-people-and-families/report-a-child-at-risk/>

Legal framework (Adults) - this policy is founded upon current legislation which safeguards vulnerable adults and include:

- Criminal Justice and Courts Act 2015
- Domestic Abuse Act 2021
- Equality Act 2010
- Human Rights Act 2000
- Public Interest Disclosure Act 1998
- Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill
- Sexual Offences Act 2014
- The Care Act 2014

Policies (Adults) - this policy must be read in conjunction with the following documents:

Safeguarding Adults in Gloucestershire - Multi-agency Policy and Procedures

<https://www.gloucestershire.gov.uk/gsab/i-am-a-professional/multi-agency-safeguarding-policy-and-procedures/>

No Secrets - Government Policy

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf

3. Principles of Safeguarding (Children, Young People & Vulnerable Adults).

- This policy is based on the legal and statutory definitions of a child. In accordance with guidance provided by Working Together to Safeguard Children (2023) and based on the Children Act (1989) and (2004), the terms children, child, young person, or young people shall for the purposes of this policy be deemed to mean: ***“Anyone who has not yet reached their 18th birthday. The fact that they have reached 16 years of age; are living independently or in further education; are a member of the armed forces; in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the Acts and this policy”.***

- This policy is also based on the legal and statutory definitions of a vulnerable adult; ***A vulnerable adult is any person aged 18 or over, who: has needs for care and support (whether the local authority is meeting any of those needs or not) and is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.***
- CANDI will safeguard the welfare of children, young people, and vulnerable adults from risk of harm, within the work it does by protecting them from any kind of abuse.
- All children, young people, and vulnerable adults, regardless of age, culture, any disability they may have, gender, language, racial origin, religious belief, gender reassignment or sexual identity have the right to protection from any kind of abuse.
- All children, young people, and vulnerable adults have the right to participate in an enjoyable and safe environment.
- Children, young people, and vulnerable adults have the right to expect appropriate support in accordance with their personal and social development.
- Working in partnership with young people, their parent(s)/carers and other agencies is essential for the protection of children, young people, and vulnerable adults.
- Safeguarding children, young people and vulnerable adults is the responsibility of everyone within CANDI, regardless of their role.
- A timely and appropriate response will be given to all suspicions or allegations of abuse, or poor practice.
- It is the responsibility of the Designated Safeguarding Lead (DSL)/Leadership Team and any external agencies involved to uphold safeguarding criteria thresholds.
- The sharing of confidential information is restricted to the necessary external agencies.
- All personal information about children, young people, and vulnerable adults is shared and stored appropriately in accordance with the Data Protection Act 2018, the Freedom of Information Act 2000, and Information Sharing Protocols.

CANDI recognises its statutory responsibility to ensure the welfare of children, young people, and vulnerable adults and work with the Local Safeguarding Children's Partnership (LSCP) and Gloucestershire Council to comply with its safeguarding procedures.

4. Implementation

CANDI's Safeguarding Policy and Procedures shall be adopted by all its staff and service users and all other bodies it may partner with.

5. Monitoring Procedures

Safeguarding will be an agenda item on all CANDI Management team meetings. CANDI's Safeguarding Policy and Procedures should be monitored annually, and a full policy review to occur bi-annually. The following situations may also trigger a review of the policy:

- changes in policy and legislation
- the result of a serious case review
- A Safeguarding incident

6. Safer Recruitment.

CANDI's services would not exist without the staff who deliver its provision. There are many different roles to play in delivering quality services for children, young people, and vulnerable adults, and ensuring we encourage individuals that are suitable to provide these services users is essential. Getting the right people in place is key to well organised and quality services delivered in a safe and supportive environment. Safer recruitment means taking steps to ensure only individuals who are suitable for working with children, young people, and vulnerable adults, whilst keeping them safe from harm, are appointed.

Safer recruitment procedures should be adopted and applied consistently when appointing a staff member, associate, or volunteer. In accordance with the Children Act 1989, all individuals working on behalf of, or otherwise representing, an organisation are treated as employees whether working in a paid or voluntary capacity.

When recruiting, the following steps will be taken to support safer recruitment:

- draw up a role profile which highlights the key responsibilities.
- draw up a person specification to define the skills and experience required for the role.
- be clear about the aims and philosophy of CANDI in our advertising information.
- emphasise CANDI's stance on safeguarding children, young people, and vulnerable adults and equal opportunities.
- Use application forms to collect information on each applicant.
- Ensure that more than one person from CANDI looks at each application form.
- Ask for original identification documents to confirm the identity of the applicant, e.g., passport or driving licence.
- Disclosure & Barring Service (DBS) checks will be conducted for all staff and volunteer roles including trustees. A standard DBS check will be sought for those who do not work directly with children, young people and/or vulnerable adults but still have roles and responsibilities for and on behalf of CANDI. An enhanced DBS check will be sought for all those who have direct/indirect contact with children, young people, and/or vulnerable adults. (Direct Contact and Indirect Contact can be defined as person-to-person contact, whether this is verbal, written, or in the physical presence of a child, young person, or vulnerable adult. No direct contact can be defined as having no contact with a child, young person, or vulnerable adult in any capacity). The status of DBS' and staff members roles and responsibilities will be monitored by the DSL to ensure the correct DBS is in place.
- 'Carry-over' DBS checks from another employer will not be deemed sufficient when becoming/or wanting to become a staff member of CANDI. It is a criminal offence for individuals barred by the DBS to work or apply to work with children or vulnerable adults in a wide range of posts. Formal job offers will be made subject to DBS check completion and two references.
- A 2-year rolling programme of re-applying for DBS record is in place for all staff.

Partnership Working.

There will be systematic checking of safeguarding arrangements of partner organisations delivering short term services for CANDI.

Safeguarding will be a fixed agenda item on any partnership reporting meetings. Contracts and partnership agreements will include clear minimum requirements, arrangements for safeguarding and non-compliance procedures.

Minimum requirements include (but not limited to), the external organisation/professional providing evidence of their enhanced DBS check which is within a 2-year expiry date, reading the safeguarding policy and procedures and any other policies and procedures relevant to their role as well appropriate business insurance.

7. Promoting good practice when delivering CANDI's activities.

Raising awareness of what safeguarding means for everyone will create a safer environment for children, young people, and vulnerable adults. Encouraging staff, parents/carers, and trustees to read and understand CANDI's safeguarding policy and procedures will increase the likelihood of good safeguarding practice. The attendance and learning of up-to-date safeguarding training will also support and promote good practice.

7.1 Good practice guidelines.

All staff and partner agencies should demonstrate exemplary behaviour to protect children, young people, vulnerable adults, and themselves. This includes:

- Adopting CANDI's Safeguarding Policy and Procedures.
- Promoting CANDI's Safeguarding Policy and Procedures to those they manage, and any partners or volunteers they may work with.
- Wherever appropriate, conducting one to ones with children, young people, and vulnerable adults in an open environment, where others are present.
- Treating all service users equally, and with respect and dignity.
- Always putting the welfare of service users before organisational aims.
- Building and maintaining a safe and appropriate relationship with the service users we work with.
- Empowering service users to share in decision-making processes.
- Attending relevant safeguarding and any other training, as required.
- Positive role modelling.
- Developing and adopting a Code of Conduct.

8. Relationships of trust

The power and influence a member of staff or someone in a leadership role has over someone attending a group activity cannot be underestimated. Therefore, staff are expected to act within appropriate boundaries with service users, in relation to all forms of communication. Staff should be mindful of any physical contact and should not have intimate or sexual relationships with any service user.

'It is an offence for a person aged 18 or over to involve a child under that age in sexual activity where he or she is in a specified position of trust in relation to that child. This includes those who care for, advise, supervise, or train children and young people.' (Sexual Offences Act 2003).

9. Supervision ratios

CANDI staff must ensure that a risk assessment is carried out, specific to the activity/event ascertain staffing requirements, which will enable effective supervision of service users and effectively manage the associated risks.

The national guidance states that the level of supervision should take account of:

- The age and ability of the children, young people, and vulnerable adults.
- The activity being undertaken.
- Capacity of autonomy and independence of the service user.
- The capacity and need for the service user's privacy.
- The geography of the facility being used.
- Risk assessment and risk management plan.

10. Guidelines on participation

Consent should be obtained and processed before any event or trip. Any child/young person under the age of 18 should have consent from a parent or guardian. If this is not possible, seek advice from the DSL. Any exceptions should be recorded in the appropriate Risk Assessment. Information provided for the consent of the activity will not be kept longer than necessary.

11. Media Consent

If any material is going to be shared wider than CANDI, then Media Consent needs to be obtained. Any child/young person under the age of 18 should have consent from a parent or guardian. Material will be kept no longer than two years and children, young people, and vulnerable adults can withdraw consent at any time.

12. Use of the internet and e-safety

The internet is significant in the distribution of indecent photographs/pseudo photographs of children and young people. Adults often use the Internet to establish contact with service users to "groom" them for inappropriate or abusive relationships. If a staff member is discovered to have placed child pornography on the internet, or accessed child pornography, the police will normally consider whether that individual might also be involved in the active abuse of young people. In particular, the individual's access to service users should be considered. Any project that provides service users with direct access to the Internet must have protocols in place to ensure safe use.

Many websites contain offensive, obscene, or indecent material such as:

- Sexually explicit images and related material
- Advocating of illegal activities
- Advocating intolerance for others

Staff authorised to use the internet must not download pornographic or any other unsuitable material on to CANDI's technical equipment or distribute such material to others. In addition, users must not upload any material to the internet that could be considered inappropriate, offensive, or disrespectful of others.

Disciplinary action will be taken against staff in breach of this policy. Where this is done unintentionally, the user must exit the website and/or delete all material immediately and report to the DSL. Breach of this will be treated as gross misconduct. Where exemption is required, because of the nature of the work of the member of staff, written permission must be given in advance with Community Project Co-ordinator.

13. Recognising abuse

It is part of everyone's role at CANDI to do everything possible to keep children, young people, and vulnerable adults safe from harm. There is a moral responsibility to report any concerns about a child, young person, or vulnerable adult in any context. Most suspicions of abuse come from observation of changes in an individual's behaviour, appearance, attitude, or relationship with others. Safeguarding training is important to support staff to recognise abuse.

14. Children and Young People Safeguarding.

14.1 Definitions, types, and signs of abuse.

"Harm" is the "ill treatment or the impairment of the health or development of the child" (Section 31, Children Act 1989). **Seeing or hearing the ill-treatment of another person is also a form of harm** (Section 120, Adoption and Children Act 2002).

Working together to safeguard children (2023) defines abuse as: **'A form 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.'**

There are four major types of abuse:

- **Physical abuse**

Definition: May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Signs: Unexplained bruising, burns, fractures, weight gain or loss, repeat illness.

- **Emotional abuse**

Definition: The persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development.

Signs: Conveying to children that they are worthless or inadequate; imposing age or developmentally inappropriate expectations, serious bullying, exploitation, isolation, segregation.

- **Sexual abuse**

Definition: Forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware what is happening, including use of images through social media or other IT.

Signs: Inappropriate sexual behaviour, use of language, fear or adults, recoiling from physical contact

- **Neglect**

Definition: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Signs: Inadequate food, clothing, shelter. Inadequate access to appropriate medical care or treatment, isolation, truanting, lateness.

There are other types of abuse that fit into these categories and are key areas. These include but are not restricted to Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), Extremism, contextual safeguarding, mental health, domestic abuse, and homelessness (Working Together guidance 2023).

Such signs do not necessarily mean a child or young person is being abused. Equally, there may not be any signs; you may just feel something is wrong. It is not a member of staffs' responsibility to decide if it is abuse, but it is their responsibility to act on such concerns and report it accordingly.

The signs of abuse are not always obvious, and a young person may not tell anyone what is happening to them. Individuals are often scared that the abuser will find out, and worried that the abuse will get worse. Quite often they think that there is no-one they can tell or that they will not be believed.

Occasionally, individuals do not even realise what is happening to them is abuse. It is key for associates and volunteers to be able to recognise signs of abuse.

Child Sexual Exploitation (CSE).

Children and young people at risk of, or engaged in, sexual exploitation may not see themselves as victims. Workers need to be aware of children and young people who may be at risk. The sexual exploitation of children and young people is defined in government guidance documents (2017) as follows: **'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'**

Often the exploitative situation includes contexts and relationships where young people receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) because of their performing, and/or others performing on them, sexual activities. It can occur using technology without the child's immediate recognition e.g., being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain.

In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion, and intimidation are common, involvement in exploitative relationships being characterised by the child's limited availability of choice, resulting from their social/economic and/or emotional vulnerability.

There are strong links between children who go missing and the internal trafficking, between towns, of young people for the purposes of sexual exploitation. Children and young people from loving and supportive families can be at risk of exploitation and workers must be careful not to stereotype specific groups of children as potential victims.

Signs and indicators of grooming and CSE may include:

- going missing for periods of time or regularly returning home late
- skipping school or being disruptive in class
- appearing with unexplained gifts or possessions that can't be accounted for
- experiencing health problems that may indicate a sexually transmitted infection.
- having mood swings and changes in temperament
- using drugs and/or alcohol
- displaying inappropriate sexualised behaviour, such as over-familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ("sexting")
- increasing their screen time or showing unusual use of online platforms, such as websites, social media, apps or games
- they may also show signs of unexplained physical harm, such as bruising and cigarette burns

(NHS, 2023)

County Lines.

County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend. A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement. In some cases the dealers will take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from. This is known as cuckooing. People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

Children often don't see themselves as victims or realise they have been groomed to get involved in criminality. So it's important that we all play our part to understand county lines and speak out if we have concerns.

Signs and indicators of county line concerns:

- An increase in visitors and cars to a house or flat
- New faces appearing at the house or flat
- New and regularly changing residents (e.g different accents compared to local accent)
- Change in resident's mood and/or demeanour (e.g. secretive/ withdrawn/ aggressive/ emotional)
- Substance misuse and/or drug paraphernalia
- Changes in the way young people you might know dress
- Unexplained, sometimes unaffordable new things (e.g clothes, jewellery, cars etc)

- Residents or young people you know going missing, maybe for long periods of time
- Young people seen in different cars/taxis driven by unknown adults
- Young people seeming unfamiliar with your community or where they are
- Truancy, exclusion, disengagement from school
- An increase in anti-social behaviour in the community
- Unexplained injuries

Female Genital Mutilation (FGM).

FGM can take place at any age from infancy upwards, often when newborn, during childhood or adolescence, just before marriage, or during pregnancy. It's also known as "female circumcision" or "cutting", and by other terms such as Sunna, gudniin, halalays, tahir, megrez and khitan, among others. There are no health benefits but there are risks of serious harm both in the short and long term. Countries that have significantly high numbers of cases include Somalia, Egypt, the Sudan, Malaysia and Mali. FGM can cause severe pain, bleeding, wound infections, inability to urinate, injury to vulval tissues, damage to other organs and sometimes even death. Other complications can arise later with the onset of puberty.

Signs and indicators that FGM has been carried out may include:

- constant pain
- repeated infections
- problems passing urine
- incontinence
- bleeding, cysts, abscesses
- pain during sex
- depression, flashbacks
- sleep problems
- self harm
- difficulty with participating in PE classes

If any child (under 18) discloses to a regulated professional that they have had FGM, or if a professional observes that she has had FGM, they must report to the police, using the 101 non-emergency number.

If an adult discloses to you that a child has had FGM, this is a report of child abuse. You should follow local safeguarding processes, which would normally mean referring to the police and/or social services. This is because a crime has been committed and a child has suffered physical (and potentially other) abuse.

Children and young people affected by gang activity.

Children and young people involved with gangs and criminal exploitation may be victims of violence or pressured into doing things like stealing or carrying drugs or weapons. They might be abused, exploited, and put into dangerous situations and therefore, need to be safeguarded.

The nature and characteristics of gangs vary but generally gang members:

- are predominantly young males.
- begin offending early and have extensive criminal histories.

- are often territorially based or linked to a particular religion or culture or deal in drugs to make money. Girls tend to be less willing than boys to identify themselves as gang members but are often drawn into male gangs as girlfriends of existing members. They (and sisters of gang members) are at particular risk of being sexually exploited or abused, but this risk can also affect male gang members.

Staff have a responsibility to safeguard and promote the welfare of these service users and to prevent further harm both to themselves and to other potential victims. As the child/young person may be both a victim and a perpetrator, it is vital that workers recognise their needs and provide support.

Signs and indicators of gang activity may include:

- Frequently absent from and doing poorly in school.
- Going missing from home, staying out late and travelling for unexplained reasons.
- In a relationship or hanging out with someone older than them.
- Being angry, aggressive, or violent.
- Being isolated or withdrawn.
- Engaging in criminal activity.

Extremism.

Children and young people can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme.

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. It includes calls for the death of members of the British armed forces (HM Government, 2011).

The process of radicalisation may involve:

- being groomed online or in person
- exploitation, including sexual exploitation
- psychological manipulation
- exposure to violent material and other inappropriate information □ the risk of physical harm or death through extremist acts.

It happens gradually so children and young people who are affected may not realise what it is that they are being drawn into.

Signs and indicators of extremism may include:

- spend increasing amounts of time talking to people with extreme views (this includes online and offline communication)
- change their style of dress or personal appearance
- lose interest in friends and activities that are not associated with the extremist ideology, group or cause
- have material or symbols associated with an extreme cause
- try to recruit others to join the cause (Home Office, 2020).

Domestic Abuse.

The Domestic Abuse Act 2021 defines domestic abuse as abusive behaviour between people over the age of 16 who are personally connected to each other. Abusive behaviour includes 'physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse, psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct. Children and young people may be aware of the abuse of a parent, through hearing or seeing incidents of physical violence or verbal abuse. They may also continue to witness and/or hear abuse during post- separation contact visits. Research shows the risks of children and young people being directly physically or sexually abused are markedly increased, in homes where domestic violence occurs. The impact on such children and young people may be demonstrated through aggression, anti-social behaviour, anxiety, or depression.

Signs and indicators of domestic abuse concerns:

- appearing anxious or depressed
- difficulty sleeping
- they may complain of physical symptoms such as tummy aches
- bed wetting
- behaving younger than they are
- issues at school
- they may become aggressive, or they may internalise their distress and withdraw from other people
- low self-esteem and self-worth
- older children may begin to play truant or start to use alcohol or drugs
- self-harming

14.2 Vulnerable groups of children and young people

CANDI has a responsibility to be aware that some children and young people who take part in its activities may experience difficulties that adversely affect their lives at home and/or within their lives outside of the organisation and therefore are at risk of harm.

Vulnerable groups include (but not limited to):

Children and young people with a disability (disability can take many forms including, physical disability, sensory disability, learning disability)

Research indicates children and young people with a disability are more likely to be abused than non-disabled children. They may find it more difficult to recognise abuse. Disclosing abuse is difficult for any child; for a child with disabilities, it may be especially difficult, for the following reasons:

- their life experience may be limited, therefore struggle to recognise inappropriate behaviour.
- communication difficulties can make it hard to report abuse.
- they may not be physically able to leave an abusive situation.
- they receive intimate physical care and, therefore, the abuse may seem 'normal'.
- their self-esteem and self-image may be poor.

- they may not be aware of how or to whom they can report abuse.

Children and Young people suffering from Mental Health difficulties.

Mental health relates to an individual's cognitive, behavioural, and emotional wellbeing (Mind, 2020). It's something we all have - including every child and young person. We use the term "mental health issues" to refer to mental health problems, conditions, and mental illnesses. These issues may or may not be medically diagnosed. Any child or young person can develop mental health issues, but research has shown there are some factors that are associated with children and young people's long-term mental health. These include the impact of abuse and neglect, additional needs and disabilities, children from black, Asian and minority ethnic communities, stressful or traumatic life events, living in local authority care, and children and young people in the LGBTQ community. There are ways you can identify if a child/young person needs support with their mental health. By being attentive to a child or young person's mood and behaviour, you can recognise patterns that suggest they need support. Signs to be aware of include, sudden mood and behaviour changes, self-harming, unexplained physical changes, such as weight loss or gain, sudden poor academic behaviour or performance, sleeping problems, changes in social habits, such as withdrawal or avoidance of friends and family. These signs suggest that a child may be struggling, but there could be a number of different explanations for them.

(Do not attempt to diagnose mental health issues yourself or make assumptions about what's happening in a child's life)

Young Carers.

A young carer is a child or young person whose life is restricted by the need to take responsibility for another person. The person might be a parent, a brother or sister, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support, or supervision. Young carers can become isolated, with no relief from the pressures at home, and no chance to enjoy a normal childhood. They are often afraid to ask for help as they fear letting the family down or being taken into care. CANDI should be aware of the needs of young carers and be able to offer support and/or signpost to a support specifically for young carers. If their needs are more serious or urgent these concerns must be shared with the DSL.

Children and young people missing from education.

The law requires all children and young people between the ages of 5 and 16 to be in full time education. Children and young people who are not attending school or not being home-educated may be particularly vulnerable. The local authority's Children's Social Care will be keen to be informed if you know about children and young people who are not in school or receiving education at home, or if you have any concerns about children or young people who have gone missing from your area or neighbourhood, so that they can make sure that they are safe and that they receive an appropriate education. Raise your concerns with CANDI's DSL, who can then make a referral.

Children & Young people who are homeless.

Homeless children and young people are not just those who are sleeping on the streets. Children/young people may be 'sofa surfing', staying on the floors and sofas of friends or family, in temporary hostel or bed and breakfast

accommodation or in unsuitable or unsafe accommodation. There are many reasons why children/young people are homeless but, whatever the reason, insecure housing is likely to have a debilitating impact on their lives and increase their vulnerability.

Children and young people whose parents/carers misuse substances.

Although there are some parents/carers who can care for and safeguard their children despite their dependence on drugs or alcohol, parental substance misuse can cause significant harm to children at all stages of their development. Where a parent has enduring and/or severe substance misuse problems, the children in the household are likely to be at risk of, or experiencing, significant harm primarily through emotional abuse or neglect. The child or young person's daily life may revolve around the parent's/carer's substance misuse, and they may be assuming inappropriate responsibilities within the home.

Children and young people whose parents/carers have learning disabilities.

Parental learning difficulties do not necessarily have an adverse impact on a child's developmental needs. But, where it is known parents/carers do have learning disabilities, workers should be particularly aware of the developmental, social, and emotional needs of the children and young people in the family. Risk of harm or to well-being could be:

- a child having caring responsibilities inappropriate to their age, such as looking after siblings.
- a child experiencing neglect.
- a child with a mother with learning disabilities, who may be targeted by men to gain access to children, for the purpose of sexually abusing them.

CANDI must also recognise that parents/carers with learning difficulties may need to have information about programmes and activities explained to them verbally and may need support when forms need to be completed.

Children and young people whose parents/carers have a mental illness.

Parental mental illness does not necessarily have an adverse impact on a child or young person's care and developmental needs. However, studies show the chance of child death through abuse or neglect where parental mental illness is present, is greatly increased. In a household where a parent has enduring and/or severe mental ill health, children are more likely to be at risk of, or experiencing, significant harm. Risk of harm or to well-being could be:

- parental aggression or rejection
- having caring responsibilities inappropriate to his/her age.
- witnessing disturbing behaviour arising from the mental illness (e.g., self-harm, suicide, uninhibited behaviour, violence)
- being neglected physically and/or emotionally by an unwell parent.

Unaccompanied asylum-seeking and refugee children/young people.

Children/young people who have come to the UK without parents or relatives, are some of the most vulnerable children in our society. They are alone in an unfamiliar country, at the end of what has most likely been a long, perilous, and traumatic journey. They may have experienced exploitation or persecution in their home country, or on their journey to the UK. Some may have been trafficked, and many more are at risk of being trafficked or being

exploited in other ways, some of which are covered here, such as becoming homeless, becoming involved in gang activity and being out of education. Such children and young people should be living in foster care or supported accommodation.

Asylum seeking children also have a greater risk of going missing or experiencing mental health issues.

Reasons for this could be:

- difficulties in communication
- frustration at not understanding the asylum-seeking process and not feeling believed/supported.
- worries for family members that they may have lost touch with since leaving their country/during the journey to the UK.
- exploitation by traffickers, who they may now owe money to
- post-traumatic stress disorder
- isolation and loneliness

The local authority should be aware of an unaccompanied asylum-seeking child's needs and is responsible for their safety and wellbeing. Any safeguarding concerns should be reported to them to ensure the young person's safety.

15. Adult Safeguarding.

15.1 Definitions, types, and signs of abuse.

A vulnerable adult can be defined as any person aged 18 or over, who: has needs for care and support (whether the local authority is meeting any of those needs or not) and is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Abuse is defined as “**the violation of an individual's human and civil rights by another person or persons**” (No Secrets - Department of Health 2000).

The underpinning aim is to keep vulnerable adults at risk, safe, based upon a culture of acceptable risk (including a person's right to make the “wrong” decision).

Six key principles underpinning adult safeguarding:

Empowerment – Adults with mental capacity should be in control of their own lives.

Prevention – It is better to take action before harm occurs. This includes promoting awareness and understanding and supporting people to safeguard themselves;

Proportionality – Proportionate and least intrusive response appropriate to the risk presented.

Protection – procedures should be in place to support people to safeguard themselves from harm, report concerns and make decisions about their own safety,

Partnership – Working together to prevent, detect and report incidents of neglect and abuse.

Accountability – Accountability and transparency in all safeguarding matters, ensuring that staff and partners understand what is expected of them.

Vulnerable Adults

A vulnerable adult may be at risk of abuse in many ways:

- Physical Abuse

Definition: The non-accidental use of physical force that results (or could result) in bodily injury, pain or impairment including assault, hitting, slapping, pushing, misuse of medication and restraint.

Signs: Unexplained bruising, covering or flinching, bruising consistent with being hit, unexplained burns, unexplained fractures.

- Domestic Abuse

Definition: An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality

Signs: Unexplained bruising, covering, or flinching, bruising consistent with being hit.

- Sexual Abuse

Definition: Direct or indirect involvement in sexual activity without consent.

Signs: Incontinence, difficulty/discomfort in walking, excessive washing, sexually transmitted diseases, bruising/bleeding in genital areas, bruising, urinary infections.

- Emotional/Psychological

Definition: Acts or behaviour which impinge on the emotional health of, or which causes distress or anguish to individuals.

Signs: Disturbed sleep, anxiety, confusion, extreme submissiveness or dependency, sharp changes in behaviour, loss of confidence or appetite.

- Neglect and Acts of Omission

Definition: Ignoring or withholding physical or medical care needs which result in a situation or environment detrimental to the individual.

Signs: Ignoring medical, emotional, or physical care needs (incl. dressing), failure to provide access to appropriate health care, withholding medication, adequate nutrition and heating.

- Financial and Material Abuse

Definition: Unauthorised, fraudulent obtaining and improper use of funds, property or any resources of an adult at risk. Scamming and coercion in relation to an adult's financial affairs.

Signs: Unexplained or sudden inability to pay bills, unexplained withdrawals of money from accounts, personal possessions going missing, unusual interest by a friend/relative/neighbour in financial matters.

- Discriminatory

Definition: When values, beliefs, or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. This includes discrimination on the grounds of race, faith or religion, age, disability, gender,

sexual orientation, and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment.

Signs: Inciting others to commit abusive acts, lack of effective communication, bullying.

- Modern Slavery

Definition: Encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude.

Signs: Poverty, isolation, drug and alcohol misuse.

- Institutional/Organisational Abuse

Definition: Where the culture of the organisations places the emphasis on the running of the establishment above the needs and care of the person.

Signs: Lack of care plans, contact with the outside world not encouraged, no flexibility or lack of choice.

- Self-Neglect

Definition: Neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Signs: A deterioration in physical appearance, lack of grooming, rapid weight gain/loss.

There are other specific acts that constitute abuse and can relate to both adults and children.

Female Genital Mutilation.

A collective term used for illegal procedures, such as female circumcision, which include the partial or total removal of the external female genital organs, or injury to the female genital organs for a cultural or non-therapeutic reason.

Honour Based Abuse (HBA).

Is violence and abuse in the name of honour, covering a variety of behaviours (including crimes), mainly but not exclusively against females, where the person is being punished by their family and/or community for a perceived transgression against the 'honour' of the family or community or is required to undergo certain activities or procedures in 'honour' of the family. It is a form of domestic abuse which relates to a victim who does not abide by the 'rules' of an honour code. This will have been set at the discretion of relatives or community; the victims are punished for bringing shame on the family or community.

Forced Marriage.

In a forced marriage you are coerced into marrying someone against your will. You may be physically threatened or emotionally blackmailed to do so. It is an abuse of human rights and cannot be justified on any religious or cultural basis. It's not the same as an arranged marriage where you have a choice as to whether to accept the arrangement or not. The tradition of arranged marriages has operated successfully within many communities and countries for a very long time.

Modern Slavery.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. It involves people being forced to work through mental or physical threat,

owned or controlled by an 'employer' usually through mental or physical abuse or the threat of abuse, dehumanised and being treated as a commodity or bought and sold as 'property'.

Human Trafficking.

Takes place when a victim is moved from one place to another for the purpose of exploitation, this could be through sexual exploitation, domestic servitude, forced labour, forced criminality or organ harvesting. The trafficker is able to control and exploit through violence, coercion or deception.

County Lines.

County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable adults who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement. In some cases the dealers will take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from. This is known as cuckooing. People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

16. Children & Young People Safeguarding Procedures.

16.1 Responding to disclosure, suspicions, and allegations.

Any concerns relating to vulnerable children and young people must be raised with CANDI's Designated Safeguarding Lead as soon as possible. Do not make assumptions that another agency or local authority provision is already managing this because the child/young person is already known to them.

CANDI has a primary responsibility for safeguarding to ensure that concerns and any relevant information is passed onto Children's social care services, the independent Local Authority Designated Officer (LADO) and in emergencies, the police. These organisations have the statutory responsibility to make enquiries to establish whether a child or young person is at risk of harm.

No individual staff member will make a decision regarding the safeguarding of children, alone. No staff member should make a referral regarding a child who may be at risk or break confidentiality without prior discussion with the DSL.

i. How to respond to a disclosure from a child/young person.

As adults with trust and influence, staff are in a powerful position to recognise and receive information about abuse. However, it is not the staff's responsibility to decide if a child/young person is being abused. Their role is to act on their concerns. If a child/young person discloses, they, or another child/young person, is concerned about someone's behaviour towards them, the person receiving this information should:

- Remain calm and collected.
- Reassure the young person by telling them they have done the right thing.

- Take what the child/young person says seriously.
- Listen carefully to what is said.
- Keep questions to a minimum – only ask for clarification and no leading questions.
- Be honest with them about what you can and cannot do. Tell them that you are not able to keep what they have told you secret. Let the child/young person know you will need to share the information with other professionals to keep them and/or other young people safe.
- When the child/young person is finished, make a detailed note of what they have said on the **incident record form** and pass that information on to the DSL.
- Tell the young person what will happen next.
- Do not contact or confront the individual who is alleged to be responsible.

In all cases consider the welfare of the child/young person who has disclosed as the highest priority.

If there is a concern the child/young person is in immediate danger.

- Contact the police and explain the situation to them.
- Stay with the individual.
- If necessary, move to a safe place away from immediate harm.
- Call for immediate medical attention if this is required.
- Contact your DSL to let them know what is happening and ask for further advice and guidance.
- Make a factual record of events as soon as possible by using the Incident Form.
- Do not investigate further, share confidential information with others, or take any further action unless authorised to do so. The police will now be in charge and anything you do without their authorisation may harm their investigation.

If a child/young person is not in immediate danger but a disclosure has been made:

- Follow the disclosure process as above. Contact CANDI's DSL within 24 hours and notify your manager and/or DSL that you have done so.
- The DSL will then contact you to talk through this if necessary.
- The DSL will inform you of next steps to be taken and you will receive support from your manager.

Emergency: If a child/young person is in immediate danger, you should contact the police on 999.

Non-emergency: If there is no immediate danger, the DSL can contact the relevant LADO or Children's Social Care Team. If the concern is about a staff member/volunteer/trustee, contact the relevant LADO for the local authority where the incident occurred. The details can be found using this link <https://www.gloucestershire.gov.uk/health-and-social-care/children-young-people-and-families/lado-allegations/>

If there are any concerns about a child/young person, a Safeguarding Incident Form should be completed and email this to the DSL at CANDI. This form will be used if an incident occurs that causes concern for the safety of a child/young person who is not in immediate danger. The DSL will then advise of next steps.

ii. Recording of a safeguarding concern.

If anyone has concern about a child/young person welfare or safety, it is vital all relevant details are recorded.

This must be done regardless of whether the concerns are shared with the police or other agencies.

Keep an accurate record of:

- The date and time of the incident/disclosure.
- The date and time of the report.
- The name and role of the person to whom the concern was originally reported and their contact details.
- The name and role of the person making the report (if this is different to the above) and their contact details.
- The names of all parties who were involved in the incident, including any witnesses to an event.
- What was said or done and by whom.
- Any action taken to investigate the matter.
- Any further action taken (such as a referral being made).
- The reasons why the organisation decided not to refer those concerns to a statutory agency (if relevant).

The report must be factual. Any interpretation or inference drawn from what was observed, said, or alleged should be clearly recorded as such. The record should always be signed and dated by the person making the report.

iii. Confidentiality and Information Sharing.

CANDI adheres to the seven golden rules to information sharing when considering the effective safeguarding of children and young people. Confidentiality refers to the requirement of not sharing any information about a child without the child (age dependent) or primary caregiver's consent, to anyone outside of CANDI. It is vital that any relevant information is shared within the organisation so that the safest decisions are made.

Maintaining the confidentiality of those who use CANDI is an essential ethos of the organisation and, generally, this can be assured. However, when a staff member is concerned that a child/young person is at risk of harm, the responsibility to safeguard the child/young person outweighs confidentiality thus, confidentiality must be broken in these circumstances.

At the start of any work being carried out, it will be clearly explained to all who use CANDI services that confidentiality cannot be maintained where the staff member believes that there is a risk of harm to a child or risk to self or others.

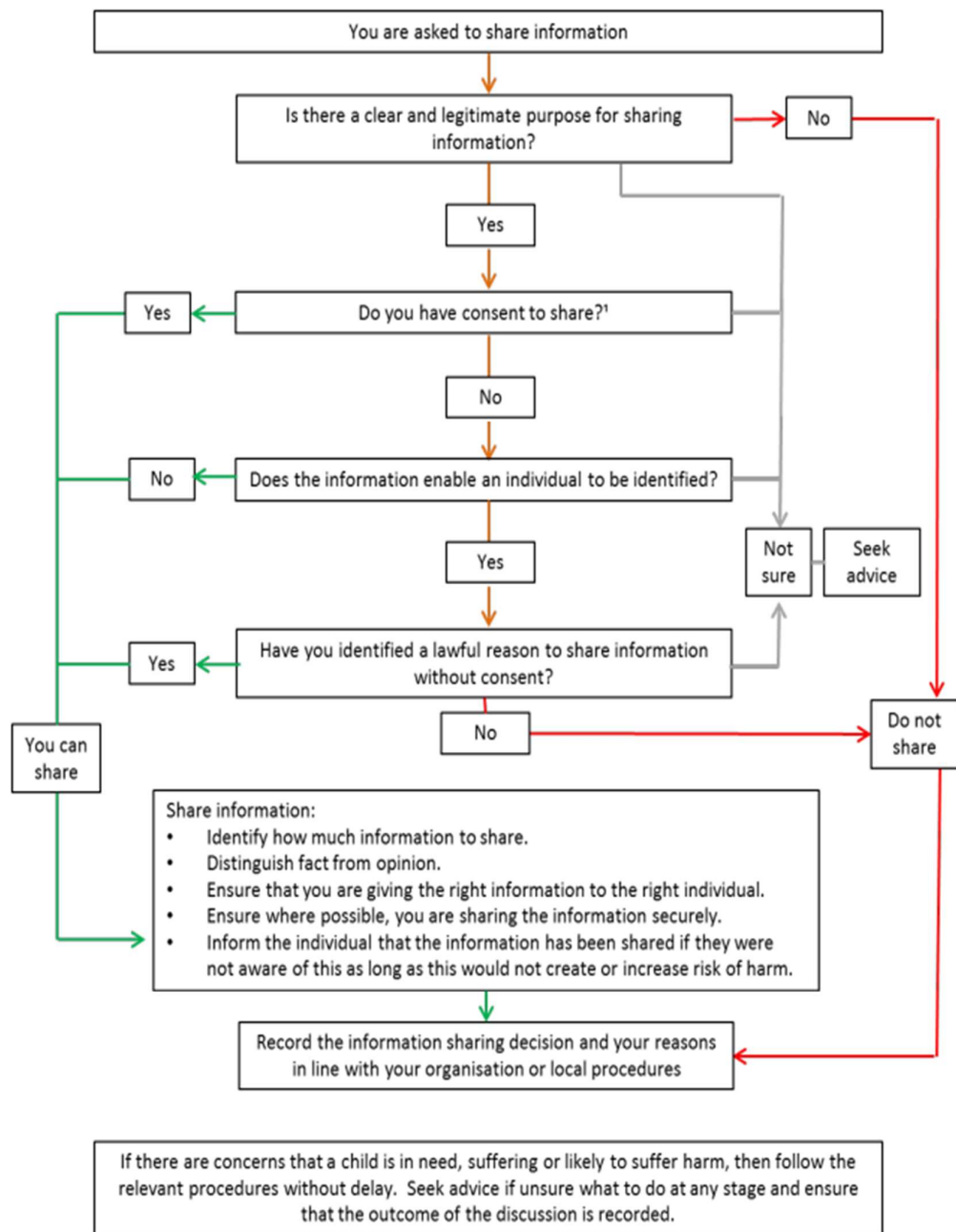
Whenever there is either evidence or suspicion of abuse, the staff member concerned will note these concerns with the child. The staff member will explain clearly to the child/young person the reasons for having to pass information on to other professionals and the procedures for dealing with Safeguarding.

If confidentiality cannot be maintained, the information will only be shared with relevant people, and this will be communicated to parties concerned.

Full details on our information sharing and confidentiality guidance can be accessed using the following link https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf

Please refer to the below flowchart of when and how to share information appropriately.

Flowchart of when and how to share information



iv. If an allegation is made against a staff member.

Any concerns involving the inappropriate behaviour of a staff member towards a child/young person will be taken seriously and investigated. The Local Authority Designated Officer (LADO) will be informed where the incident occurred. The situation will be explained to the staff member (if deemed appropriate) who is at the centre of the allegation. They may be asked to cease working on a temporary basis until the matter is formally resolved, and after investigation this could lead to dismissal and further action being taken against the member of staff. This will be reviewed on a case-by-case basis. Support will be provided for the person who the allegation has been made against.

v. If an allegation is made about the Designated Safeguarding Lead (DSL)

Any concerns involving the DSL directly should be reported to the Chair of Trustees and Safeguarding Trustee. It is important that all staff are aware of staff reporting structure.

16.2 Relevant contact details in relation to concerns for a child or young person

Shannon Revill – Community Project Coordinator and DSL.

Email: cpc@candi.email Telephone: 07749011788

Claire Stanley – Safeguarding Trustee

Email: claire@thefamilywellbeingcic.org.uk

Children and Families Help Desk - (Gloucestershire)

(Office hours, 9am-5pm, Monday - Friday): **01452 426565**

(Out of hours Emergency duty team): **01452 614194**

Email: childrenshelpdesk@gloucestershire.gov.uk

In the event of **immediate concern** about a child's safety, contact the **Police on 101 or 999** as appropriate and at any time.

17. Adult Safeguarding Procedures

17.1 Responding to disclosure, suspicions, and allegations

All Safeguarding work should reflect the following key principles:

Principles	“I” Statements
Empowerment – People being supported and encouraged to make their own decisions and informed consent.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention – It is better to take action before harm occurs.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionality – The least intrusive response appropriate to the risk presented	I am confident that the responses to risk will take into account my preferred outcomes or best interests.
Protection – Support and representation for those in greatest need.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
Accountability – Accountability and transparency in delivering safeguarding.	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

i. How to respond to a disclosure from a vulnerable adult.

Listen very carefully; give them your full attention.

- Do not agree to keep it a secret, you cannot do this.
- Explain to them you will have to pass it on.
- Don't dismiss their concerns.
- Reassure them that you will deal with the allegation discreetly and will take it seriously.
- Ask what they would like to happen/preferred option.
- Avoid asking leading questions about the alleged abuse and don't make judgements.
- Do not confront the alleged abuser.
- If the person is in immediate danger call the police or ambulance.
- Report the allegation to your line manager or supervisor straight away using the Service Users own words.
- Write an account of what you have been told for future reference.

ii. What to do if you suspect, or someone else discloses abuse.

- All of the above
- Don't dismiss your concerns
- You must never assume that somebody else will recognise and report what you have seen or heard.
- It can be difficult if the allegation is about a colleague or it is difficult to believe what you have heard, but you must still report any alleged abuse as outlined previously.

iii. If an allegation is made against a staff member.

Any concerns involving the inappropriate behaviour of a staff member towards a vulnerable adult will be taken seriously and investigated. The staff member must report this immediately to the DSL. A safeguarding concern must be raised by contacting Adult Helpdesk directly on 01452 426868 or socialcare.enq@gloucestershire.gov.uk

The situation will be explained to the staff member (if deemed appropriate) who is at the centre of the allegation. They may be asked to cease working on a temporary basis until the matter is formally resolved, and after investigation this could lead to dismissal and further action being taken against the member of staff. This will be reviewed on a case-by-case basis. Support will be provided for the person who the allegation has been made against.

iv. If an allegation is made about the Designated Safeguarding Lead (DSL).

Any concerns involving the DSL directly should be reported to the Chair of Trustees and Safeguarding Trustee. It is important that all staff are aware of staff reporting structure.

v. Confidentiality and Information Sharing.

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden if there is an overriding public interest, or if gaining consent would put the adult at further risk. This includes situations where:

- there is a risk or harm to the wellbeing and safety of the adult or others

- other adults or children could be at risk from the person causing harm
- it is necessary to prevent crime or if a crime may have been committed
- the person lacks capacity to consent
- The adult would normally be informed of the decision to report and the reasons for this, unless telling them would jeopardise their safety or the safety of others.

The key issues in deciding whether to report a concern without consent will be the harm or risk of harm to the adult, and risks to any other adults who may have contact with the person causing harm or with the same organisation.

Disclosure without consent needs to be justifiable and the reasons recorded by professionals in each case.

Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.

The law does not prevent the sharing of sensitive, personal information **within** organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.

The law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

vi. Capacity & consent.

Capacity - Anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA) 2005 and MCA Code of Practice.

Consent- All adults have the right to choice and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent.

At the concern stage, the most common capacity & consent issues to consider will usually be-

- whether the adult has the mental capacity to understand & make decisions about the abuse or neglect related risks, & any immediate safety actions necessary, and;
- whether the adult consents to immediate safety actions being taken, & whether the adult consents to information being referred / shared with other agencies.

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

It is important to establish whether the adult has the mental capacity to make decisions. This may require the assistance of other professionals. In the event of staff/volunteers having concerns that the adult does not have capacity, this must be reported to the DSL, who will consider relevant decisions and/or actions that must be taken in the person's best interests.

18. Relevant contact details in relation to concerns for a vulnerable adult

Shannon Reville – Community Project Coordinator and DSL.

Email: cpc@candi.email Telephone: 07749011788

Claire Stanley – Safeguarding Trustee

Email: claire@thefamilywellbeingcic.org.uk

Gloucestershire's Safeguarding Team via the adult social care helpdesk

(Office hours, 9am - 5pm, Monday - Friday): 01452 426868

(Out of hours Emergency duty team): 01452 614758

Email: Socialcare.enq@gloucestershire.gov.uk

Professionals only: Safeguarding Adults Referral Form

<https://adultsocialcareportal.gloucestershire.gov.uk/web/portal/pages/safeguardingreferral#h1>

In the event of **immediate concern** about a vulnerable adult's safety, **contact the Police** on 101 or 999 as appropriate and at any time.

If there is a criminal offence being committed or about to be committed Gloucestershire constabulary should be contacted on 08450901234.

19. Malicious allegations (Children/Young People/Vulnerable Adults)

An allegation may be classified as malicious. Care should be taken in dealing with such an outcome, as some facts may not be wholly untrue. Some parts of an allegation may have been fabricated or exaggerated but elements may be based on truth. Where a preliminary enquiry / investigation was undertaken and the allegations were deemed to be malicious, a record should be made stating that:

- An allegation was made (but not what the allegation was).
- Date the allegation was made.
- The allegation was fully investigated.

The outcome was that it was found to be malicious or unsubstantiated and that no further action was taken.

Please refer to LADO guidelines for classifications of outcomes following investigations in relation to children and young people.

20. Whistleblowing

Whistleblowing is the process whereby a staff member raises a concern about malpractice, wrongdoing, risk, or illegal proceedings, which harms or creates a risk of harm to the people who use the service, staff, or the wider community. Whistleblowing is not the same as making a complaint or raising a grievance. Whistleblowing is different because it involves a situation where an employee raises a concern about some form of malpractice that they have witnessed in their workplace. A whistleblowing concern is when a person witnesses an issue or risk that affects someone other than themselves. A child/young person/vulnerable adult may be directly affected by an act or decision within their organisation or that the organisation has a safeguarding issue which is not being addressed.

CANDI's Whistleblowing Policy should include processes that:

- Encourage an open culture where people feel comfortable raising concerns with their managers.
- Give people the confidence that if they raise an issue that their name will not be revealed without their consent.
- Give people the option to raise concerns anonymously.

CANDI's Whistleblowing Policy should be read in conjunction with this Safeguarding Policy and Procedures document.

21. Data Protection and management of confidential information

CANDI is committed to the safe and secure management of confidential information. All personnel information, including volunteer information, is stored securely, and can only be accessed by those that require it to carry out their role. Only relevant information is stored, and this is regularly reviewed, and outdated information destroyed appropriately.

Appendix

Working Together to Safeguard Children 2023 defines these terms as follows:

Physical abuse

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

Emotional abuse

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

frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether 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 on children.

Neglect

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

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of inadequate care- givers).
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Document control

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