

Policy Name	SAFEGUARDING POLICY
Summary of Policy	At Teenage Cancer Trust we are committed to delivering a service to young people that is embedded in good safeguarding and safe working practices. This policy is to inform and guide Teenage Cancer Trust employees, trustees, volunteers, temporary staff, those contracted through employment agencies and contractors, with procedures and requirement relating to safeguarding both children and adults at risk.
Policy Owner	Safeguarding – Performance and Governance
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Policy Type	Policy lined to strategic risk and compliance, requiring Board sign off
Policy Type as per Policy Central	Safeguarding
Key Audience	All
Approved By (Director / Deputy Director)	Safeguarding Lead
RACI for Policy:	Responsible: Chief Operating Officer Accountable: Board of Trustees (via the Risk and Safeguarding Committee) Consulted: Executive Team, Safeguarding Network Informed: All

CONTENTS

1. Introduction
2. Scope of policy
3. Key policy principles
4. Training
5. Definitions
6. Recognising abuse
7. Roles and responsibilities
8. How to respond to safeguarding concerns relating to children
9. How to respond to safeguarding concerns relating to adults at risk
10. Dealing with disclosures
11. Reporting concerns about professionals, colleagues, celebrities, and high-profile supporters
12. Appendix 1 – Safeguarding Governance Structure
13. Appendix 2 – Safeguarding process flow chard
14. Appendix 3 – Safeguarding reporting form
15. Appendix 4 - Definitions of abuse

1. INTRODUCTION

At Teenage Cancer Trust we're committed to working with young people with cancer that is embedded in good safeguarding, and safe working practice.

We recognise the impact that cancer and its treatment can have on the social, emotional and psychological development of those diagnosed. As such we consider that all the people we work with and alongside have the potential to be vulnerable. This commitment extends to siblings, family or friends of those we work with and to our colleagues and volunteers.

All Teenage Cancer Trust employees, trustees and volunteers are required to adhere to policies and procedures relating to both child and adult safeguarding. Our policy and aims are to safeguard and promote the welfare of young people in accordance with the legislation of the four nations including but not limited to: *Children Act 1989 & 2004 (England and Wales)*, *Children (Scotland) Act 1995*, *Children (NI) order 1995*, *Equality Act 2010*, *UN Conventions on the Rights of Child (UNCRC) 1990*, *Care Act 2014*, *Adult Support and Protection (Scotland) 2007*, *Mental Capacity Act 2005*, *Safeguarding Vulnerable Groups Act 2006*, *Counter Terrorism and Security Act 2015*, *Children and Social Work Act 2017*, *Data Protection Act 2018*, *Counter-Terrorism and Security Act 2015 (Prevent duty)*.

Teenage Cancer Trust policies and procedures relating to both child and adult safeguarding practice also reflect Government issued guidance such as (but not limited to): *Working Together to Safeguard Children statutory guidance updated 2023*, *Care Act statutory guidance 2014*, *Local authority safeguarding procedures*, *What to do if you're worried a Child is being abused 2015*, *Child Sexual Exploitation Guidance 2017*, *Information Sharing Guidance for Practitioners 2018*, *Mental Capacity Act 2005 – Code of Practice*, *Online Safety Act 2023*.

Each Local Authority has its own threshold document which outlines at what point Social Care teams in that area, may become involved. These documents are available on the individual Local Authority websites.

2. SCOPE OF THE POLICY

This policy is to inform and guide Teenage Cancer Trust employees, trustees, volunteers, temporary staff contracted through employment agencies and contractors, with procedures and requirements relating to safeguarding both children and adults at risk.

For those who support our work, there are additional policies in place designed to offer a level of protection for those more vulnerable. Funded staff will comply with the safeguarding policy and procedures of their employing NHS Trust, as outlined in their terms of grant.

Teenage Cancer Trust have a range of additional policies in place that are designed to support and mitigate the risk of harm against both children and adults who come into contact with our services.

All employees, trustees, volunteers, agency staff and contractors understand for Teenage Cancer Trust should follow this policy. This policy should be read and applied in conjunction

with other relevant Teenage Cancer Trust policies and guidance. These include but are not limited to:

- Managing allegations or concerns about employees, volunteers and high-profile supporters policy
- Bullying and Harassment policy
- Lone Working policy
- Whistleblowing policy
- Volunteer policy
- Staff Handbook
- Complaints policy
- Social Media policy
- Working with Young People
- Fundraising with adults in vulnerable circumstances policy

A copy of all policies can be found on Backstage contained within [Policy Central](#).

This policy also sets out Teenage Cancer Trust's approach to online safeguarding, ensuring that young people are kept safe when accessing and engaging with our services online. Government guidance is clear that all organisations working with children, young people as well as their families, parents and carers using online platforms, have a responsibility to ensure safeguarding is embedded across all online platforms used to deliver services. It is important to recognise that young people can misuse online spaces and such incidents fall within the scope of this policy.

Teenage Cancer Trust acknowledge that the online world provides young people with an a wide range of opportunities; however, it can also present risks and challenges. Teenage Cancer Trust has a duty of care to protect young people from potential online harms and a responsibility to support their safety online, whether or not they are using Teenage Cancer Trust's network and devices.

3. KEY POLICY PRINCIPLES

- The welfare of all young people is of paramount importance , regardless of whether they are accessing Teenage Cancer Trust services.
- All individuals regardless of age, gender, gender identity, ability, disability, race, faith and sexual orientation or identity have the right to be protected from harm.
- Teenage Cancer Trust is committed to working in partnership with other organisation and agencies to promote the welfare and protection of young people. This includes sharing information appropriately and making referrals to statutory agencies where there are safeguarding concerns.
- All employees, trustees, volunteers, agency staff and contractors have a shared responsibility for safeguarding. By understanding and adhering to this policy, they contribute to a safer environment for young people and help protect themselves and the organisation.

4. TRAINING

All permanent employees, volunteers and those on temporary or agency contracts of three months or longer are required to complete the mandatory safeguarding training course provided by Teenage Cancer Trust. Completion of this training is a probationary requirement

and must be undertaken within the first six months of employment. Staff are required to refresh their training every two years. Training can be completed via Teenage Cancer Trust's online learning platform, Litmos, or by attending the mandatory monthly training session facilitated by the Safeguarding Lead, depending on the employee's preference.

Agency staff and contractors or those on temporary or agency contracts which are for less than three months must attend an induction meeting with the Safeguarding Lead. This induction will cover the policy and procedures for raising concerns and provide the relevant contact details for doing so.

All staff, irrespective of length of service, are expected to understand what constitutes a safeguarding concern and know how to report it in accordance with Teenage Cancer Trust's safeguarding policy and procedures.

Trustees are required to complete training appropriate to their role. This training is delivered in-house and tailored to the specific context of Teenage Cancer Trust. The training is designed to support trustees in understanding their governance responsibilities and expectations in safeguarding young people, staff, and volunteers.

5. DEFINITIONS

Safeguarding refers to the action taken to promote welfare and protect people from harm, abuse and neglect.

Digital Safeguarding refers to the protection of individuals from harm in the online environments. This is achieved through preventative measures, effective technical controls, the provision of advice and support, and clear procedures for identifying and managing concerns.

Child Protection is a key part of the safeguarding process and focuses on protecting individual children identified as suffering, or likely to suffer, significant harm.

Child: A child is defined as any person under the age of 18 years old. While England, Wales, Northern Ireland and Scotland each have their own legislation and guidance, all agree that for the purposes of child protection, a child is anyone under the age of 18 years old. As a result, some of young people we work fall within this definition.

Adult at risk: The term *adult at risk* replaces that of *vulnerable adult*. Under the Care Act 2014, is a person aged 18 years or older and who:

- Has needs for care and support (whether or not these needs are being met), arising from mental ill health, learning or physical disability, sensory impairment, age or illness; **and**
- is experiencing, or is at risk of abuse and neglect; **and**
- as a result of those care and support needs, is unable to protect themselves from the risk of abuse or neglect. take care of themselves or unable to protect themselves against significant harm or serious exploitation.

An adult **may** be considered at increased risk of abuse where they are experiencing any the following:

- Learning or physical disabilities
- Brain injuries
- Mental ill health or physical ill health
- Substance or alcohol misuse

Abuse occurs when an adult at risk of harm is harmed, neglected or exploited or mistreated by another person or persons. Everyone has a right to live free from abuse, neglect or exploitation. Abuse can take many forms and may occur within any setting including hospitals, care homes, day services, an individuals own home or public places.

Some of the young people supported by Teenage Cancer Trust may fall within the definition of an adult at risk. It is also important to recognise that an 'adult at risk' may be an employee, volunteer, trustee, supporter or any other adult representing or involved with the charity.

Teenage Cancer Trust use the term *young person* to include anyone under the age of 18, and/or anyone who received a cancer diagnosis between the ages of 13 and 24 and is on active treatment or completed treatment within the last two years.

Care Act 2014 is clear that adults at risk have the right to make choices about their lives, this includes taking risks that others may not agree with. However, this does not remove the responsibility to discuss concerns with the individual and to raise safeguarding concerns with the Safeguarding Lead where appropriate.

The Care Act identifies six principles that underpin practice for safeguarding adults:

- **Empowerment** – People supported to make own decisions and give informed consent.
- **Prevention** – Taking action before harm occurs.
- **Proportionality** – Responding appropriately to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions and community engagement.
- **Accountability** – transparency and accountability in safeguarding practice.

6. DEFINITIONS

Abuse is any action, behaviour, or lack of action that causes harm, distress or a violation of a person's rights. Abuse may be a single incident or a pattern of behaviour that can be intentional or unintentional. It may involve inflicting harm directly or failing to take appropriate action to act to prevent harm. Abuse can be carried out by anyone, including peers, family members, professionals, volunteers or people unknown.

There are four recognised categories of abuse in relation to children: *Physical abuse*, *Sexual abuse*, *Emotional abuse* and *Neglect*.

In line with the Care Act 2014, there are ten recognised categories of abuse or neglect relating to adults at risk:

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Neglect and acts of omission

- Domestic abuse
- Modern slavery
- Discriminatory abuse
- Organisation abuse
- Self-neglect

Abuse affecting both children and adults at risk can also occur within online and digital environments. It may include, but is not limited to:

- Online bullying and harassment
- Sexual exploitation, coercion, and grooming online
- Racist, hate-based or homophobic abuse
- Sexting and the sharing of sexual images
- Cyberstalking
- Impersonation and hacking
- Disinformation and misinformation
- Inappropriate sharing of personal information online

Online abuse may occur independently or alongside other forms of abuse and should be responded to with the same level of seriousness as abuse occurring offline.

A full list outlining definition of terms and categories of abuse can be found in **Appendix 4**.

7. Roles and responsibilities

At Teenage Cancer Trust, safeguarding is everyone's responsibility. All staff, trustees, volunteers, temporary agency staff and contractors have a duty to safeguarding and promote the welfare of children, young people and adults at risk in all aspects of their work.

Teenage Cancer Trust are committed to embedding safeguarding across all areas of activity. Mandatory safeguarding training is provided to employees in line with legislation and best practice. Policies, procedures, and systems are in place to ensure a safe and supportive environment for all. Contractual agreements with NHS Trusts which are reviewed annually require clinical and funded staff to undertake regular safeguarding training appropriate to their role.

Safer recruitment processes are embedded across the organisation. All staff, trustees, volunteers, agency staff and contractors are informed of their safeguarding responsibilities and provided with guidance on recognising, responding to and reporting safeguarding concerns.

Teenage Cancer Trust works in partnership with voluntary and statutory agencies to promote the welfare of children, young people and adults at risk, adhering to national and local safeguarding arrangements and statutory guidance.

All staff responsibilities

All staff, trustees, volunteers, agency staff and contractors working for or on behalf of Teenage Cancer Trust have a responsibility to safeguarding and are expected to:

- Promote the safety, dignity, and wellbeing of children, young people, and adults at risk
- Be alert to signs and indicators of abuse, neglect, or exploitation

- Take all safeguarding concerns seriously and report them promptly according to organisational procedures
- Follow all safeguarding policies, procedures, and codes of conduct
- Undertake mandatory safeguarding training and maintain an up-to-date understanding of responsibilities
- Maintain professional boundaries and challenge unsafe or inappropriate practice

Failure to comply with safeguarding responsibilities may result in disciplinary or contractual action.

Designated safeguarding roles

Safeguarding Lead

The Safeguarding Lead is the first point of contact for all safeguarding concerns and is responsible for ensuring concerns are addressed promptly and appropriately. Key responsibilities include:

- Providing advice and guidance compliant with legislation, statutory guidance and best practice
- Implementation and reviewing safeguarding policies and procedures
- Delivering safeguarding training to staff, volunteers and trustees
- Maintaining confidential safeguarding records
- Making referrals to statutory agencies where required and contributing to multi-agency safeguarding process

Safeguarding Lead – Hollie Todd (She/Her)



07525 436194



Hollie.Todd@teenagecancertrust.org

Deputy Safeguarding Lead:

The Deputy Safeguarding Lead acts in the absence of the Safeguarding Lead or where a concern relates to the Safeguarding Lead. This role is normally undertaken by the Chief Nurse. Where this is not the case, staff may seek advice from a member of the Safeguarding Network or follow instructions on the Safeguarding Lead's out of office message.

Chief Nurse – Dr. Louise Soanes



07715 961097



Louise.Soanes@teenagecancertrust.org

The Safeguarding Network:

The Safeguarding Network, chaired by the Safeguarding Lead, meets quarterly to review safeguarding practices, evaluate risk management and provide consultation on safeguarding matters.

Members of the network have relevant experience, have undertaken safeguarding training and can act in the Safeguarding Leads absence. They provide immediate advice and support to staff on live safeguarding concerns if the Safeguarding Lead is not available.

Members of the safeguarding network include *Dr. Louise Soanes, Amy Harding, Jules Worrall, Stephen Ballard, Kelly Scott, Robert Sefton, Roger Lennon, Lara Perkins, Molly Aldrich-Wincer and Dela Glevey (She/Her)*.

Interim Chief Executive Officer:

Responsible for ensuring that safeguarding is embedded at every level of an organisation.

Key responsibilities include:

- Setting and model a safe organisational culture
- Embedding safeguarding strategy, policies and operations
- Ensuring effective reporting, investigation and governance

Interim Chief Executive Officer – Jules Worrall

 Jules.worrall@teenagecancertrust.org

 07768 066 200

Trustee oversight for safeguarding:

The Lead Trustee for Safeguarding provides strategic oversight and governance of safeguarding across Teenage Cancer Trust.

Key responsibilities include:

- Championing safeguarding throughout the organisation
- Ensuring effective safeguarding policy, practice and culture
- Reviewing safeguarding related strategic risks and ensuring compliance with legislation, statutory guidance, Charity Commission expectations, and best practice

Trustee for Safeguarding- Sue Morgan

 Suemorgan@nhs.net

 07432486346

All charity trustees are legally required to take reasonable steps to protect everyone who comes into contact with their organisation from harm in line with guidance from the Charity Commission for England and Wales (2019), the Charity Commission for Northern Ireland, (2019), and the Scottish Charity Regulator, (2018).

The Charity Commission requires charities to report serious incidents. If a serious incident takes place within Teenage Cancer Trust, it is important that there is prompt, full and frank disclosure to the Commission. The responsibility for reporting serious incidents rests with the charity's trustees who bear ultimate responsibility for ensuring a report is made in a timely manner.

8. How to respond to concerns in relation to children

(See Appendix 2)

Immediate risk

If a child or a young person is at immediate risk of harm, or requires urgent medical assistance **contact the emergency services on 999**.

Reporting concerns

If you have **any safeguarding concerns**, no matter how small:

1. Report the concern to the Safeguarding Lead as soon as practicably possible
2. The Safeguarding Lead will advise on next steps and ask you to complete the [Safeguarding Concern Form](#) on Backstage.
3. If the Safeguarding Lead is unavailable, contact a member of the Safeguarding Network or Deputy Safeguarding Lead for advice and support.

You should record on the young person's record (on Dynamics) or individuals record on CARE, "*safeguarding concern identified – please speak to the Safeguarding Lead*". No detailed safeguarding information should be recorded on case management systems.

Out of hours or unavailable support

If there is an immediate risk and you cannot contact the Safeguarding Lead, Deputy or Safeguarding Network, you must contact one of the following:

- **Police** (999 emergency / 101 non-emergency)
- **Local Authority Children's Social Care** (via MASH or Emergency Duty Team)
- **NSPCC Helpline** – 0800 800 5000 (Mon–Fri, 10am–4pm)

Only statutory agencies (Police, Children's Social Care, NSPCC) have powers to investigate child abuse.

You can find out contact details for the relevant Local Authority teams by accessing:

<https://www.gov.uk/report-child-abuse-to-local-council> (England and Wales)

<https://www.mygov.scot/report-child-abuse/> (Scotland)

<https://www.nidirect.gov.uk/articles/reporting-child-abuse-and-neglect> (Northern Ireland)

Parental Involvement

Where appropriate, parents or carers should be informed and consent sought prior to referral. However, lack of consent must not prevent a referral where a child may be at risk.

Parents or carers must not be informed where doing so may increase risk to the child (for example, suspected sexual abuse, fabricated or induced illness, or abuse by a parent or carer).

Recording

All concerns must be recorded on the [Safeguarding Concern Form](#) on Backstage, including any reference numbers provided by statutory agencies. You must speak to the Safeguarding Lead (or Deputy) as soon as practicably possible.

9. How to respond to concerns about adults at risk

(See Appendix 2)

Immediate risk

If an adult is at immediate risk of harm or requires urgent medical assistance, **contact the emergency services on 999**.

Reporting concerns

If you have **any safeguarding concerns**, no matter how small:

1. Report the concern to the Safeguarding Lead as soon as practicably possible
2. The Safeguarding Lead will advise on next steps and ask you to complete the [Safeguarding Concern Form](#) on Backstage.
3. If the Safeguarding Lead is unavailable, contact a member of the Safeguarding Network or Deputy Safeguarding Lead for advice and support.

You should record on the young person's record (on Dynamics) or individuals record on CARE, "*safeguarding concern identified – please speak to the Safeguarding Lead*". No detailed safeguarding information should be recorded on case management systems.

Consent

Where possible, adults should be supported to make informed decisions, and **consent should be sought** before contacting statutory agencies.

Consent can only be overridden where:

- There is a risk of serious harm
- Others may be at risk
- A crime has been committed

Out of hours or unavailable support

If there is an immediate risk and you cannot contact the Safeguarding Lead, Deputy or Safeguarding Network, you must contact one of the following:

- **Police** (999 emergency / 101 non-emergency)
- **Local Authority Children's Social Care** (via MASH or Emergency Duty Team)
- **NSPCC Helpline** – 0808 800 5000 (Mon–Fri, 10am–4pm)

Only statutory agencies (Police, Children's Social Care, NSPCC) have powers to investigate child abuse.

You can find out contact details for the relevant Local Authority teams by accessing:

<https://www.gov.uk/report-child-abuse-to-local-council> (England and Wales)

<https://www.mygov.scot/report-child-abuse/> (Scotland)

<https://www.nidirect.gov.uk/articles/reporting-child-abuse-and-neglect> (Northern Ireland)

Recording

All concerns must be recorded on the [Safeguarding Concern Form](#) on Backstage, including any reference numbers provided by statutory agencies. You must speak to the Safeguarding Lead (or Deputy) as soon as practicably possible.

10. Dealing with disclosures

If a child, young person or adult at risk makes a disclosure of abuse or neglect, this must be taken seriously, responded to sensitively and acted upon without delay. Disclosures may be made directly, shared by a third party or identified through observation or professional judgement.

In line with statutory guidance, anyone receiving a disclosure has a responsibility to listen, reassure, and pass on concerns appropriately.

When responding to a disclosure you must:

- **Listen carefully** and give the person time to speak in their own words
- **Explain at the earliest opportunity** that information cannot be kept confidential and will be shared on a *need-to-know* basis to keep people safe
- **Use open and non-leading questions** (for example, “*Can you tell me what happened?*”)
- **Avoid ‘why’ questions**, speculation, or making assumptions
- **Remain calm and supportive**, avoiding expressions of shock, anger, or disbelief
- **Reassure the person** that they have done the right thing by telling you
- **Be clear about what will happen next**, unless doing so would increase risk
- **Establish basic details**, including the person’s name and contact information where appropriate

Recording and reporting

In accordance with *Working Together* and the *Care Act*, accurate and timely recording is essential:

- Record the disclosure as soon as possible, using the individual’s own words
- Include the date, time, location, names, witnesses, and details of the concern
- Use the [Safeguarding Concern Form](#) where available; otherwise maintain a written record
- Share all written records promptly with the Safeguarding Lead

Professional boundaries

Staff must not investigate concerns, ask probing questions, or promise outcomes. Decisions about next steps, including referrals to statutory agencies, sit with the Safeguarding Lead or member of Safeguarding Network/Deputy Safeguarding Lead acting in place of.

Staff wellbeing

Receiving a disclosure can be distressing and may have an emotional impact both immediately and over time. Staff are encouraged to acknowledge this and access support when needed.

Teenage Cancer Trust provides support through the Wellbeing Hub, including line management support, support through the Safeguarding Lead, HR, Mental Health First Aiders and the Employee Assistance Programme.

11. Reporting concerns or allegations concerning professionals, trustee, employee, agency worker, volunteer, funded staff member, ambassador, celebrity, young person or other representative of Teenage Cancer Trust

Any concern or allegation relating to the behaviour of a trustee, employee, agency worker, volunteer, ambassador, celebrity, or other representative of Teenage Cancer Trust must be taken seriously and acted upon immediately. Concerns may be raised by a child, young person, parent or carer, colleague, volunteer, contractor or personal observation.

All concerns must be responded to as if a safeguarding disclosure has been made.

Reporting and escalation

1. Report the concern immediately to the Safeguarding Lead, who will provide advice on next steps and ask that the concern is recorded on the [Safeguarding Concern Form](#) on Backstage.
2. The Safeguarding Lead will follow the organisation's Managing Allegations or Concerns about Employees, Volunteers, and High-Profile Supporters Policy.
3. Where required, concerns will be escalated to the Lead Trustee for Safeguarding and Risk and the relevant Local Authority Designated Officer (LADO) to agree a course of action.

Concerns about the Safeguarding Lead

If the concern relates to the Safeguarding Lead, it should be reported to:

- Dr Louise Soanes as Deputy Safeguarding Lead
- A member of the Safeguarding Network
- Jules Worrall, as the Interim Chief Executive Officer
- Sue Morgan, Lead Trustee for Safeguarding

Concerns may also be reported directly to the Local Authority Designated Officer (LADO). The LADO covering Teenage Cancer Trust's head office can be contacted on:



0207 641 7668



lado@westminster.gov.uk

Confidentiality and information sharing

Information relating to allegations or concerns must be treated as strictly confidential. Do not discuss the concern with the individual who is the subject of the allegation, as this may compromise an investigation or place others at risk.

Whistleblowing

Teenage Cancer Trust Whistleblowing policy found on Backstage within [Policy Central](#) aims to provide provides a clear route for staff to raise concerns relating to malpractice, illegal acts or omissions, financial impropriety, fraud, or poor fundraising practices, and to receive feedback on actions taken.

Events involving celebrities and high-profile supporters

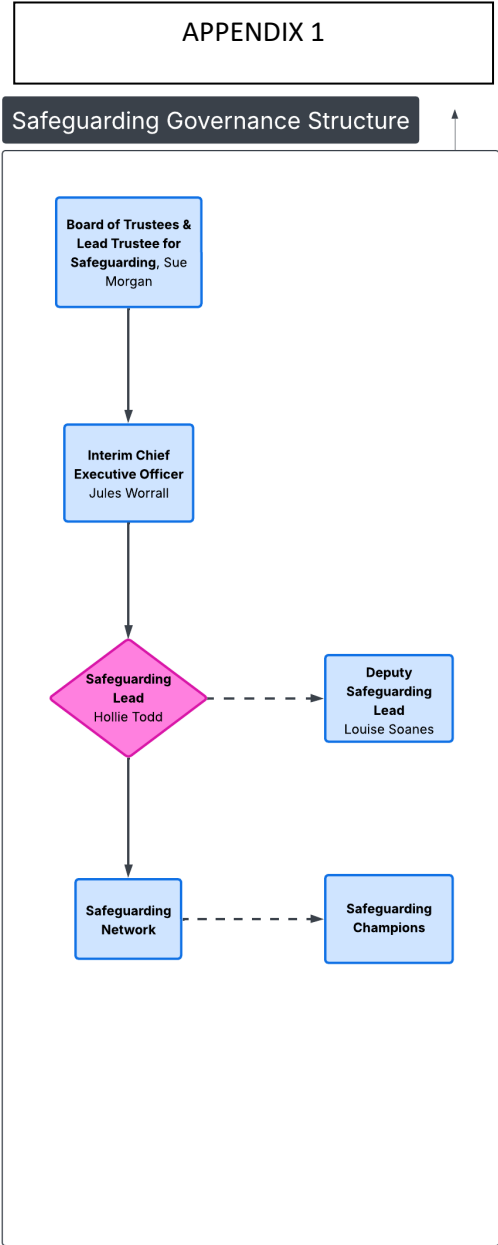
Prior to any events, which involve young people, all celebrities and high-profile supporters must be provided with a safeguarding briefing delivered by Teenage Cancer Trust staff.

Safeguarding briefings must outline out expectations regarding:

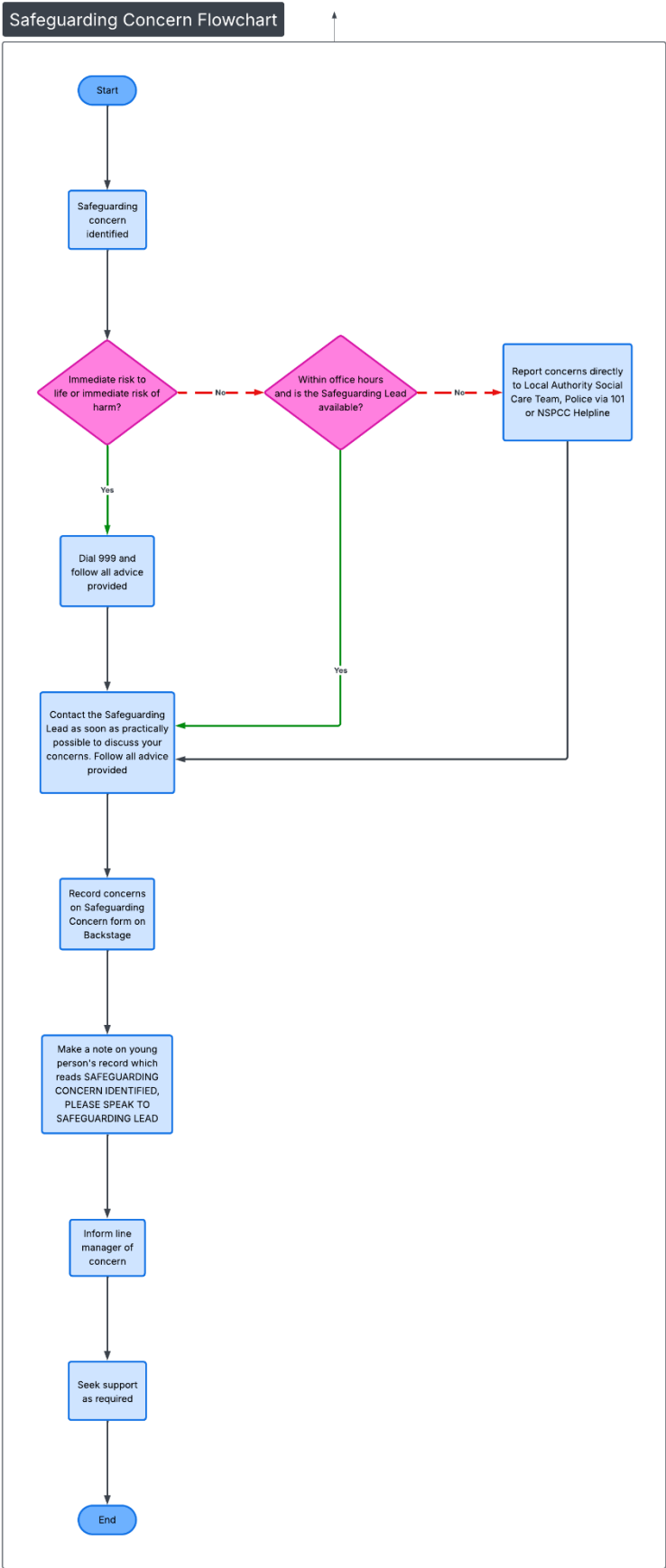
- Maintaining clear and appropriate professional boundaries
- Appropriate engagement with young people during and beyond events
- Not exchanging personal contact details or forming ongoing relationships with young people

Young people attending events are also informed of the expected standards of behaviour for both themselves and supporters.

Failure to comply with this guidance may result in termination of the relationship with the supporter.



APPENDIX 2



APPENDIX 3

This form is to help you capture an accurate record of your concern or the disclosure you have received and therefore it may not be necessary to complete every section. Please complete this form ASAP (or within 24 hours of concern/speaking to Safeguarding Lead) and send to Safeguarding Lead via email. A record of the concern, and any following actions or decisions will be held in a secure folder on SharePoint. The Safeguarding Lead may pass this concern form to the relevant Local Authority or Police and this may be used as evidence in cases which result in Social Care or Court proceedings. If you are worried about completing a written record of your concerns, please do discuss this with the Safeguarding Lead.

This report relates to a: Concern or Incident or Disclosure (Please highlight)	
Name of person this form relates to: Their Address: Their DOB:	Date & time of concern / incident / disclosure:
	Location or site of concern / incident / disclosure:
	Who was present?
Nature of concern / incident / disclosure <i>(If there is a physical injury please complete body map on page 3)</i>	

Have you discussed this with anyone else? (I.e. Parents, Social Care, Police etc.) Yes / No Details: <i>(who, when, what information was given?)</i>	
Have you notified the child/parent/adult at risk that you are reporting a concern? Yes / No Details: <i>(who, when, what information was given?)</i> Where applicable, has the parent consented? <i>(Consent is not required if it may pose an increased risk of harm to the child)</i>	
Do you know if any other agency or professional is working with the child, young person or adult at risk? (Please detail).	
Submitted by: Job Title: Contact number:	Date & time of reporting:

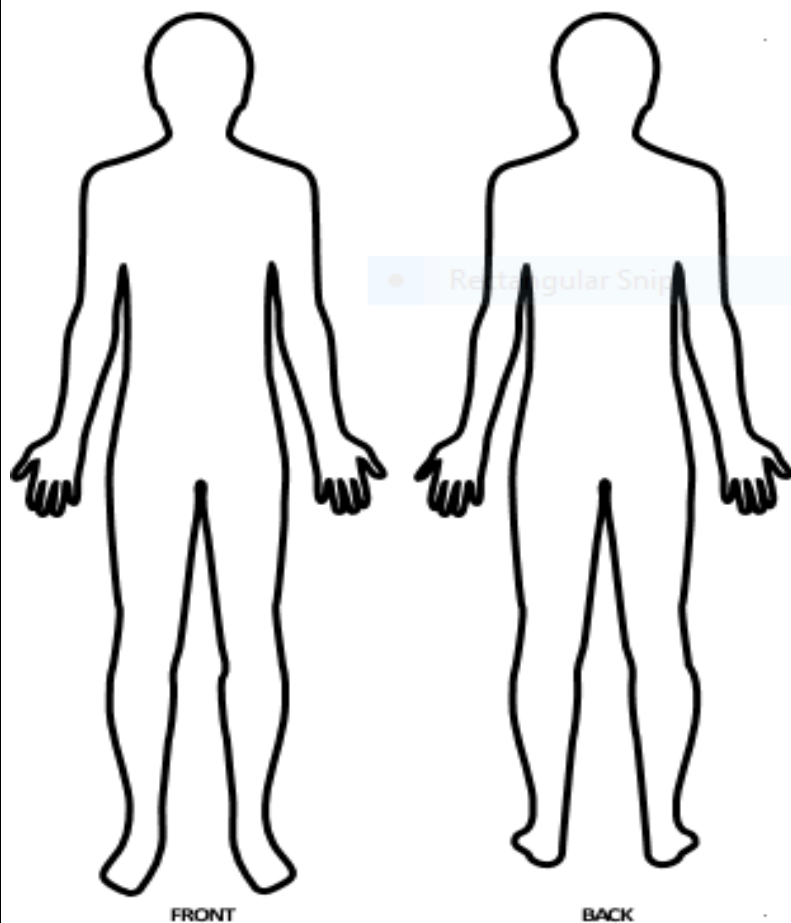
For completion by Safeguarding Lead

<u>Date</u>	<u>Name of Safeguarding Lead/Staff</u>	<u>Action taken</u>

Body Map**Please complete this if you are raising a concern about an injury or markings.**

The body map only needs to be completed in cases where injuries are reported or visible. If injuries are hidden but disclosed, do not ask to see but report above. Please do ask however if there is bleeding, pain or medical assistance required immediately.

Indicate any injury on the appropriate section of the diagrams below – **DO NOT PHOTOGRAPH IT**



Description of injury:

Has the young person/adult at risk has given an account of this injury? Details:

Has the parent or carer has volunteered an account of this injury? Details:

APPENDIX 4

There are four recognised categories of abuse in relation to **children**;

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

Sexual abuse: Involves forcing or enticing a child to take part in sexual activities, not necessarily involving a high-level of violence, whether the child is aware of what is happening or not. The activities may involve physical contact, including assault by penetration (rape or oral sex) or non-penetrative acts such as kissing, masturbation, rubbing and touching either under or outside of clothing. It may also involve non-contact activities such as involving children in looking at or the production of indecent sexual images, watching sexual acts, encouraging children to behave in sexual manner, indecent exposure, innuendo, harassment, or grooming a child in preparation for abuse (including via the internet)

Perpetrators of abuse cannot be defined by their gender or other personal characteristics. Children can also engage in harmful sexual behaviour towards others or act as perpetrators within peer-on-peer abuse.

Emotional abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. This may include threats, verbal abuse, humiliation, intimidation, prevention of using services, denial of access to friends, lack of stimulation and meaningful occupation, derogatory remarks, harassment, and deliberate exclusion. It may also be an overprotection or limiting exploration and learning. Emotional abuse could also include witnessing others being subject to abuse. All types of abuse involve some level of emotional abuse, but this can also occur alone.

Neglect: The persistent failure to meet a child or dependents basic physical and/or psychological needs, which is likely to result in the serious impairment of their health or development. Neglect or acts of omission include failure to provide food, shelter or clothing, failure to provide medical care, hygiene or personal care, inappropriate use of medication, denial of educational, social and recreational needs, lack of stimulation or emotional warmth.

An abused child may often experience more than one type of abuse; this can be a single event or continuing over a period of time. There are also other prevalent issues that place children and young people at risk; these include Female Genital Mutilation (FGM), Child Sexual Exploitation (CSE), Intimate Partner Violence (Domestic Abuse), Child Criminal Exploitation and vulnerability to Radicalisation and Extremism (Prevent duty), Peer on peer or Child on Child abuse. Contextual Safeguarding recognises that young people are vulnerable to abuse beyond their families but may be vulnerable to abuse within a range of social contexts. Contextual safeguarding looks to prevent abuse by making the spaces young people share and the context of which they live in safer. Please speak to the Safeguarding Lead if you have concerns about any of the above.

For **adults at risk**, there are ten recognised categories of abuse or neglect;

Psychological abuse: This includes emotional abuse, threats of harm or abandonment, humiliation, deprivation of contact, blaming, bullying and controlling. It can be verbal or non-verbal and the aim is to chip away at the confidence and independence of victims with the intention of making them compliant.

Physical abuse: Includes hitting, pushing, slapping, restraint or physical sanctions, misuse of medication, poisoning, scalding or any form of physical harm.

Sexual abuse: This includes sexual activity without consent or with someone who is unable to give their consent.

Neglect and acts omission: Failure to provide access to health, care or support services, ignoring physical or physical care needs, withholding medication, adequate nutrition or heating.

Financial abuse: This occurs when money and/or valuables have been stolen or where someone uses coercion or deception to gain access to money and possessions and uses them in ways that the person does not wish.

Modern slavery: This involves the purposeful movement of an adult for economic benefit to a third party (trafficking), often involving forced or unpaid labour, domestic servitude, sexual exploitation, rape or prostitution. Children also experience trafficking and/or modern slavery. In some cases, the adult(s) may fail to recognise this as abuse.

Self-neglect: When an individual fail (or is unable) to attend to their basic needs, such as personal hygiene, appropriate clothing, feeding, or tending appropriately to any medical conditions they have. This could also include physical self-harming behaviour and hoarding and could be a result of a lack of capacity.

Organisational abuse: This occurs when a place, company, organisation or charity undertakes practices which cause harm and abuse. It is also where organisations fail to address practices known to cause harm and when known abuse is ignored to protect adults and/ or limit reputational damage.

Discriminatory abuse: This involves unfair treatment because of an identifiable factor, such as race, gender, age, disability, sexual orientation, identity or religion. It can include harassment, verbal abuse and unfairly preventing access or opportunities. Physical abuse and other forms of abuse can arise because of discrimination.

Domestic abuse: Is any incident or pattern of incidents involving controlling, coercive, threatening or violent behaviour between those aged 16 or over who are, or have been, intimate partner or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse such as harassment, stalking, online or digital abuse, forced marriage or so called 'honour based' violence.

Relevant to both **children** and **adults at risk**; abuse can also be specific to online environments but not exclusive:

Online bullying and harassment: Online bullying can be offensive, intimidating, malicious or insulting behaviour and/or an abuse of power which humiliates or denigrates the other person. It can involve one or more persons and can be known as 'trolling'.

Online harassment can come in the form of unwanted conduct online which has the purpose or effect of violating the dignity of a person and or creating a hostile, degrading, humiliating

or offensive environment. It can be related to personal characteristics of an individual, such as age, sex, race, disability, sexual orientation, gender identity, religion or belief or nationality.

Sexual exploitation and grooming online: This is the act of developing a relationship with a child or adult at risk, with the intention of abusing them. Offenders may use emotional and psychological tricks to build relationships. The abuse can take place online or offline.

Non-contact abuse is where a child or adult at risk, is encouraged to share live or still images of themselves of a sexual nature. They can be forced to commit sex acts or to perform on web cams or built in cameras in phones and other devices.

Racist, hate and homophobic abuse: This can be an offence to stir up hatred – known as inciting hatred - on the grounds of the following protected characteristics: age, sex, race, disability, religion or belief, sexual orientation, gender reassignment, marriage or civil partnership status, pregnancy and maternity.

The content of a website or online group can also be illegal when it threatens or harasses a person or a group of people. If this is posted because of hostility based on protected characteristic, it can be considered a hate crime. Illegal material could be in words, pictures, videos, and even music and can include messages calling for racial or religious violence, web pages with pictures, videos or descriptions that glorify violence against anyone due to a protected characteristic, for example their age, disability, gender or trans identity, sex, religion, race, beliefs or sexual orientation; and chat forums where people are asked or encouraged to commit hate crimes.

Sexting: The sharing of illegal and inappropriate imagery online (sometimes known as sexting) can fall into two categories: illegal and inappropriate. 'Illegal' is child sexual abuse imagery and imagery that incites violence, hate or terrorism. 'Inappropriate' in this context could mean the sharing of pornography, violent content, racist content and homophobic, bi-phobic or transphobic content. It is an offence to share inappropriate imagery of anyone under the age of 18 and could result in a conviction.

Cyberstalking: This is the repeated use of electronic communications to harass or frighten someone, for example by sending threatening communications.

Impersonation and hacking: This is where a user pretends to be somebody else, and they may gain access to their profile and share information, imagery or posts for example, on behalf of that person.

Disinformation and misinformation: These are the acts of spreading knowledge that is incorrect. Disinformation is the deliberate intent to spread information which is known to be incorrect. Misinformation is where an individual may not know they are sharing inaccurate information, for example they share information or content that they believe to be true.

Sharing of personal information online: This includes information that makes an individual personally identifiable. This can include name, date of birth, address, phone number, email address and social media profile name. It may also include identifying details based on an individual's protected characteristic.