



SAFEGUARDING POLICY AND PROCEDURE

Safeguarding Policy and Procedure
Safeguarding children and adults at risk of harm

Reviewed by:

Safeguarding Leads (June 2023)

Next Review Due:

May 2025

I have a voice CIC

Community Interest Company | Company number: 12371546

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KEY CONTACTS

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In the first instance of any safeguarding or wellbeing concerns:

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Deputy Designated Safeguarding Lead

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External Contacts

NSPCC Helpline for adults concerned about a child

Phone: 0808 800 5000

Email: help@nspcc.org.uk

Web: nspcc.org.uk

You can call Monday to Friday 8am-10pm or 9am-6pm at the weekends, or email at any time.

Emergency Services for everyone

Phone: 999 in an emergency

Phone: 101 for non-emergency police enquiries

Phone: 111 for non-emergency health enquiries

CEOP Command for everyone

Web: ceop.police.uk

Childline for young people up to the age of 19

Phone: 0800 1111

Web: childline.org.uk

Any time, every day

The Mix for young people up to the age of 25

Phone: 0808 808 4994

Web: themix.org.uk

4pm-11pm, every day

Samaritans for everyone

Phone: 116 123

Any time, every day

Crisis Text Line for everyone

Text: Shout to 85258

Any time, every day

Young Minds if concerned about a child's mental health

Phone: 0808 802 5544

Web: youngminds.org.uk

9.30am - 4pm, Monday to Friday

ACT Early for anyone worried about radicalisation

Phone: 0800 011 3764

Web: actearly.uk

9am - 5pm, every day

Supportline for adults affected by abuse

Phone: 01708 765200

Email: info@supportline.org.uk

Web: supportline.org.uk

Opening hours vary.

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Section One

Introduction

Our Policy Statement & Commitment

I have a voice CIC is a registered social enterprise (company number 12371546) that strives to empower people to engage with politics. I have a voice is committed to the safety and protection of all people involved in our work or projects.

I have a voice works with schools, colleges and youth groups throughout the UK. Much of our delivery to these organisations does not involve us being directly responsible for any children or adults at risk as there is a supervisor from the partnering organisation in the session. In these instances, we always adhere to the guidelines set by our partners.

I have a voice also have a group of Youth Ambassadors of young people aged over 16. I have a voice has responsibility for these young people in their ambassadorial role. Given our ambassadors are based up and down the country, the majority of our interactions with these young people are online. There are occasional face-to-face events with youth ambassadors.

The welfare of everyone involved in I have a voice is paramount, however, this responsibility especially applies to children and adults at risk. Everyone, regardless of their age, disability, gender reassignment, race, religion or belief, sex or sexual orientation has the right to protection from abuse. Therefore, all suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.

As a social enterprise whose mission is founded on the importance of diversity, we recognise that some people may require additional support, for example with communication or the impact of discrimination. To protect even the most vulnerable people we have a safeguarding culture where employees, volunteers and ambassadors know how they are expected to behave and are supported to feel comfortable about sharing concerns of any kind.

All employees and volunteers are given details of the safeguarding policy and procedures as part of their induction and are informed how to report any concerns to the designated safeguarding lead. This document is also made available to all employees and volunteers, and for the scrutiny of teachers, learning providers, parents/guardians and all of I have a voice's audience.

This policy applies and relates to all employees, volunteers, children and adults at risk we work with through any form of engagement with I have a voice's activities, events, projects and campaigns. It applies to all staff and volunteers who encounter children and adults at risk through their roles at I have a voice. We have developed this policy to ensure that I have a voice is well-equipped to understand and deal with any potential safeguarding issues, and to keep the vulnerable people we work with safe.

We uphold our policy statement & commitment by:

1. Recognising that everyone has the right to freedom from abuse and harm.
2. Promoting joint working with parents and carers in the interest of child and adult at risk's welfare.
3. Following safe recruitment procedures which ensure staff and volunteers are carefully selected, vetted and have the relevant qualifications, experience and training.
4. Designating a safeguarding lead who takes specific responsibility for vulnerable people's protection, safety and well-being. Deputies are appointed and are available to cover brief and extended absences.
5. Supporting all staff and volunteers in bringing concerns to the designated safeguarding lead.
6. Responding quickly and appropriately to all suspicions or allegations of abuse.

7. Providing parents, carers, children and adults at risk with the opportunity to voice any concerns they may have. This includes having knowledge of and ensuring people have access to their preferred methods of communication and that staff are trained in a variety of communication tools.
8. Reviewing the effectiveness of I have a voice's safeguarding policy and procedures.
9. Working in partnership with external organisations and professionals to ensure that children and adults at risk are protected.

A child-centred approach to safeguarding children

This child-centred approach is fundamental to safeguarding and promoting the welfare of every child. A child-centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families. Children are clear about what they want from an effective safeguarding system. These ask from children should guide the behaviour of our staff and volunteers:

- **Vigilance:** to have adults notice when things are troubling them.
- **Understanding and action:** to understand what is happening; to be heard and understood, and to have that understanding acted upon.
- **Stability:** to be able to develop an ongoing stable relationship of trust with those helping them.
- **Respect:** to be treated with the expectation that they are competent rather than not.
- **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans.
- **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not been met with a positive response.
- **Support:** to be provided with support in their own right as well as a member of their family.
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views.
- **Protection:** to be protected against all forms of abuse and discrimination.

A person-centred approach to safeguarding adults

The Care Act 2014 encourages caregivers to take a person-centred approach when safeguarding adults at risk. Following these principles places the vulnerable person's wellbeing and needs at the forefront of safeguarding processes. The 6 principles of the Care Act are:

- **Empowerment:** people being supported and encouraged to make their own decisions and informed consent
- **Prevention:** it is better to take action before harm occurs
- **Proportionality:** the least intrusive response appropriate to the risk presented
- **Protection:** support and representation for those in greatest need
- **Partnership:** local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability:** accountability and transparency in delivering safeguarding

Legislation and guidance

I have a voice operates within relevant legislation and guidance in order to keep everyone safe.

- the Children Acts 1989 and 2004
- the Equality Act 2010
- Working Together to Safeguard Children 2018
- GDPR and the Data Protection Act 2018
- Information sharing: Advice for Practitioners 2018
- Safeguarding Vulnerable Groups Act 2006
- Rehabilitation of Offenders Act 1974

- Care Act 2014
- Mental Capacity Act 2005
- Equality Act 2010
- Human Rights Act 1989

Definitions

- **Child/ren:** anyone who has not yet reached their 18th birthday.
- **Adult at risk (of harm):** an individual aged 18 years and over who, according to the Care Act 2014:
 - has needs for care and support (whether or not the local authority is meeting any of those needs) AND;
 - is experiencing, or at risk of, abuse or neglect; AND;
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.
- **Safeguarding:** protecting children from maltreatment; preventing impairment of children’s mental and physical health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; taking action to enable all children to have the best outcomes. Safeguarding is also protecting an adult’s right to life in safety, free from abuse and neglect.
- **Child protection:** the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm
- **Abuse:** when a person is intentionally harmed by another person - it can be over a period of time but can also be a one-off action. The main types of abuse we need to be aware of are:

<ul style="list-style-type: none"> ○ Emotional ○ Physical ○ Sexual ○ Neglect 	<ul style="list-style-type: none"> ○ Self-neglect ○ Modern Slavery ○ Domestic Abuse ○ Discriminatory ○ Organisational ○ Financial/Material
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Section Two

Recognise

Common indicators of abuse and neglect

The signs of abuse aren’t always obvious, and a person experiencing abuse might not feel able to tell anyone what’s happening to them. Sometimes, people don’t even realise that what’s happening to them is abuse.

There are different types of abuse and the signs that an individual is being abused may depend on the type as well as their age and other factors. Abuse is a form of maltreatment of an individual and somebody may abuse or neglect a person by inflicting harm or by failing to act to prevent harm. People may be abused in a family or in an institutional or community setting by those known to them, or more rarely, by strangers. 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 by another child or children.

Appearance, Behaviour & Communication

People who experience abuse may be afraid to tell anybody about the issue. They may struggle with feelings of guilt, shame or confusion - particularly if the abuser is a parent, partner, caregiver or other close family member or friend. We think ABC (Appearance, Behaviour & Communication) when it comes to spotting the signs and the most common ones we look out for are:

- Changes in appearance
 - Showing changes in eating habits

- Self-harm injuries
- Appearing anxious, clingy or depressed
- Unexplained marks or injuries
- Changes in behaviour
 - Being afraid of particular places or making excuses to avoid particular people
 - Becoming withdrawn
 - Having thoughts about suicide
 - Running away or regularly going missing from home or care
- Changes in communication
 - Somebody else always speaking for the person and not allowing them to make their own choices
 - Lack of confidence
 - Becoming withdrawn or quiet, especially when they are usually outgoing or confident

Different forms of abuse and the signs

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a person. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to, a child whom they are looking after. Physical abuse, as well as being a result of an act of omission can also be caused through omission or the failure to act to protect.

Signs of physical abuse include:

- Any injuries not consistent with the explanation given for them.
- Injuries which occur to the body in places that are not normally exposed to falls.
- Unexplained bruising, marks or injuries on any part of the body or bruises which reflect hand marks or fingertips (from slapping or pinching or grabbing).
- Cigarette burns, bite marks, broken bones, scalds.
- Injuries which have not received medical attention.

Changes in behaviour which can also indicate physical abuse:

- Fear of their guardian being approached about the concerns.
- Aggressive behaviour or severe temper outbursts.
- Flinching when approached or touched.
- Reluctance to get changed, for example, wearing long sleeves in hot weather.
- Depression, withdrawn behaviour, running away from home.

Sexual Abuse

Sexual abuse involves forcing or enticing a young person to take part in sexual activities, whether or not the person is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts.

They may include non-contact activities, such as involving people in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging people to behave in sexually inappropriate ways.

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.

Signs of sexual abuse may include:

- Pain, bruising or itching in the genital/anal area.
- Sexually transmitted disease.
- Vaginal discharge or infection.
- Stomach pains.
- Discomfort when walking or sitting down.
- Pregnancy.

Changes in behaviour which may also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive.
- Fear of being left with a specific person or group of people.
- Having nightmares.
- Running away from home.
- Sexual knowledge which is beyond their age or developmental level, sexual drawings or language, acting in a sexually explicit way with adults.
- Bedwetting.
- Eating problems such as over-eating or anorexia.
- Self-harm, sometimes leading to suicide attempts.
- Saying they have secrets they can not tell anyone about.
- Substance or drug abuse.
- Suddenly having unexplained sources of money.
- Not allowed to have friends (particularly in adolescence).

Emotional Abuse

Emotional abuse is persistent emotional maltreatment that causes severe and persistent adverse effects on a person's emotional development. It may involve making someone feel that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on a person. These may include interactions that are beyond the person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the person 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 people frequently to feel frightened or in danger, or the exploitation or corruption of individuals. Some level of emotional abuse is involved in all types of maltreatment of a person, though it may occur alone.

Signs of emotional abuse may include:

- A failure to thrive or grow, or development delay, either in terms of physical or emotional progress, particularly if a person appears to thrive in circumstances away from their parents/carers.
- Sudden speech disorders.
- Persistent tiredness.

Changes in behaviour which can also indicate emotional abuse include:

- Obsessions or phobias.
- Sudden under-achievement or lack of concentration.
- Inappropriate relationships with peers and/or adults.
- Being unable to play and attention seeking behaviour.
- Fear of making mistakes.
- Self-harm.
- Fear of guardian being approached regarding their behaviour.

Neglect

Neglect is the persistent failure to meet a person's basic physical and/or psychological needs, likely to result in the serious impairment of the person's health or development. Neglect can occur as early as in pregnancy, for example as a result of maternal substance abuse. Once a child is born it may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a person from physical harm or danger, failure to ensure adequate supervision or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a person's basic emotional needs.

The signs of neglect may include:

- Constant hunger, sometimes stealing food from other people, loss of weight or being constantly underweight.
- Inappropriate dress for the conditions, or unclean clothes.
- Poor hygiene.

Changes in behaviour which can also indicate neglect include:

- Complaining of being tired all the time.
- Not requesting medical assistance and/or failing to attend appointments.
- Having few friends.
- Mentioning being left alone or unsupervised.

Domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this document relating to: psychological, physical, sexual, financial or emotional abuse.

Signs of domestic violence or abuse include:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation - not seeing friends and family
- Limited access to money

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or 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 also includes so-called 'honour'-based violence, female genital mutilation and forced marriage.

Children of all ages living with a parent, most often the mother, who is experiencing domestic violence, are vulnerable to significant harm through physical, sexual, emotional abuse and/or neglect.

The legal definition of significant harm includes "the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home."

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- Acts of assault, threats, humiliation and intimidation
- Harming, punishing, or frightening the person
- Isolating the person from sources of support

- Exploitation of resources or money
- Preventing the person from escaping abuse
- Regulating everyday behaviour

Financial or material abuse

Financial or material abuse may involve the theft of money or possessions; fraud, scamming; preventing a person from accessing their own money, benefits or assets; employees taking a loan from a person using the service; undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions; arranging less care than is needed to save money to maximise inheritance; denying assistance to manage/monitor financial affairs; denying assistance to access benefits; misuse of personal allowance in a care home; misuse of benefits or direct payments in a family home; someone moving into a person's home and living rent free without agreement or under duress; false representation, using another person's bank account, cards or documents; exploitation of a person's money or assets, e.g. unauthorised use of a car; misuse of a power of attorney, deputy, appointeeship or other legal authority; rogue trading, e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.

Signs of financial or material abuse may include:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court-appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Modern slavery

Modern slavery may involve human trafficking; forced labour; domestic servitude; sexual exploitation, such as escort work, prostitution and pornography; debt bondage - being forced to work to pay off debts that realistically they never will be able to.

Signs of modern slavery may include:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes

- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Discriminatory abuse

Discriminatory abuse may involve unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics'); verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic; denying access to communication aids, not allowing access to an interpreter, signer or lip-reader; harassment or deliberate exclusion on the grounds of a protected characteristic; denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic; substandard service provision relating to a protected characteristic.

Signs of discriminatory abuse may include:

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or institutional abuse

Organisational or institutional abuse may involve discouraging visits or the involvement of relatives or friends; run-down or overcrowded establishment; authoritarian management or rigid regimes; lack of leadership and supervision; insufficient staff or high turnover resulting in poor quality care; abusive and disrespectful attitudes towards people using the service; inappropriate use of restraints; lack of respect for dignity and privacy; failure to manage residents with abusive behaviour; not providing adequate food and drink, or assistance with eating; not offering choice or promoting independence; misuse of medication; failure to provide care with dentures, spectacles or hearing aids; not taking account of individuals' cultural, religious or ethnic needs; failure to respond to abuse appropriately; interference with personal correspondence or communication; failure to respond to complaints.

Signs of neglect and acts of omission may include:

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities

Self-neglect

Self-neglect may involve lack of self-care to an extent that it threatens personal health and safety; neglecting to care for one's personal hygiene, health or surroundings; inability to avoid self-harm; failure to seek help or access services to meet health and social care needs; inability or unwillingness to manage one's personal affairs.

Signs of self-neglect may include:

- 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
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication to treat illness or injury

Additional safeguarding concerns

All volunteers and employees should have an awareness of safeguarding issues that can put children and adults, at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

CSE and CCE

Both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic and other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator.

The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

Some of the following can be indicators of CCE:

- Children who appear with unexplained gifts or new possessions.
- Children who associate with other young people involved in exploitation.
- Children who suffer from changes in emotional well-being.
- Children who misuse drugs and alcohol.
- Children who go missing for periods of time or regularly come home late.
- Children who regularly miss school or education or do not take part in education.

The above CCE indicators can also be indicators of CSE, as can:

- Children who have older boyfriends or girlfriends.
- Children who suffer from sexually transmitted infections or become pregnant.

Child-on-child abuse

Children can abuse other children (previously referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying).
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- Sexual violence, such as rape, assault by penetration and sexual assault.
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.

- Upskirting, which typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
- Sexting (also known as youth produced sexual imagery).
- Initiation/hazing type violence and rituals.

Abuse is abuse and should never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”. We must remember that a child who is perpetrating abuse, is also a child in need of support.

Bullying or harassment

Bullying can also be a type of abuse. Bullying is the abuse and/or intimidation by a person, group of people or an organisation against another person or group. It may be a specific act or it may be institutional. It is an abuse of a perceived power relationship. Children can also bully other children. Bullying may include verbal abuse and intimidation, acts of physical or sexual abuse and coercion, e-bullying, through texting, filming on mobiles and posting on social networks.

Whatever its form is unacceptable. It must be challenged and appropriately addressed.

Some possible signs of bullying:

- Reluctance to attend activities previously enjoyed.
- Tearfulness, depression, erratic emotions, loss of concentration.
- Stomach aches, headaches, difficulty in sleeping, bed-wetting, bruising, cuts, scratches, damaged clothing, bingeing on food, alcohol or cigarettes.
- Shortage of money, frequent loss of possessions.
- Asks for money or starts stealing (to pay bully/ies)
- Drop in performance.

Radicalisation and extremism

Extremism is defined in the 2011 Prevent strategy as 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.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

People 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. Getting early help to those at risk is vital.

Signs of radicalisation include:

- Isolating themselves from family and friends.
- Unwillingness or inability to discuss their views.
- Increased levels of anger.
- Talking as if from a scripted speech.
- A sudden disrespectful attitude towards others.
- Increased secretiveness, especially around internet use.

You can build a person’s resilience to radicalisation by:

- Helping improve their self-esteem and self-confidence.

- Promoting inclusivity and community cohesion.
- Providing a safe environment for debating a range of issues such as British values, recognising and managing risk, making safer choices and the impact of pressure from others.
- Helping young people understand how they can influence and participate in decision making.

Female genital mutilation (FGM)

The WHO defines FGM as: “all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons.”

FGM is a criminal offence in the UK. It is also illegal to take a child abroad to undergo FGM. A child for whom FGM is planned is at risk of significant harm through physical and emotional abuse.

Where a child is thought to be at risk of FGM, practitioners need to act quickly before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure.

Forced marriage

Forced marriage, as distinct from a consensual arranged one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse.

Suspicious that a child may be forced into marriage include:

- A family history of older siblings leaving education early and marrying early.
- Depressive behaviour including self-harming and attempted suicide.
- Being kept at home by their parents.
- Being unable to complete their education.
- A child talking about an upcoming family holiday that they are worried about.
- A child directly disclosing that they are worried they will be forced to marry.

Mental health

I have a voice is deeply committed to promoting the mental health and wellbeing of everyone we connect with, particularly our team of youth ambassadors. We want each ambassador’s voice to be heard, so we encourage young people to be open about their needs and worries. We know that everyone faces different life challenges and that each of us may need help to cope with them sometimes. We recognise that anyone, at any time, may need additional emotional support.

Promoting positive mental health, like safeguarding, is a responsibility that we all share by:

- Ensuring our ambassadors feel comfortable sharing any concerns and worries
- Assisting our ambassadors in establishing and maintaining positive relationships
- Encouraging our ambassadors to be confident and help to promote their self-esteem
- Helping our ambassadors to develop resilience and ways of coping with setbacks
- Celebrating both volunteering and non-volunteering achievements

All staff and volunteers have a responsibility to promote the mental health of young people and each other. However, certain staff and volunteers have a key role in the process. The designated safeguarding lead takes the lead role for mental health and wellbeing-related concerns.

If anyone is concerned about the mental health and wellbeing of themselves or somebody else, then in the first instance they should speak to the designated safeguarding lead.

All disclosures and concerns will be recorded confidentially and only shared on a need to know basis, either to somebody inside the organisation or somebody outside it, if it is necessary to keep a person safe, in accordance with our safeguarding policy. If a staff member or volunteer thinks it is necessary to tell somebody else, then this will first be discussed with the person unless we are concerned for their immediate safety and we are unable to gain consent first.

We will ensure that all staff, volunteers and parents are aware of the support that's available for mental health. This may include wellbeing resources, wellbeing check-ins, facilitating a brief/debrief before and after certain opportunities or providing any necessary break from volunteering.

Section Three

Respond & Report

Responding to concerns

I have a voice understands that speaking out if you believe someone is being abused or neglected can be difficult for a multitude of reasons. In response to any concerns, we expect our volunteers, board members, and staff to take action. Our designated safeguarding lead will provide initial support to both the individual who raised the concerns and the person who is being abused.

Anyone at I have a voice who senses indicators of abuse or neglect in another person should report it to the designated safeguarding lead immediately. If the designated safeguarding lead is unavailable, contact her deputy instead.

If someone discloses to anyone else at I have a voice that they are being abused, the response should be as follows:

DO:

- Ensure that the individual speaking up feels heard and supported at all times.
- Stay calm and listen to the person
- Treat any allegations extremely seriously. Remember, it is not your responsibility to decide if a person has been abused- your responsibility is to report all concerns and disclosures to the safeguarding team.
- Tell the person what action you are taking and when, and keep them up to date with what is happening.
- Use the person's exact words or vocabulary.
- Tell them they did the right thing to tell you and that the abuse was never their fault.
- Be honest about your own position, who you have to tell and why.
- Take further action by informing the DSL - you may be the only person in a position to prevent future abuse.
- Inform the designated safeguarding lead about your concerns right away (unless the designated safeguarding lead is involved in the harm or abuse. In this case, information should be shared with the board member responsible for safeguarding, and they will be in charge of taking further action.)
- Write a clear statement of what you have been told, seen, or heard.
- Take care to record what was said in the person's own words. Include any subsequent actions or events.

DON'T:

- Do not interrogate the person - it is not your job to carry out an investigation- this will be up to the police and social services.
- Do not ask the person questions that suggest a particular answer.
- Do not express or display emotions of panic or shock in front of the person making a disclosure - the safeguarding team are here to support you with any difficult feelings that arise from a safeguarding incident.
- Do not be tempted to give false reassurances to the person, but tell them you will do your best to protect or help them.
- Do not promise to keep information between you and them confidential.

Once concerns have been raised with them, the designated safeguarding lead (or another member of the safeguarding team in her absence) is responsible for taking further action. Throughout the process, the safeguarding lead will keep track of all the information they receive, as well as the actions they take and why they did so. **The safeguarding team will follow the following procedures (however if there is an emergency concern, it may be more appropriate to carry out the actions yourself prior to consulting with the safeguarding team, in order to keep a person safe from immediate harm):**

Initial Assessment

The designated safeguarding lead will make an initial assessment of the concern as soon as the information is shared. If possible, they will speak with the person who has raised the concern and obtain as much information as possible from them.

Key questions to ask

- What kind of concern has been raised? Depending on the type of concern, different actions may be required (see below)
- What steps have been taken so far?
- Is there anyone else in the organisation who is affected by the situation?
- Is there anything you should be aware of in terms of attitudes or emotions?
- Who else needs to be made aware of the concern?
- What other steps must now be taken?

Emergency concerns

An emergency incident is when there's a life-threatening situation where there's imminent danger and harm to an adult, young person or child. A concern should also be treated as an emergency if a crime is currently in progress.

Actions:

- If you haven't already done so, contact the emergency services instantly on 999.
- Ascertain that the current situation is safe.
- Determine how others are coping - do they require immediate assistance?
- DSL to inform the statutory directors of I have a voice

Child protection concerns

A child protection concern is when a child is currently at risk of, or has experienced, abuse or harm.

Actions:

- Call the police on 999 if the child is in immediate danger.
- If the child is not in immediate danger, you must make a referral to the child's local authority social services team within 24 hours.
- Any additional actions required of you should be guided by the local authority's social services team or the police.

Adult at risk protection concerns

A protection concern is when an adult who you believe is unable to protect themselves is at current risk of, or has experienced, abuse or harm.

Actions:

- Call the police on 999 if the adult is in immediate danger.
- If the adult at risk is not in immediate danger, you must make a referral to the adult's local authority adult social services team within 24 hours.
- Any additional actions required of you should be guided by the local authority's social services team or the police.

Wellbeing concerns

When no one has been harmed in any way but a person shows signs of being in need, it is considered a wellbeing or welfare concern. It's when you're worried about their health, safety, or well-being if they don't get help.

Actions:

- You should contact the person within 7 days. You should also speak with their parent(s) or carer(s) if it is appropriate. You must express your concerns and support them to access further support and assistance.
- Depending on the conversation, the designated safeguarding lead may then also:
 - Help the person or their parent/carer access additional services or give them the information they need to do this themselves.
 - Speak to another professional who is already working with the person or family, such as a social worker or teacher, about their needs.

Allegations concerning staff or volunteers

An allegation of this nature occurs when someone alleges that a member of the I have a voice team has behaved in a way that has harmed, or may have harmed an adult or child; possibly committed a criminal offence against or related to an adult or child; behaved towards an adult, or a child, in a way that indicates that they may pose a risk of harm to children or adults with care and support needs; or behaved or may have behaved in a way that indicated that they may not be suitable to work with children or adults with care and support needs.

I have a voice will refer someone to DBS if we:

- Dismissed them because they harmed someone.
- Dismissed them or changed their role because they might have harmed someone.
- Were planning to dismiss them for one of these reasons, but they resigned first.

Actions (Children):

- Within 24 hours, contact the child's local authority designated officer (LADO).
- Follow the LADO's instructions for any additional actions you must take.
 - In serious situations, the LADO may advise that the employee/volunteer is suspended. A suspension is a neutral act and allows a full investigation of facts to take place.
 - After discussing with the LADO, it will become clear whether a referral to social services is required.

Actions (Adults at risk):

- Within 24 hours, contact the adult's local authority safeguarding team.
- Follow the safeguarding team's instructions for any additional actions you must take.
 - In serious situations, the safeguarding team may advise that the employee/volunteer is suspended. A suspension is a neutral act and allows a full investigation of facts to take place.
 - After discussing with the team, it will become clear whether a referral to social services is required.

Low level concerns

A low level concern could include behaviours that you feel do not fit with the above categories but are still of concern; behaviours that do not meet the threshold for investigation by the LADO; behaviours that go against the staff code of conduct; behaviours that cause others to feel uneasy.

Actions:

- Speak to the LADO/adult social services if you are unsure if it is a low level concern, or the NSPCC Helpline to check your worries; you do not need to disclose the person's name at this stage.
- If it does not meet the criteria for a multi-agency approach, then use your internal procedures - e.g. Disciplinary procedure, performance management processes, supervision and support processes.

Allegations concerning other young people (child-on-child abuse)

An allegation of this nature occurs when someone alleges that another young person has harmed or abused one of their peers. Remember that a child who is telling you they've abused someone else is also a child in need of support.

Actions:

- Talk to the young person calmly and explain why their behaviour is unsuitable and what they can do to improve.
- Issue appropriate sanctions to the child or young person who has been abusive.
- Speak to the parent(s)/carer(s) of the children involved, as long as this doesn't increase the risk to any young person.
- Ensure the person who has been the target of abuse is supported and follow the actions listed under Wellbeing or Child Protection concerns.
- If appropriate, work with multi-agency partners to assess the situation and agree on next steps.

Concerns about other organisations

This is when a safeguarding concern is raised about another organisation, their employees, volunteers, or the people with whom they work.

Actions:

- As soon as possible within 24 hours contact the designated safeguarding lead of the organisation in question and pass on your concerns, if this has not already happened.
- If at any point you think the organisation has not acted and someone is at risk, you should contact the person's local authority social services team yourself.

Responding to historic or non-recent concerns

You may become aware or be told about a concern from an adult relating to an incident which took place in the past, including when they were a child. Historical allegations of abuse should be taken as seriously as contemporary allegations.

Actions:

- Remember that it is never too late to report abuse. An individual can make a formal complaint to the police about non-recent abuse, ideally in the geographical area in which the abuse is reported to have taken place.
- Establish if the person alleged to have caused the harm works with children or adults at risk. Try to find out their recent or current whereabouts and any contact they have with children or adults at risk. A referral should be made to social services, with the consent of the person who experienced the abuse if possible.
- Consider what consent the person has given for information to be shared. How, when and to whom they share this information should usually be with their consent.
- Signpost the person who experienced the abuse to relevant support groups/services that can offer further support.

Supporting those who share a concern with you

Your main concern should be the wellbeing of the person who we are concerned about. Even if they are reporting on behalf of someone else, the person sharing their concern with you may be distressed as well. Everyone responds differently to difficult situations and it can be especially upsetting for someone who has previously been through trauma, to share concerns with you.

Actions:

- Thank them for bringing this concern to your attention and for carrying out their primary responsibility.
- Explain that you will now take responsibility in taking further action, such as leading contact with statutory services, to address this concern.
- Emphasise that you may only have or be able to provide them with limited updates on the situation; however, this does not lessen the importance of them sharing their concern.

- Remind them of the importance of maintaining confidentiality and not sharing this concern with anybody else.
- Make sure they have your contact information in case they think of anything else they haven't told you about that might be relevant.
- Talk to them about any additional help they might need. Consider contacting them later to check-in with how they are doing.

Following up referrals

Whenever we have made a referral to a statutory organisation, or informed the DSL of another organisation about our concerns, the safeguarding team must take responsibility for following this up.

Actions:

- All referrals should be confirmed in writing, by the referrer, within 24 hours.
- If the referrer has not received an acknowledgement within three working days, they should contact the organisation again to confirm that action has been taken.
- If at any point you think the organisation has not acted and someone is at risk, you should contact the local authority social services team yourself and/or follow the social services' Resolving Professional Differences/Escalation protocols.

You can also seek advice at any time from the NSPCC helpline—help@nspcc.org.uk or 0808 800 50000. If you have concerns about the safety or welfare of a child and feel they are not being acted upon by the designated safeguarding lead, it is your responsibility to take action, by following [our Whistleblowing Policy](#).

Section Four

Record

Recording safeguarding concerns

Any disclosure made in confidence, or any safeguarding concern or observation, is recorded factually as soon as possible; this is whether or not the matter is taken to another authority. An accurate account is made of:

- Date and time of what has occurred and the time the disclosure was made.
- Names of people who are involved.
- What was said or done by whom.
- Any further action e.g. suspension of an employee or volunteer.
- Reasons why there was/was not a referral to a statutory agency.
- Names of persons reporting and to whom reported.

A report is made using the reporting a safeguarding concern form, which is accessible for all employees, volunteers and participants involved with I have a voice. Completed forms and any written information regarding safeguarding are treated as confidential and should be sent to the designated safeguarding lead after initially discussing your concerns with them.

Storing safeguarding concerns

Once a wellbeing or safeguarding concern is raised within I have a voice, a safeguarding file is created for the person which will be kept up to date. This record is stored for a period of 6 years after a person's last involvement with I have a voice activities, unless certain exceptions require us to store the records for longer. Our data protection policy can be found [here](#) and our privacy notice can be found [here](#).

Sharing information

I have a voice uses governmental advice (see Appendix C) to guide our decisions on the sharing of information.

I have a voice maintains confidentiality on an absolute need to know basis— we will only share information about a young person, or information provided by a young person, if we believe that they or another young person is in danger or is being harmed. In this case, the young person will be told that the information has to be shared with the appropriate staff/volunteers at I have a voice, parents/carers and/or agencies, and they will be encouraged to agree with this. We will never discuss a safeguarding concern with anyone other than those who have an absolute need to know.

Section Five

Responsibilities

Your safeguarding responsibilities

- Prioritising the welfare of children and adults at risk.
- Providing a safe environment for children and adults at risk.
- Having a good awareness of issues to do with safeguarding and taking action where appropriate.
- Understand, be familiar with and follow our policies and procedures.
- Staying within the law at all times.
- Follow safe and best working practice guidance.
- Modelling good behaviour for children and adults at risk to follow.
- Challenging all inappropriate behaviour in others.
- Reporting any breaches of the code of conduct to the DSL.
- Recognise safeguarding team members and understand how to contact them.
- Attend training at the appropriate level to support your role and ensure that this is regularly updated.
- Act appropriately and be able to challenge inappropriate behaviour in others.
- Be able to recognise the signs of abuse and neglect.

Supporting you in your safeguarding responsibilities

The safeguarding leads are here to support you in fulfilling your responsibilities (see Appendix A), and to do this we ensure members of the safeguarding team are contactable at all times where I have a voice activities are taking place. Additionally, the safeguarding leads provide in-house awareness training for safeguarding issues and ensure that you have the necessary knowledge to carry out your role safely and appropriately with young people and adults at risk.

All members of staff have regular 1:1 meetings with their line manager, and this professional space is an opportunity to discuss best practice and receive support to ensure you are feeling comfortable with your responsibilities to keep people safe.

Your training

As an I have a voice employee or volunteer, you will receive a safeguarding training session annually, delivered in-house by the safeguarding team. You will also receive safeguarding e-learning provided by an external provider. At regular intervals, the safeguarding team will provide briefings and regularly raise awareness for relevant issues, which all contribute towards your understanding of safeguarding children and adults at risk.

Contact and communication

Where possible, all communication between staff/volunteers and children or adults at risk at I have a voice should take place on official channels utilised by I have a voice. I.e. work email addresses (@ihaveavoice.org.uk), Slack, official social media accounts, Microsoft Teams and work mobile numbers.

We recognise that I have a voice operates digitally which can present a challenge for maintaining clear boundaries with children and adults at risk between work and personal lives due to the ever-changing digital nature of the world we live in. It

is best practice for staff/volunteers to avoid connecting with young people involved with I have a voice over personal social media accounts. Where this is unavoidable (for example when a staff member is also a youth ambassador themselves), a principles-based approach is taken whereby personal social media accounts and content must always be sensible and appropriate.

In the event of a young person direct messaging a staff member outside of I have a voice's official channels, please do the following:

- Inform the designated safeguarding lead.
- Copy the message and reply from an official channel (work email, Slack or official social media account).
- Always politely explain that I have a voice has a policy about not talking to young people on personal social media accounts and therefore you cannot continue the conversation.

Email communication

It is best practice when emailing a number of young people to BCC their email addresses, in order to keep their personal contact details private. For the purpose of group work (for example across the youth ambassador programme), an exception can be made if you have the consent of the young person.

The same applies when inviting young people to meetings with external partners or guests. An external partner or guest should never be given the personal contact details of a young person, unless the young person has given their permission.

Arranging meetings/Supervision

Employees and volunteers who do not possess an Enhanced DBS check with barred list must be supervised at all times in situations where an adult has contact with a child or adult at risk. Where possible, two DBS checked adults should be present.

When arranging meetings (whether online or in-person) individually with a young person, on a 1-2-1 basis, please ensure that you have a record of the meeting (for instance in a digital calendar indicating times & subject of the meeting).

Photography and videos

Photos, videos and audio recordings of young persons must not be made without their prior consent.

Risk assessments

I have a voice adopts a culture of regular risk assessment and evaluation, especially when it comes to activities involving children and adults at risk. The employee or volunteer leading the activity is responsible for completing a thorough risk assessment prior to it commencing, giving significant thought to minimising risks and maintaining positive wellbeing and effective safeguarding.

Safer recruitment

All I have a voice employees and volunteers who have any unsupervised interaction with children or adults at risk must first have a DBS check. If the employee/volunteer completes any of the following regulated activities, we will request an Enhanced DBS check with children's barred list vetting:

Teaching, training or instruction, care of supervision of children	This activity is regulated if it's carried out by the same person more than 3 days in a 30 day period, or overnight (between 2am and 6am) with the opportunity for face to face contact with children.
Moderating a web service wholly or mainly for children	This activity is regulated if it's carried out by the same person more than 3 days in a 30 day period.

Providing advice or guidance wholly or mainly to children	This activity is regulated if it's carried out by the same person more than 3 days in a 30 day period.
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In addition to DBS checks, all employees and volunteers, over the age of 16, who are entrusted with the care of children or adults at risk will undergo a pre-employment check. When we take on new employees or volunteers that have contact with children or adults at risk, we ask them to fill in a form which asks them about any past convictions, cautions, reprimands and final warnings as well as any pending cases. We also ask if they have ever had complaints of abuse against them. We also check their suitability for the role by:

- Interviewing applicants
- Requiring two satisfactory references
- Requiring proof of identification

I have a voice endeavours to involve young people in the recruitment process for any role so that we can be sure we are selecting the right person. This will be planned in advance so everyone gets the most out of the experience.

Whistleblowing

All staff and volunteers have a duty to share any concerns that they might have, and for them to report this immediately. I have a voice treats all reports of abuse confidentially and allegations against employees or volunteers will be shared in confidence with the designated safeguarding lead to take appropriate action.

All steps will be taken to fully support anyone who in good faith reports their concerns that a colleague is or may be abusing a child or adult at risk. The whistle-blower is considered to be a witness, not a complainant. This helps all persons separate the message from the messenger. Every effort is made to maintain confidentiality for all concerned, and consideration is given to what support may be appropriate to children/adults at risk, parents/carers, employees and volunteers.

If uncertainty about how to proceed with a whistleblowing situation arises, immediate advice from the NSPCC's whistleblowing helpline should be sought. Please see our whistleblowing policy for further information.

Appendices

Appendix A

Safeguarding Team - Role Descriptions

Designated Safeguarding Lead

Appointment to this role is subject to satisfactory vetting and barring checks.

Purpose of the role

To take the lead in ensuring that appropriate arrangements for keeping children and adults safe are in place at I have a voice CIC.

To promote the safety and welfare of children and adults involved in I have a voice's activities at all times.

Duties and responsibilities

1. Be the first point of contact for advice and support if a safeguarding concern arises.
2. Take a lead role in developing and reviewing I have a voice's safeguarding policies and procedures.
3. Take a lead role in implementing I have a voice's safeguarding policies and procedures: ensuring all safeguarding and child protection issues concerning children, young people or adults at risk of harm who take part in I have a voice's activities are responded to appropriately.
4. Make sure that everyone working or volunteering with or for children and/or adults at risk at I have a voice, including the management committee members, understands the safeguarding policy and procedures and knows what to do if they have concerns about a person's welfare.
5. Make sure everyone who is involved in activities at I have a voice and their parents/carers know who they can talk to if they have a welfare concern and understand what action the organisation will take in response.
6. Receive and record information from anyone who has concerns about an individual who takes part in I have a voice's activities.
7. Take the lead on responding to information that may constitute a safeguarding or child protection concern, including a concern that an adult involved with I have a voice may present a risk to children or adults at risk. This includes:
 - a. assessing and clarifying the information
 - b. making referrals to statutory organisations as appropriate
 - c. consulting with and informing the relevant members of the organisation's management
 - d. following the organisation's safeguarding policies and procedures
8. Liaise with, pass on information to and receive information from statutory agencies such as:
 - a. the local authority child protection services
 - b. the local authority safeguarding adults team
 - c. the police

This includes making formal referrals to agencies when necessary.
9. Consult with the NSPCC Helpline when support is needed, by calling 0808 800 5000 or emailing help@nspcc.org.uk
10. Store and retain safeguarding records according to legal requirements and the organisation's policy and procedures.
11. Work closely with the management committee and board member for safeguarding to ensure they are kept up to date with safeguarding issues and are fully informed of any concerns about organisational safeguarding and child protection practice.
12. Report regularly to the management committee on issues relating to safeguarding, to ensure that safeguarding is seen as an ongoing priority issue and that safeguarding requirements are being followed at all levels of the organisation.
13. Be familiar with and work with inter-agency safeguarding procedures developed by the local safeguarding agencies.

14. Be familiar with issues relating to safeguarding and abuse, and keep up to date with new developments in this area.
15. Attend regular training in issues relevant to safeguarding and share knowledge from that training with everyone who works or volunteers with or for children and adults at risk at I have a voice.
16. Attend safeguarding team meetings and management meetings as arranged.
17. Work flexibly as may be required and carry out any other reasonable duties.

Deputy Designated Safeguarding Lead(s)

Appointment to this role is subject to satisfactory vetting and barring checks.

Purpose of the role

To support the designated safeguarding lead in ensuring that appropriate arrangements for keeping children and adults safe are in place at I have a voice CIC.

To deputise for the designated safeguarding lead which ensures everyone at I have a voice has constant access to a safeguarding team member with the knowledge and expertise to respond appropriately to concerns.

To promote the safety and welfare of children and adults involved in I have a voice's activities at all times.

Duties and responsibilities

1. Be the second point of contact for advice and support if a safeguarding concern arises.
2. Any and all delegated responsibilities that have been assigned by the designated safeguarding lead.
3. Undertake the duties and responsibilities of the designated safeguarding lead in their absence.

Board Member with portfolio responsibility for safeguarding

Appointment to this role is subject to satisfactory vetting and barring checks.

Purpose of the role

To support the designated safeguarding lead in ensuring that appropriate arrangements for keeping children and adults safe are in place at I have a voice CIC.

To challenge any strategic decisions which could adversely affect the wellbeing and/or safety of people at I have a voice CIC.

To promote the safety and welfare of children and adults involved in I have a voice's activities at all times.

Duties and responsibilities

1. To consider the organisation's strategic plans and make sure they reflect safeguarding legislation, regulations specific to our activities and statutory guidance.
2. To work with the chief executive officer and the safeguarding team to regularly review whether the organisation's safeguarding arrangements are effective.
3. To ensure the organisation's risk register reflects safeguarding risks objectively and outlines appropriate sensible measures of risk management.
4. To ensure safeguarding is a priority on the management meeting agenda and any relevant reports.
5. To help other board members to understand, process and challenge the information shown in any safeguarding reports.
6. To ensure a complete review of safeguarding policies and procedures take place at least annually.
7. To oversee and appropriately respond to any safeguarding allegations against the designated safeguarding lead.
8. To support board members to develop their individual and collective understanding of safeguarding and its implications.

9. To champion safeguarding throughout the organisation.
10. To continue personal professional development by receiving regular safeguarding training and updates.

Appendix B

Safeguarding and Wellbeing Concern Reporting Form



Safeguarding & Wellbeing Concern Form

Use this form to record any safeguarding or wellbeing concern, however trivial. Forward it **immediately** to the Designated Safeguarding Lead (Rebecca Deegan) at rebecca@ihaveavoice.org.uk and, if you reported your concerns to them, the Deputy DSL(s). Answer every question; continue on a blank sheet if necessary.

Details of person at risk

Name of person:		Date of birth:	
Additional detail (incl. what their involvement is with I have a voice)			

Details of person filling in this form

Your name:		Job title/volunteer role:	
Your contact details:			

About the safeguarding/wellbeing concern

<p>Are you reporting your own concern or one raised by someone else?</p> <p>If you are raising a concern made by someone else, please provide their full name, job title/relation to person and contact details.</p>	
<p>Please provide details of the concern you have including dates, times, descriptions of events, locations, identifying information (e.g. full names) and whether the information is first hand or the accounts of others. Provide details of any witnesses to the disclosure and/or concern/incident.</p> <p>Ensure that this record is true to the person's account of events as closely as possible (incl. exact words used) and what outcome they would ideally like.</p>	
<p>Please provide details of the person(s) causing harm (if known).</p>	
<p>Please provide details of any other relevant information.</p>	

Response to the safeguarding/wellbeing concern

Action taken:

- What did you do following the incident/disclosure/concern?
- Which DSL/Deputy DSL did you contact?
- Was any other individual/service contacted regarding this concern/person?

Outline of your response to the person disclosing concerns to you (if applicable).

Declaration: I have accurately completed all sections of this form to the best of my knowledge

Print name:

Signature:

Date of completion:

For completion by the safeguarding team:

DSL/Deputy DSL Declaration: response to the safeguarding/wellbeing concern

Reference number:

Safeguarding team action taken:

- Was any advice sought?
- Was the concern discussed with the parent/carer?
- Was a referral made?

Please include the outcome of any actions taken and include the rationale for decision making/actions taken

Please include any follow up actions to be completed and outline who will be responsible.

Feedback/response given to person reporting the concerns:

DSL/Deputy DSL Declaration: I have reviewed this form in its entirety and accurately completed all relevant sections of this form to the best of my knowledge

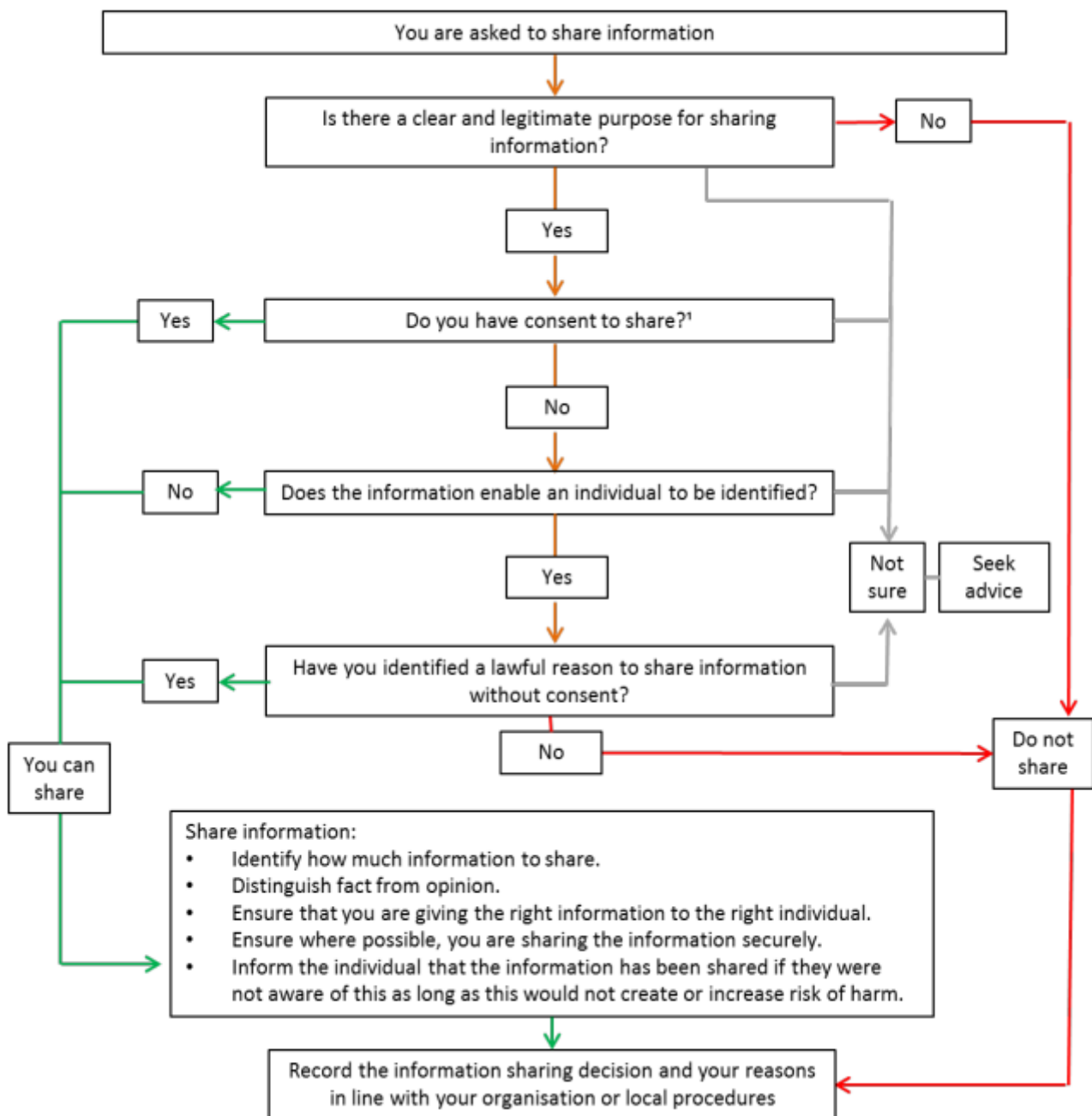
Print name:

Signature:

Date of completion:

Appendix C

Government Advice Flowchart for the Sharing of Safeguarding Information



Appendix D: Simple Safeguarding Flowchart

