



Lifecentre Safeguarding Policy & Procedure for Adults & Children

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1. Introduction & background

Purpose and commitment

Lifecentre is a small charity founded in 2001 that aims to help survivors resolve emotional, psychological and relationship issues caused by the devastating effects of rape and sexual assault. Due to the trauma they have endured, survivors face multiple disadvantages and complex mental health difficulties. At our centres in Chichester, Worthing and Crawley, survivors of all ages, genders and their supporters can access the following free services:

- specialist trauma counselling delivered either face to face, by email, phone or online
- play therapy for survivors under the age of 11 years old
- pre and post-trial counselling to support survivors through the criminal justice process and help them to deal with the outcomes of any proceedings, which operates independently from the criminal justice system and police.
- Survivors and parents groups
- free helpline and text service
- Yoga classes for 2021

We are here to listen and not to judge. We aim to provide a safe, supportive space as people who have experienced sexual abuse and trauma take steps on their journey towards rebuilding life. Part of creating a safe space, includes having this safeguarding policy that all staff, volunteers and contractors are committed to. Lifecentre is committed to developing services for those whose families have been affected by rape and sexual abuse, and providing a service which is fair and equitable, taking into consideration the needs of the persons being referred regardless of race, ethnicity, religion, lifestyle, sex, sexuality, physical or mental disability, or any other factor.

We regularly see the impact abuse has on the lives of the clients we meet. We aim to help individuals resolve emotional, psychological and relationship issues and are committed to providing a safe, non-abusive environment for staff and clients where people can work respectfully together. Our services are client-led, aiming to put the needs of each client first.

All Lifecentre personnel working with children have a duty to safeguard and promote the welfare of those we work with. This is a legal obligation, a requirement of the Charities Commission and other partners. These outcomes depend upon effective joint working between Lifecentre workers and other agencies and professionals with different roles and expertise, including health care workers, schools, social services, youth justice service and other voluntary agencies.

This policy and procedure provides an outline of our organisational commitment to safeguarding, from the Trustee's through to every member of the organisation. It details the key points of the legal and the safeguarding context for adults and children and sets out what to do if anyone at Lifecentre is concerned about an individual. Lifecentre also has a duty of care to those who work for us or on our behalf. The intention of this policy is to safeguard all of us who work at Lifecentre and to preserve the reputation of our organisation.

We understand the importance of thinking broadly about how safeguarding concerns may become apparent, for example, a safeguarding concern about a child may lead to worries about the safety of their adult carers, or a concern about an adult may lead to concerns about their children. We will consider this 'think family' approach in all our work and this combined 'child' and 'adult' safeguarding policy and procedure serve to promote the 'think family' approach.

We are committed to reviewing our policy annually, learning from experience and updating them in accordance with changes in law and good practice.

Scope

Safeguarding is everyone's responsibility.

This policy and procedure applies to everyone working for or with Lifecentre. It includes Trustees, the leadership team, paid staff, volunteers, and sessional workers – hereafter all will be called 'staff' in this policy and procedure.

It is expected that this policy and procedure will be read, understood and applied by all staff.

The policy and procedure will be made available at induction and be placed on Lifecentre's website. They will also be available on our shared policy drive. The policy and procedure will be updated annually or amended considering experience, learning or other changes and it will be re-issued to staff accordingly.

Whilst we are all responsible for being vigilant about safeguarding concerns and proactively addressing them in line with this policy and procedure, certain people will have additional safeguarding responsibilities at Lifecentre:

- The Designated Safeguarding Officers (DSO) will be responsible for addressing individual safeguarding concerns.
- The Designated Safeguarding Lead (DSL) will be responsible for the strategic aspects of safeguarding for Lifecentre, assisted by other staff.
- The Trustees lead on the governance of safeguarding and are ultimately responsible for safeguarding arrangements with the support of the senior leadership. We have a Trustee who has responsibilities for Safeguarding.

If you have any comments or queries about this policy and procedure, please speak with the DSO or DSL.

Equality and diversity

The welfare of all our clients is paramount.

All adults and children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, identity, or any other difference, have a right to equal protection from all types of harm or abuse.

Some of our clients have additional vulnerabilities or experience additional hurdles in their lives. This may be due to the impact of their previous experiences, their family or environmental situation or their personal characteristics. All our clients have

experienced actual or suspected sexual abuse and other types of harm as well which may impact on their physical, emotional or social well-being as well as their relationships, including parenting.

We will always remain mindful of these vulnerabilities when offering our services. Whilst our work focus is mainly on the experience of sexual abuse, we recognise that many people experience other types of abuse and neglect. Further we will remain mindful of the 'think family' approach. We will guard against not sharing concerns in the belief that we are protecting a person's cultural or religious beliefs.

Legislation and guidance

Our safeguarding policy and procedure is underpinned by English law and statutory guidance. This includes the documents in the table below, some are intended specifically for adult safeguarding, some for child safeguarding but most relate to both adults and children.

- Health and Care Act 2022
- Charity Commission Safeguarding Guidance 2022
- Data Protection Act 2018 and the GDPR 2018
- Information Sharing Guidance 2018
- Safeguarding Vulnerable Groups Act 2006
- Care Act 2014 (2016 guidance)
- Care & Support Statutory Guidance 2020
- Mental Capacity Act 2005 (Amendment Act 2019)
- UN Convention on the Rights of the Child 1991
- Children Act 1989
- Children Act 2004
- Working Together to Safeguard Children 2018
- Protection of Freedoms Act 2012
- Counter Terrorism and Security Act 2015
- Sexual Offences Act 2003
- Serious Crime Act 2015
- Female Genital Mutilation Act 2003
- Modern Slavery 2015

Alignment with other policies

Safeguarding is a broad concept and Lifecentre has several policies and procedures which are linked and work together in specific circumstances. They should be read in conjunction with this policy and procedure, and they include:

These policy documents and codes can be found in the '*Lifecentre Face to Face Counsellors' Handbook*' which is available in Lifecentre offices.

Policy
C1 – The Use of Touch in Counselling
C3 – Service User Complaints Feedback Procedure
C7 – Preparing Clients for Court
C8 – Responding to a Suicidal Client

P1 – Equal Opportunities
P2 – Confidentiality
P4 – Pre Trial-Therapy for Adult and Children Vulnerable and Intimidated Witness
P5 – Lone Working and Counselling Security
P7 – Venues for Counselling
P8 – Supervision of face-to-face counsellors
P10 – Data Protection Policy
P25 - Whistleblowing policy
Code of conduct
Anti-bullying
P34 Disciplinary policy
Safer recruitment policy
E-safety policy

In addition, we also work within West Sussex multi-agency Safeguarding Children and Adults Policy and Procedures.

2. Identifying abuse and neglect for adults at risk

Defining an 'adult at risk'

Safeguarding adults applies to people who are 'adults at risk' who is defined as someone who is aged 18 years and over who:

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

An adult may be in need of care and support and struggle to protect themselves from harm for a variety of reasons. These can include personal characteristics, factors associated with their situation, or environment and social factors. Examples may include physical or learning disability, mental health difficulties, trauma, addiction, age, and infirmity.

The Care Act 2014 – Six principles in adult safeguarding

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

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

- Protection – We provide advice and guidance about keeping safe and signpost or refer to relevant agencies.
- Partnership - We work together with multi-agencies to provide holistic oversight and effective support whilst ensuring confidentiality is maintained.
- Accountability – We are clear about the roles and responsibility of all those involved in safeguarding. We deliver a transparent service that provides a robust and effective safeguarding policy and procedure.

Who abuses and neglects adults?

It is important that we are aware that anyone can perpetrate abuse or neglect, including:

- family members including spouses/partners and children
- neighbours, friends, acquaintances
- local residents, community members, strangers
- paid staff, professionals and volunteers, carers

It is far more likely that the person responsible for abuse is known to the adult and may be in a position of trust and power, than for the abuser to be a stranger.

Abuse can happen anywhere: for example, in someone's own home, in a public place, in a care setting, a community setting or on the streets. It can take place when an adult lives alone or with others.

Ten categories and indicators of abuse and neglect

The Care and Support Statutory Guidance 2020 sets out ten categories of abuse and neglect that adults may experience. This is not intended to be an exhaustive list and abuse and neglect can take place in many forms and in many circumstances. It is important that in making observations, having conversations and working together with people, we are alert to any concerns about their wellbeing and safety.

The ten categories are defined in the following ways and particular signs and indicators that may alert to the type of harm are also noted. Please note the signs and indicators listed are not exhaustive either and there may be no or few signs for some people.

Peer-on-Peer Abuse

Abuse is not always perpetrated by adults. Children and young people can also be vulnerable to abuse by their peers. This can include physical abuse, sexual violence and harassment, emotional bullying, coercive control, or online harm. At Lifecentre, we are mindful that peer-on-peer abuse can be as serious as abuse by adults, and we will respond to concerns with the same diligence, compassion and seriousness.

Category of Harm	Possible Signs & Indicators
Physical Abuse	
<ul style="list-style-type: none"> • assaults: e.g. hitting, slapping, pushing, • misuse of medication • inappropriate restraint • inappropriate physical sanctions 	<ul style="list-style-type: none"> • bruising, cuts, burns and/or marks on the body, clumps of hair loss • frequent injuries, unexplained falls • inconsistent or no explanation for injury

	<ul style="list-style-type: none"> • subdued or noticeable change in behaviour • signs of malnutrition • failure to seek medical treatment
Sexual Abuse	
<ul style="list-style-type: none"> • rape • indecent exposure • sexual harassment • sexual teasing or innuendo • sexual photography • subjection to pornography or witnessing sexual acts • sexual assault • sexual acts to which the adult has not consented or was pressured to consent • virginity testing or hymenoplasty 	<ul style="list-style-type: none"> • bruising or injuries, particularly to areas such as thighs, buttocks, genital area • torn, stained or bloody underclothing • difficulty walking or sitting • infections or sexually transmitted diseases • changes in sexual behaviour or attitude • self-harming • poor concentration, withdrawal from others, sleep disturbance • excessive fear of certain relationships • hypervigilance
Neglect	
<ul style="list-style-type: none"> • ignoring emotional or physical needs such as food, water, shelter, guidance • failure to provide access to appropriate medical, health, care and support or educational services • withholding life's necessities, such as medication, adequate nutrition and heating 	<ul style="list-style-type: none"> • unkempt appearance • poor personal hygiene • malnutrition and dehydration • infections • illness
Psychological Abuse	
<ul style="list-style-type: none"> • emotional abuse • threats of harm or abandonment • deprivation of contact, isolation • humiliation, blaming, controlling • coercion, harassment, intimidation • cyber bullying • unreasonable withdrawal of services or support networks 	<ul style="list-style-type: none"> • air of silence when an individual is present • withdrawal or change in the behaviour and temperament of the person • uncooperative and aggressive behaviour • signs of distress: tearfulness, anger • low self-esteem • insomnia • change of appetite, weight loss or gain
Domestic Abuse	
<p>Domestic abuse covers the following:</p> <ul style="list-style-type: none"> • physical abuse; psychological abuse; sexual abuse; financial abuse; emotional abuse; so called 'honour' based violence. <i>'Honour-based' violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.</i> (CPS and Home Office definition). <p>Coercion and control often underpins domestic abuse: what can seem like agreement from one party could be false representation due to the power another individual can gain. The cross-government definition of domestic violence is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members</p>	<ul style="list-style-type: none"> • low self-esteem • self-blame for events outside of their control • injuries • hearing derogatory or intimidating comments about self • fear of an individual • isolation – not seeing friends and family, partaking in activities • limited access to money, without reason • hypervigilance

<p>regardless of gender or sexuality. The abuse can encompass, but is not limited to:</p> <ul style="list-style-type: none"> • psychological • sexual • financial • emotional 	
Financial Abuse	
<ul style="list-style-type: none"> • theft, fraud, internet scamming • coercion about finances including about wills, property, inheritance or financial transactions • misuse or theft of property, possessions or benefits • move into a person's home without consent • internet scams, postal scams and doorstep crime which targets adults at risk are also forms of financial abuse 	<ul style="list-style-type: none"> • fear of particular people • unable to make reasonable purchases • in debt (without reason) • unable to pay bills • unkempt looking • hungry
Modern Slavery	
<ul style="list-style-type: none"> • slavery • human trafficking • forced labour and domestic servitude, sexual exploitation, debt bondage 	<ul style="list-style-type: none"> • physical, emotional abuse or sexual abuse signs as above • malnourishment • withdrawn and / or fearful of others • poor living or work conditions • lack of identification documents • fear of police or authorities
Discriminatory Abuse	
<ul style="list-style-type: none"> • harassment • slurs or similar treatment because of: <ul style="list-style-type: none"> ◦ race ◦ gender and gender identity ◦ age ◦ disability ◦ sexual orientation ◦ religion 	<ul style="list-style-type: none"> • withdrawn and isolated • anger, frustration, fear or anxiety
Organisational	
<ul style="list-style-type: none"> • neglect and poor practices in organisations and care settings, including care provided in own home. • ranging from one off incidents to ongoing ill-treatment. • arising from neglect or poor professional practices 	<ul style="list-style-type: none"> • lack of policy, procedure, supervision and management • low numbers of staff or poorly trained staff • denial of basic needs, eg food, water • disrespectful or abusive attitudes to clients and families
Self-neglect	
<p>Covers a wide range of behaviour in which a person neglects to care for own hygiene, health or surroundings and includes behaviour such as hoarding.</p>	<ul style="list-style-type: none"> • unsanitary conditions that pose risk • hoarding • non-attendance at health appointments • not taking prescribed and recommended medication.

3. Identifying abuse and neglect for children

Definition of 'child'

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

Definition of 'safeguarding'

The legal definition of 'safeguarding' is:

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

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

Paramountcy principle

A key principle of the Children Act 1989 is that the welfare of the child is paramount. This refers to a child centred approach which is fundamental to safeguarding every child. It means keeping the child's best interests in focus and at the heart of all decisions. This is particularly pertinent when parents, carers or others have wishes, feelings, needs which may differ from the child's or impact on the child's well-being.

Defining 'abuse' and 'neglect'

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

Four categories and indicators of abuse and neglect

Working Together 2018 sets out four categories of abuse and neglect that children may experience. This is not an exhaustive list and abuse and neglect can take place in many forms and in many circumstances. It is important that when observing or talking with people, we are alert to any concerns about their wellbeing and safety.

The four categories are defined below with some signs and indicators also listed. The signs are not exhaustive and there may be no or few signs for some children. Often, we are looking for clusters of signs or signs that something for the child has changed. We should also be mindful of the language and behaviours of parents/carers and the interactions and relationship between them and their child.

Category of harm	Possible signs & indicators
Physical abuse	
May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning,	<ul style="list-style-type: none">• bruising, cuts, burns, marks, fractures• inconsistent explanations or unexplained injuries

<p>suffocating or otherwise causing physical harm to a child.</p> <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p>	<ul style="list-style-type: none"> • subdued, aggressive or noticeable change in behaviour • flinching, fear • covering up injuries • frequent medical visits
Sexual abuse	
<p>Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.</p> <p>The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.</p> <p>They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse</p> <p>Sexual abuse can take place online, and technology can be used to facilitate offline abuse.</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>	<ul style="list-style-type: none"> • injuries to thighs, buttocks, genital area • torn, stained or bloody underclothes • sexually transmitted infections • age inappropriate sexual behaviour or knowledge • self-harming • poor concentration or sleep • excessive fear of certain relationships • running away • access to money/items without explanation
Neglect	
<p>Persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent/carer failing to:</p> <ol style="list-style-type: none"> a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical/emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<ul style="list-style-type: none"> • unkempt appearance • poor hygiene • hungry, stealing food, cramming food • malnutrition and dehydration • infections, illness • poor school attendance • obesity or underweight • not meeting developmental milestones • frequent accidents • poor attendance for medical or health needs
Emotional abuse	
<p>Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p>	<ul style="list-style-type: none"> • withdrawal, sullen, quiet • uncooperative and aggressive behaviour. • distress: tearfulness, anger • low self-esteem

<p>It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>	<ul style="list-style-type: none"> • insomnia • change of appetite, weight loss or gain • self-harm • isolation
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4. Additional types of harm

The categories of abuse and neglect listed above in the sections for adult and child safeguarding are from the relevant statutory guidance. Abuse and neglect are complex issues and can also occur in additional ways, such as those listed below. A type of abuse may occur alone, or in combination with other forms of abuse. They may apply to adults and to children.

Sexual exploitation / child sexual exploitation (CSE)	
Definition	Signs & indicators
<p>Child sexual exploitation (CSE) occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:</p> <p>(a) in exchange for something the victim needs or wants, including attention and affection, drugs, alcohol, or gifts and/or</p> <p>(b) for the financial advantage or increased status of the perpetrator or facilitator.</p> <p>The victim may have been sexually exploited even if the sexual activity appears consensual. Children are often tricked and groomed into</p>	<ul style="list-style-type: none"> • unhealthy or inappropriate sexual behaviour • being frightened of some people, places or situations • being secretive • sharp changes in mood or behaviour • having money or things they can't or won't explain • physical signs of abuse, like bruises or bleeding in their genital or anal area • alcohol or drug mis/use • sexually transmitted infections • pregnancy

<p>believing that the sexual activity is consensual, or they may be forced or intimidated.</p> <p>Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship between the perpetrator and victim could be framed as friendship or as romantic. Children can be trafficked to be sexually exploited, by being moved around towns, cities or even internationally to be abused, often with more than one person.</p> <p>CSE does not always involve physical contact; it can occur through the use of technology.</p> <p>CSE is a particular phenomenon involving children. However vulnerable adults are also sexually exploited and the same dynamics from the definition and the signs and indicators are present for them.</p>	<ul style="list-style-type: none"> • having an older boyfriend or girlfriend • staying out late or overnight • missing from home or care, or stopping going to school or college • having a new group of friends • hanging out with older people, other vulnerable people or antisocial groups, or a gang
Grooming	
Definition	Signs & indicators
<p>Grooming is when someone seeks to build a relationship, create trust and emotional connection with a child or vulnerable adult in order to manipulate, exploit and abuse them. The groomer may set up a false relationship with their victim which could appear to be romantic, educative or friendly.</p> <p>The groomer may use tactics such as pretending to be someone else, showing understanding or care, buying gifts, giving attention, taking the victim on outings. They may try to isolate the victim from their family and friends, create dependency, use blackmail to gain a hold over the victim, introduce the idea of 'secrets' to control the victim or frighten and intimidate them.</p> <p>People who are groomed can be sexually abused, sexually exploited or abused in other ways.</p> <p>Grooming can take place over a short or long period of time by a person who can be male or female, old or young, a stranger or someone who is known. Victims can be groomed online, in person or both.</p>	<p>Child / vulnerable adult</p> <ul style="list-style-type: none"> • secretive about how they spend time • having money or items like they can't explain • drinking or drug taking • upset, withdrawn or distressed • sexualised behaviour • spend time away from home or going missing <p>Groomer</p> <ul style="list-style-type: none"> • sexualised talk, 'jokes', 'banter', questioning, images • physical contact e.g. hugging, touching, kissing, tickling, wrestling • not respecting privacy • spend excessive time with victim; gives special attention, favouritism, finds ways to be alone with the victim • not adhering to rules of the agency or activity • giving gifts (including cigarettes/alcohol/drugs) or money for no apparent reason

<p>Groomers may also groom people in the child/adult's life such as a parent, carer, friends, professionals so that they appear trustworthy or authoritative and also so that they can gain access to the victim.</p> <p>People may not realise they have been groomed. They may have complicated feelings, like loyalty, admiration, love, as well as fear, distress and confusion.</p>	<ul style="list-style-type: none"> • set up inappropriate relationships e.g. treating a child as a peer/spouse, treating an adult client like a friend • isolating victim from others • encouraging silence, secrets, criminal behaviour, lies
Human trafficking	
Definition	Signs & indicators
<p>Human trafficking is a crime that involves the movement of people by the use of force, fraud, coercion or deception, with the aim of exploiting them. It is a form of modern slavery.</p> <p>It involves transporting people across nations as well as trafficking around the UK. It can be for commercial, sexual and bonded labour.</p> <p>Three elements form part of trafficking:</p> <ul style="list-style-type: none"> - the act of recruiting, transporting, transfer, harbouring or receiving persons - Use of the means of force, fraud, coercion, deception <p>The purpose of exploitation.</p>	<ul style="list-style-type: none"> • acts as if instructed by another • signs of physical or psychological abuse • untreated medical conditions • has money deducted from their salary • little or no contact with family or loved ones • not in possession of their own legal documents • seems held in the employer's home/workplace • works in excess of normal hours • appears frightened, withdrawn or confused? • with a group of workers of a similar nationality, age, gender • speaks as if 'coached'?
Criminal exploitation, child criminal exploitation (CCE) & county lines	
Definition of criminal exploitation	Signs & indicators
<p>Criminal exploitation is a form of abuse where adults or children are manipulated and coerced into committing crimes. Through the use of violence or grooming and pressure, they may be forced into doing things like stealing or carrying drugs or weapons and be put into dangerous situations. This may involve being part of a gang which is linked to illegal activity (a gang could be a peer group or an organised criminal gang).</p>	<ul style="list-style-type: none"> • going missing, unexplained absence from school, college or work • excessive travelling, being found out of their home area • unexplained access to money, clothes or mobile phones • signs of drug misuse, alcohol abuse • excessive use of internet, social media, texts, phone calls • relationships with controlling individuals or groups; gang-association and/or isolation from peers/social networks • using new slang words.
Definition of county lines	
<p>'County Lines' is a term the police use for urban gangs that exploit children and vulnerable adults into moving drugs from a hub, normally a large city, into other areas such as suburbs and market and coastal towns, using mobile phone lines or "deal lines". This can involve victims being</p>	

<p>trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. Accommodation can include Airbnb's, private rental properties, budget hotels or the home of a drug user or other victim that is taken over by a criminal gang (called cuckooing).</p> <p>Perpetrators of criminal exploitation and county lines use different tactics to recruit and exploit children and vulnerable adults including bribing, befriending, threatening or coercing them. It can be difficult for victims to cut off ties with the gang, e.g. because their own safety or that of their friends and family is threatened or because they have become addicted to drugs and alcohol supplied by gang leaders or because they are forced to commit crime to settle actual or fabricated debts.</p> <p>Children and vulnerable adults involved in criminal exploitation and county lines are also at risk of all other forms of abuse.</p>	<ul style="list-style-type: none"> • suspicion of physical assault, unexplained injuries • carrying of weapons such as knives • self-harm or significant changes in emotional well-being • committing petty crimes like shop lifting or vandalism
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Radicalisation & extremism

Definition	Signs & indicators
<p>Adults and children are exposed to information which may be considered radical or extreme.</p> <p>Radicalisation is the process through which a person comes to support extremist ideologies. It can result in a person becoming drawn into terrorism and it is a form of harm. The process of radicalisation may involve being groomed (online or in person), exploited, exposed to violent material, manipulated, harmed or threatened. Anyone can be radicalised but some people may be more vulnerable if they are more easily influenced or impressionable, isolated, they feel rejected or discriminated against or experience community tension amongst different groups.</p> <p>Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to British fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. It also includes calls for the death of members of our armed forces as extremist. Extremism can involve targeting vulnerable people by seeking to sow division between communities on the basis of race, faith or denomination; or argue</p>	<ul style="list-style-type: none"> • isolating self and spending time alone via social media • feelings that they have no purpose in life; don't belong; low self esteem • change in emotions and behaviour • change of routines, in appearance or online activities • fixated on an ideology, belief or cause • intolerant of difference such as race, faith, culture, gender or sexuality • justifying violence to others • change in language or use of words; closed to new ideas; 'scripted' speech • have materials or symbols associated with the cause • attending events, rallies etc of an extremist nature • sense of grievance (e.g. anti-West, anti-capitalist, anti-Muslim); sense of 'them and us' • conflict with family/friends or lose interest in people who do not have same beliefs

<p>against the primacy of democracy and the rule of law in society.</p> <p>The government has established a Prevent Duty (under s26 Counterterrorism and Security Act, 2015) to reduce the numbers of people supporting extremism or becoming radicalised and to prevent them being drawn into terrorism. It is a statutory duty for local authorities, educational provisions, the health sector, police and prisons which means they must have "due regard to the need to prevent people from being drawn into terrorism." However, all organisations that work with children and vulnerable people have a responsibility to protect them from harm and becoming radicalised and/or being exposed to extreme views.</p>	<ul style="list-style-type: none"> • try to recruit others to join the 'cause'
Online safety	
Definition	Signs & indicators
<p>Technologies and the internet are an important source of communication, education and entertainment. Unfortunately, some people will use them to harm children and vulnerable adults.</p> <p>Technology can be used extensively to groom and harm people and be involved in sexual exploitation, radicalisation, cyber-bullying, criminal exploitation etc. Abusers can adopt an identity to befriend possible victim's, people can be manipulated into sharing sensitive information and images, hackers can access online accounts and financial information.</p> <p>'Sexting' or youth produced sexual imagery is the use of technology to share indecent images or videos of a sexual nature which young people have taken of themselves - sharing images of children in this way is illegal.</p> <p>Online safety can fall into these areas of risk:</p> <p>content: exposure to illegal, inappropriate or harmful material e.g. sexual or violent material, offensive material which serves to breed hatred, fabricated news, radical and extremist views</p> <p>contact: subjected to harmful online interaction with other users e.g. adults posing as children or as 'friends', commercial advertising</p>	<ul style="list-style-type: none"> • meeting older or new friends they've met online • receiving gifts or money • withdrawn and secretive • new phone or more than one phone • receiving large numbers of calls or messages • worried about being away from their phone • excessive time on phone or online

<p>conduct: personal online behaviour that increases causes harm, e.g. making, sending and receiving explicit images, or online bullying.</p> <p>Further advice and guidance on this topic are on the websites of the NSPCC, CEOP, Internet Watch Foundation and the UK Safer Internet Centre.</p>	
Female genital mutilation (FGM)	
Definition	Signs & indicators
<p>FGM is a term given to a range of procedure whereby a female's genitals are cut, injured, removed or changed without a medical reason or other health benefit. It is commonly carried out without anaesthetic, medicines, sterile equipment or medical training. FGM is carried out on females of any age, from newborn's to older teenagers and adult women.</p> <p>The practice is carried out in certain parts of the world and also in the UK from those communities that practice it, although it is illegal in the UK and in many other countries. It is done for cultural reasons, with those that practice it arguing that it benefits the woman or girl, keeps her 'clean', retains her virginity or makes her 'marriageable'. In fact it causes extreme pain, infection, and life-long physical and psychological damage to the healthy functioning for women and girls and causes risk to the unborn child.</p> <p>It is a criminal offence (Female Genital Mutilation Act 2003) in the UK to either perform FGM (including taking a child abroad for FGM) or to enable/facilitate FGM on a British National or a permanent British resident, with the crime incurring a maximum 14 year imprisonment. Certain professionals have a mandatory reporting duty if they are aware of FGM occurring for a child (under age 18).</p>	<ul style="list-style-type: none"> • long visit abroad; 'ceremony' to be 'woman' • relative or 'cutter' visiting from abroad • female relative being cut • prolonged absence from school • difficulty walking, standing or sitting • spend longer in the toilet • pain urinating or menstruating • appear withdrawn, anxious or depressed • reluctant to have normal medical exams • severe pain, shock, bleeding, infections, organ damage, blood loss
Virginity testing and hymenoplasty	
Definition	Signs & indicators
<p>Virginity testing means the examination of female genitalia, with or without consent, for the purpose (or purported purpose) of determining virginity.</p> <p>Hymenoplasty means the reconstruction of the hymen (with or without consent).</p> <p>It is a criminal offence (Health and Care Act 2022) in the UK to either perform virginity testing or hymenoplasty or to aid, abet, counsel or procure the carrying out of either act. The offence carries a maximum term of 5 years imprisonment.</p>	<ul style="list-style-type: none"> • having difficulty in walking or sitting for a long period of time • the woman or girl may appear fearful of their family or a particular family member • unexplained absence from school, potentially to go abroad • changes in behaviour – becoming withdrawn, anxious,

	or depressed; a deterioration in schoolwork, attendance, or attainment
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5. Additional vulnerabilities

Some adults and children may be more vulnerable to abuse and neglect due to impairment and/or their life experiences. Whilst there are many ways in which people can be vulnerable, listed here are some of the circumstances that may lead to greater vulnerability. This is not to say that people in these situations will be abused or that vulnerabilities will translate into harm, but that these features are significant in people's lives and should be considered.

Disability

People with disabilities are additionally vulnerable because they:

- may have signs of abuse/neglect which are misinterpreted as being due to the disability
- have impaired capacity to resist or avoid abuse
- have difficulties communicating to others what is happening
- have fewer outside contacts than other people
- receive care from several carers which increases exposure to abusive behaviour
- receive personal care which makes it more difficult to maintain physical boundaries
- fear making a complaint in case they lose services or aggravate their carers

Looked after children & care leavers

People who have experienced abuse, neglect and family breakdown such that they have spent parts of their childhood and adolescence in foster care or residential care may be particularly vulnerable. Many people who have experienced being in care may have poorer outcomes in terms of education, employment or health care needs – both physical and psychological – being met.

Race and racism

People from black and minority ethnic groups may have experienced harassment, racial discrimination and institutional racism. These experiences may have impacted on their sense of identity and self-worth, limited opportunities or served to isolate from communities and sources of support. There is also a potential dynamic whereby professionals do not intervene soon enough in safeguarding matters (e.g. for fear of being seen as racist or in the mistaken belief that certain behaviours are acceptable in black families which would not be in white families) and in so doing, offer fewer safeguards.

Young carers

Young carers are those under age 18 who provide care for someone else (often their parent). Doing so may limit life opportunities for young carers, including education, social and relationship experiences and the burden of their care giving may be excessive or long term. Some young carers may be in need of protection for example if the person they care for is abusive. A referral into the Young Carers team could be considered to support the young person and the person needing care. Details can be found in appendix 2.

Contextual safeguarding

This refers to harm that people can experience from outside of their families. The environment and relationships that people form in their neighbourhoods, schools and online can feature violence and abuse and so there may be vulnerability to harm in social contexts.

Adolescents particularly may be affected as they begin to spend more time, independently of their families, outside the home. Their social environment may lead them to encounter either forms of protection or forms of abuse and exploitation. Examples such as street robbery; sexual violence in parks; gang-related violence; online bullying; harassment from peers and abuse in their intimate relationships, show that young people can be exposed to significant harm in settings outside their families. Parents/carers may have little influence over these extra-familial contexts and so may not be able to promote their safety and well-being. Equally, young people who are exposed to harm at home may avoid going home and therefore be exposed to crime or exploitation outside home, or they may adopt the harmful behaviour they are exposed to, as a behaviour toward others.

6. Sexual abuse

Lifecentre provides support services to survivors of rape and sexual abuse and their close supporters. We work with survivors of all ages and genders. Many of our clients experienced their abuse as children. The abuse that our clients suffer can lead to increased vulnerability in other areas, including their mental health, interpersonal relationships for example.

Some of our clients have not only been abused sexually but in other ways. Some of our clients tell us that the sexual abuse was committed in a relationship within which there were other types of abusive behaviour. Some clients are referred to us, or by us to domestic abuse services locally.

Survivors of rape and sexual abuse can report a host of emotional challenges, such as increased feelings of vulnerability, diminished trust in others, feeling unsafe, a loss of control, self-blame, loss of self-worth and questioning the overall goodness of society. Lifecentre is committed to providing a safe-space where clients can have a difference experience, that is client-led, believes, and does not blame and provides our clients with dignity.

When clients are being provided counselling over the telephone or online, Lifecentre also want to make sure that we maintain a safe, consistent space for therapy. We make sure we assess the counselling space and manage safeguarding concerns through safety planning with those involved and following our data protection policy.

When a child or vulnerable adult is using the helpline, the Lifecentre team member should help the caller to understand what it means that we work to a safeguarding policy. Information would be passed on to the police or social services in regards a child considered to be at risk if enough information to identify them was given.

Often victims of abuse take many years to come forward due to the shame or fear of being disbelieved. The alleged perpetrator may remain a risk to others even if they pose

no further risk to our client currently. Safeguarding also includes consideration of people who are not clients but who might be at risk.

7. How safeguarding concerns may arise at Lifecentre

There are many ways in which safeguarding concerns may arise at Lifecentre, this section contains a number of examples to help staff understand who they might come across safeguarding matters and what/how risk and vulnerabilities are present in the organisation. This list is not exhaustive.

In working with clients on a one-to-one basis or on the helpline,

- In a counselling session a client discloses abuse for the first time
- A third party tells you that a child or adult you are working with has experienced abuse
- An adult client tells you about a childhood experience of abuse and you find out that the perpetrator currently has access to children
- You are working with a vulnerable adult who is struggling to cope (eg mental health difficulties, homelessness etc) and you realise they are the sole carer for a young child, which leaves you with concerns about the child's welfare.
- You work with a child who tells you that their parent is subject to domestic violence.
- In a counselling session, an adult tells you they have harmed a child
- A client tells you that another counsellor is being inappropriate, connecting on social media with them.
- You observe a client bullying another client in the waiting room
- You see physical signs of what could be abuse or neglect
- You are working with a child and their parents or carer is behaving in a way that leaves you with concerns
- A 16-year-old client tells you about a sexual relationship they are having with a teacher

Lifecentre is also running yoga classes for our adult clients. A vulnerable adult may disclose abuse to a yoga instructor.

8. Roles and responsibilities at Lifecentre

Safeguarding is everyone's responsibility

This policy applies to everyone working at or for Lifecentre and everyone is responsible for safeguarding. Staff who interact regularly with our clients are much more likely to encounter safeguarding concerns, and it is important that we are all aware of how to recognise and respond. For all of us, this includes:

- reading and applying this safeguarding policy and procedure
- being mindful of our own actions and behaviour, ensuring that we are promoting safeguarding and making sure we are aware of our position of trust and our duty to our clients
- being vigilant and alert to potential indicators of abuse or neglect; alert to the risks which individual abusers, or potential abusers may pose

- responding to any safeguarding concerns, however small they may appear. Speaking with colleagues and supervisors to clarify any queries or concerns and sharing information so that a proper assessment can be made and helping to review outcomes for clients.

Some people at Lifecentre have specific responsibilities for safeguarding and these are detailed below.

Designated safeguarding officer (DSO)

The DSO's are the clinical lead, area leads and the Helpline Co-ordinator they have operational responsibilities for safeguarding across Lifecentre. Their responsibilities include:

- promoting a safeguarding and listening culture across our services.
- keeping abreast of changes in safeguarding law and best practice; safeguarding matters in the context of Lifecentre and local multi-agency arrangements for safeguarding.
- providing advice and support on safeguarding matters for staff
- managing individual safeguarding cases including make decisions about individual cases, seeking specialist advice, referring to police or social care when necessary, working with external agencies on safeguarding cases, escalating concerns if required, managing record keeping using Lifecentre's systems.
- alerting the DSL to any safeguarding concerns relating to allegations against staff; poor practice concerns, staff training needs or any other matters relating to the management of safeguarding at Lifecentre.
- deputising for the DSL including contributing to the broader safeguarding work at Lifecentre, e.g. policy development, data collection, safer recruitment, induction and training of staff.

The Helpline DSO will pick up referrals from the helpline. The other DSOs will be on a rota to cover daytime referrals from the therapy team.

Designated safeguarding lead (DSL)

The DSL at Lifecentre is the Chief Executive who has strategic responsibilities for safeguarding across Lifecentre. The CEO may delegate parts of the role but remains responsible overall for these areas.

The DSL role includes:

- promoting a safeguarding and listening culture across Lifecentre.
- keeps abreast of changes in safeguarding law, best practice and of emerging trends and themes in safeguarding across Lifecentre and for clients.
- setting the safeguarding policy and procedure direction in line with statutory guidance, ensures annual reviews are undertaken and take responsibility for its implementation.
- monitor effectiveness and compliance with safeguarding policy and procedures as well as related procedures such as Code of Conduct, Safer Recruitment, Disciplinary and Whistleblowing.

- ensuring effective safeguarding systems and processes are in place, including secure recording and retrieval systems; DSO's are appointed and that safeguarding responsibilities are stated in all staff job descriptions.
- setting out required safeguarding training, including induction, and providing training and updates as per staff members roles and responsibilities. Maintaining a record of staff attendance at safeguarding training.
- assisting and overseeing the work of the DSO's and quality assuring management of safeguarding cases, including decisions made.
- oversees the management of safeguarding allegations against staff.
- briefs trustees on a regular basis about safeguarding activity and issues (data, gaps, themes and risks), maintains a risk register and provides an annual report on safeguarding.
- Convene a monthly Safeguarding Forum to review safeguarding incidents, share learning across the organisation, and identify any emerging patterns or areas for improvement. (The Forum includes the DSL, DSOs, and other relevant team members as appropriate.)

Trustee's

The Trustees are ultimately responsible for the governance of safeguarding at Lifecentre, ensuring that the organisation is legally compliant and that it is delivering services safely.

Their responsibilities include ensuring:

- a culture of safeguarding is promoted whereby staff and clients can raise concerns and feel supported.
- there is a staff Code of Conduct and policies such as Whistleblowing and Safer Recruitment (which includes information about statutory checks on the suitability of staff) which support safeguarding across the organisation.
- a Safeguarding Policy and Procedure is in place (which includes how to deal with allegations against staff) which is reviewed at least annually and which is available to and understood/applied by staff.
- safeguarding concerns are managed effectively; there are systems and processes in place for its management; there is sufficient resourcing of safeguarding including for training; a Designated Safeguarding Lead (DSL) is appointed whose role is stated in their job description.
- a Lead Safeguarding Trustee is nominated who maintains regular contact with the DSL
- they receive and review regular feedback on safeguarding activity, issues (such as gaps, threats, risks), oversee a risk register and understand remedial actions required from the CEO and senior leadership team and that they track progress.
- Chair of Trustee's undertakes enquiries in the event of an allegation being made against the CEO.
- compliance with the Charity Commission serious incident notification requirements, and other relevant bodies such as regulators, commissioners, grant-makers, insurance companies.

Supervisors

As part of clinical supervision, under BACP guidelines, counsellors will share safeguarding concerns with their clinical supervisors. To make sure that the organisation is also able to manage the safeguarding risk, the clinical supervisors will:

- Contact the designated safeguarding officer (clinical lead) to make them aware of any live safeguarding issues that need actions. The counsellor must then contact the clinical lead within 24 hours to communicate any required actions.
- Use clinical supervisors' meetings to raise any non-urgent safeguarding issues.

All clinical supervisors are made aware of these requirements and are familiar with this policy.

9. Responding to safeguarding concerns

Barriers to speaking out for clients

Many adults and children are reluctant to talk about their experiences of abuse and neglect. The reasons for this are profound and complex but explain why there are often delays in people coming forward and indeed why some people never tell. People may be reluctant to speak out because they:

- do not have anyone that they can turn to or that they can trust
- may have sought help before but felt let down
- fear not being believed or be taken seriously
- feel shame, guilt or responsibility for the abuse
- feel embarrassed about talk to someone about what happened
- fear the consequences of telling, fear the situation could become worse
- believe they are protecting others (e.g. the abuser, family members)
- have been strongly groomed
- lack language skills, e.g. because they are pre-verbal, have communication impairment, don't speak English fluently

Barriers for us in listening

As professionals and staff, we may feel reluctance to listen fully accounts of abuse and neglect and to act swiftly. This may be due to:

- Not understanding or not recognising the signs and indicators
- Not knowing how to react
- Feeling overwhelmed
- Not knowing who to tell
- Loyalty to the family or colleagues
- Fear of getting it wrong
- Being worried about breaching the person's confidentiality
- Lack of knowledge or trust in the multi-agency safeguarding system

These feelings may be normal but serve to limit our responses to people who need our help. Lifecentre has several systems and processes to ensure that staff are supported to have supportive discussions with supervisors and colleagues and a reflective space to make sure that we are open to listening and acting on our safeguarding concerns, however small or vague they may at first appear.

Responding to an adult/child

There may be times when adults or children tell us that they have experienced or are experiencing harm, sometimes this is referred to as 'making a disclosure'. Where an adult or a child tells you about abuse and neglect it may need to be reported to another agency and there may be criminal or safeguarding inquiries that commence. It can be hard to know how to respond to the adult or child in this context and this guidance may be helpful.

- Make time and space to listen and understand what is being said. Respond naturally, with compassion and empathy. Reassure the person that they are right to tell you/someone.
- Take the matter seriously.
- Actively listen - allow the person to recall significant events. Do not push the adult/child to tell you more than they wish or directly question them about the details of the incident.
- Remain 'neutral' and do not show reactions or feelings such as shock, denial. Do not ask leading questions. Where you need to ask questions, use open questions, such as those starting 'who', 'when', 'where', 'how'. Avoid asking 'why' questions
- Do not speculate or blame anyone.
- Never ask to look at injuries, especially if it entails them lifting/removing clothing.
- Never promise confidentiality or make other promises such as 'it will all be okay now'.
- Explain what will happen next, who you will tell, that you have guidelines to follow.
- Consult immediately with named person within your organisation.
- Record the conversation immediately on the safeguarding form (see Appendix 3). What you are saying is really important, so I am going to write it down. Or as soon as possible after.

Information sharing and confidentiality

Sharing internally within Lifecentre

It is expected that information about clients will be shared internally with colleagues at Lifecentre, on a 'need to know' basis. This will be for the purposes such as registering clients on our database or supervising the work undertaken with them etc and otherwise all client information will be securely managed.

Sharing externally

When sharing information about clients with external agencies, the law on confidentiality and information sharing must be applied. The general principle is that is that clients have a right to expect that their personal information will not be shared with other agencies and that their consent is obtained before sharing. This principle is important to support clients and their families to develop trusting relationships with us and to help them to engage openly when using our services.

There are important exceptions to this general principle. Confidentiality is not offered absolutely and we have a duty to make reports and share information in certain circumstances when it is in the public interest, i.e. when there is a concern about actual or possible abuse/neglect or if we believe a crime has been committed.

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

- i. the General Data Protection Regulation 2016 (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about individuals is shared appropriately.
- ii. be open and honest with the individual (and/or their family) from the start about why, what, how and with whom information may be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- iii. seek advice from others including external agencies, if there is any doubt about sharing the information without disclosing the identity of the individual.
- iv. where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. You may share information without consent if you consider on the facts presented that there is a lawful basis such as where safety may be at risk.
- v. consider safety and well-being: base information sharing decisions on the safety and well-being of the individual and others who may be affected by their actions.
- vi. necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- vii. keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

For adult safeguarding, it is important to make decisions with adults about their circumstances, to share information with their informed consent or empower them to make their own decisions about information sharing. However the law does not prevent the sharing of information without consent in certain circumstances such as when an adult is at risk or has experienced abuse/neglect; where an adult does not have mental capacity to consent or make decisions; where seeking consent could place the individual or others at risk or where a crime has been committed.

Mental capacity is a concept set out in The Mental Capacity Act 2005. It refers to the ability of person at a point in time to understand, retain, use and communicate information to make an informed decision on a specific issue and understand the consequences. Adults are presumed to have mental capacity until it has been assessed (by specifically trained persons) that they do not. Presumption of mental capacity also means that adults can make what may be seen as unwise decisions. Anything done for, or on behalf of, a person who lacks mental capacity must be in their 'best interests' and the 'least restrictive' of their rights and freedoms.

The Social Care Institute for Excellence (SCIE) have produced a more detailed guide called Safeguarding Adults: Sharing Information (2019) which is available here: <https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

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

In any situation where information is not shared because consent has not been given and it is judged that it cannot be shared, advice, signposting and guidance can be offered to support the client. Further opportunities to discuss matters, including concerns about safeguarding and to share information in future should be given.

Communicating with parents when working with children

If a child discloses any safeguarding concerns that need to be referred to an external agency, the general principle is that it is good practice for the parent to be told that a referral is to be made or has been made. As far as possible, this should be discussed with the child first and they should be encouraged to speak with their parents or agreement obtained for their parent to be advised. In many circumstances, parents can be a source of protection, support and comfort to the child and their involvement should be welcomed.

There are circumstances in which parents must not be told and these relate to where telling parents may place the child at greater risk or may mean that the child is primed to withdraw allegations. This may relate to allegations made against the parent of sexual abuse, FGM, forced marriage, fabricated or induced illness or other concerns.

Recording

Recording is a key task in safeguarding practice which includes recording of concerns, allegations, interventions, decisions, actions and reasoning. Records may be used in future legal proceedings and be accessed by all parties to proceedings and be scrutinised. The following checklist should be followed as good practice in recording of safeguarding concerns. Records:

- can be made during the session with the adult or child or failing that immediately afterwards
- as far as possible, should use the adult/child's own words and phrases
- should be legible and avoid acronyms or initials unless these are properly explained and unambiguous
- must be completed as soon as possible after the event/incident and at the latest within 24 hours
- should be clear, legible accurate, concise and up to date
- Write in black ink to ensure good reproduction if photocopying is necessary
- should differentiate between fact and professional opinion or observations
- must be in plain language and free from jargon
- must state the date, time, place and who is present.
- be made only on Lifecentre secure systems and be held by Lifecentre. Records should never be kept at home or in places outside of Lifecentre, nor be made on personal equipment such as phones or records.
- be accessed only by those who are authorised and, on a need-to-know basis.
- must never be amended. Additional information or corrections of fact must be written as a separate record and explaining why the additional note is being made.

Lifecentre has a data protection policy which sets out our procedure for data retention and storage guidelines.

A safeguarding form, once complete should be sent to the Clinical Lead, copying in the Designated Safeguarding Lead. The form will then be saved in the Lifecentre Safeguarding Reports folder in the shared drive.

Procedure for managing safeguarding concerns about clients

It is not our responsibility to decide whether an adult or child has been abused, but we are responsible for responding to and reporting concerns.

Regardless of how safeguarding concerns emerge, it is important to act on them and to report them in accordance with this procedure. Reports must be made immediately or as soon as possible after the concern comes to light and within the day.

In an emergency, the therapist can make a report directly to an external agency. It is expected that in all cases, the therapist will alert a Designated Safeguarding Officer (DSO) or if the DSO is not available, then the Designated Safeguarding Lead (DSL). See Appendix 1 for all names and contact details of DSO's and DSL's.

Please refer to the flowchart for managing concerns about adults and children (Appendix 4) and the safeguarding form (Appendix 3).

Responding to a child or adult emergency

In an emergency where a child or adult at risk has been seriously hurt or is in imminent danger of being harmed you should:

- Inform a DSO as soon as possible.
- If the DSO is not immediately available, ring 999 and ask for the emergency service required - police and/or ambulance
- If a DSO is not aware, then inform a DSO after having made the referral. The procedures set out below in the paragraph 'Responding to a safeguarding concern about a child or adult' must then be followed by the DSO.

Responding to a safeguarding concern about a child or adult

For any other safeguarding concerns that are not immediately life-threatening, follow these steps:

Stage 1: Speak to your DSO about your concern. This should be done on the same day (or as soon as possible) that you identify the concern.

Stage 2: Record all relevant details on the safeguarding form (Appendix 3). All subsequent actions and decisions must be recorded.

Stage 3: The DSO, having listened and understood any relevant background, will make decisions about the next steps to take. In so doing, the DSO may seek advice from others either at Lifecentre or externally e.g. the Integrated Front Door (IFD). The DSO will ensure that the safeguarding concern has been discussed with the client to obtain their view of what they would like to happen and tell them of our duty to pass on our concerns if this is required. The DSO will clarify matters regarding consent to share information have been addressed properly. Thereafter the DSO will make decisions accordingly within 24 hours of the concern being alerted to them.

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

member disagrees with a decision not to refer the case to IFD, they are still able to do so. They must inform the DSO that they have done this.

The DSO may make any of these decisions:

- i. There is no further action to take. This is because there are no safeguarding concerns.
- ii. The threshold has not been met to refer onwards. Lifecentre will continue to provide support to the individual adult or child if appropriate. This could involve signposting the individual to other sources of help including helplines, counselling or other avenues of external support. It may involve ongoing monitoring of safeguarding for the person.
- iii. Referral is made to other agencies for support and early help. This could involve voluntary or statutory agencies. Such referrals will require the informed consent of the client. It may involve ongoing monitoring of safeguarding for the person by Lifecentre.
- iv. Referral is made to IFD if there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or there are serious concerns about the wellbeing of the person.

Information sharing with other agencies should be in line with the principles set out in this policy and procedure.

The referral must be made immediately by the counsellor. The online form is the best way of reporting the concern, but if the DSO would prefer to report the concern by telephone, the practitioner can do that using the following telephone numbers:

- 01403 229900 (Monday to Friday between 09:00 and 17:00)
- 03302 226664 (if you require the Emergency Duty Team outside of office hours)

The Lifecentre member of staff should confirm in writing, within 24 hours, any telephone referral made to the IFD or the Police. The IFD often asks for this to be done by email on WSChildrenservices@westsussex.gov.uk with ALERT FOR EDT in the subject line.

Children's Services and Police should acknowledge your written referral within one working day of receiving it, so if you have not heard from them within 3 days, contact them again.

It is important that Children's Services has an exact written record of the referral call you have made.

If you called to report a primary disclosure, all those notes should be sent to Children's Services, together with a covering letter.

Having made the referral, this may well require ongoing work by the counsellor, including providing further reports or attendance at meetings, in line with the multi-agency procedures.

If a referral is not accepted or there are delays, the DSO should be advised by the Local Authority and given reasons for these decisions. If the DSO remains concerned, they

should be proactive in pursuing further discussions with the Local Authority and consider escalating their concerns through the Safeguarding Partnership procedure.

- v. Refer to the Police or other Emergency Services if there is an emergency requiring immediate action.
- vi. At any time, the counsellor can seek advice from one or more of the following: the DSL, Local Authority, Police or any of the specialist providers in West Sussex or nationally (see agencies listed in Appendix 2).
If the referral needs to be made out of area, the staff member will find the persons Local Authority and refer to the relevant department.

Stage 4: In all cases, records must be kept of all conversations, observations and reasons for decisions. A decision to take no further action or monitor a situation is as serious as a decision to take action or make a referral out.

Stage 5: The DSO also has a role at Lifecentre to debrief with staff and to offer support and supervision during and after any safeguarding incidents. The DSL will also be appraised.

10. Procedure for managing allegations against staff and volunteers

Safeguarding concerns can include where an individual may have:

- I. behaved in a way that has – or may have - harmed an adult or a child or behaved in a way that could lead to an adult or child being harmed
- II. possibly committed, or is planning to commit a criminal act to an adult or a child
- III. behaved toward an adult or a child in such a way that it indicates that they could pose a risk of harm to clients or be unsuitable to work with clients

whether this has occurred whilst working at Lifecentre or elsewhere, including online.

Safeguarding concerns staff may arise in various circumstances, for example:

- a client (adult or child) or a third party makes an allegation
- concerns about someone's behaviour emerge from another route e.g. a complaint or an enquiry
- a specific known person is not victimised but for example someone is looking at abusive images of children online or using the internet to groom
- someone has breached the Code of Conduct or they engage in poor working practices
- they no longer work at Lifecentre and allegations come to light about them (historical or non-recent concerns)
- they are involved in activities outside of their work at Lifecentre, for example they have harmed their own children or another adult or accessed illegal online material that leads to concerns about their fitness to work at Lifecentre
- new information is contained in a Disclosure and Barring List (DBS) renewal check.

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

Responding to a safeguarding concern about staff

If an adult or a child needs immediate emergency care or support, call 999 straight away. Follow the steps set out in the paragraph above 'Responding to a Child or Adult Protection Emergency'.

In any event, where there are safeguarding concerns about staff, follow the steps below. Please refer to the flowchart for Managing Allegations against Staff (Appendix 5) and the Safeguarding form (Appendix 3).

Speak to your DSL about your concern. The subject of the allegation should not be notified. The report should be made on the same day (or as soon as possible afterwards) that you identify the concern.

If the concern is about the DSL or a Trustee, then the Chair of Trustees (or another Trustee) must be notified. Alternatively, the person can contact the Local Child Safeguarding Board.

Record all relevant details on the Safeguarding Form (Appendix 3) and hand to the DSL. The DSL will ensure that all subsequent actions and decisions are recorded.

Steps the DSL may take

The DSL will follow the process for managing allegations against staff, dealing with matters quickly, fairly and consistently so that individuals are safeguarded, any actual or potential evidence is secured and the member of staff is supported. This will involve working with others, both internally at Lifecentre, including Trustee's and Human Resources colleagues, as well as external agencies including Police, Local Authority and Local Authority Designated Officer (LADO).

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

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

An initial plan for the enquiry with proposed actions and timescales must be confirmed within one working day. This should consider at least these areas:

- which of the four stands of inquiry (see above list) are thought to be required at this stage (this may change as the enquiry progresses).
- if any immediate action is required to safeguard clients, other staff, the building or services
- what other information is required, how it will be sought, when, from whom
- if advice is required from the Local Authority, LADO, Police or other agency
- securing or 'locking down' any records; removing equipment from the subject of the allegation (including devices which contain evidence) or removing their access to parts of the building or shared drives etc.
- what information to share with the subject of the allegation and with any other known employer (if they work elsewhere) and when to do so; any arrangements to support the person
- decisions about temporary suspension or altering duties of person subject to allegation
- what information to share, and when, with other staff and clients; what information do they already have; a plan to manage speculation, leaks and gossip
- how to manage media interest if it should arise
- if the criteria is met for referral to the Local Authority, the Local Designated Safeguarding Officer (LADO) and/or Police
- if the criteria is met for a serious incident report being made to the Charity Commission

Liaison with the local authority designated officer (LADO)

- Where there are concerns about children's safeguarding, the LADO must be contacted within one working day. The LADO for the local authority area where the child resides is the responsible agent, unless there is no known child in which case it is the area where the subject of the allegation lives.
- The LADO will advise and if the threshold for their involvement is met, will convene a meeting to ensure all the relevant reports and lines of inquiry are undertaken.
- The LADO is involved from the initial phase of the allegation through to the conclusion of the case. The LADO is available to discuss concerns and to assist in decisions about making referrals or taking management action to protect a child. The LADO is responsible for:
 - providing advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers.
 - managing and overseeing individual cases from all partner agencies.
 - ensuring the child's voice is heard and that they are safeguarded.
 - ensuring there is a consistent, fair and thorough process for all adults working with children against whom an allegation is made.
 - monitoring the progress of cases to ensure they are dealt with as quickly as possible.
 - recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or social care.

There is no LADO equivalent for adult safeguarding, but the matter will be dealt with by Adults Social Care. Where there may be crossovers between adult and child safeguarding, the LADO can advise.

Enquiries by social care about adult or child safeguarding

Adults and children who are victims of harm must be protected from harm and provided with support. The immediate safety of an individual client must be considered as well as the safety needs of all other clients (current or historical) and any others that the subject of the allegation may have encountered.

This will involve making referrals to the Local Authority as per the above 'Procedure for managing concerns about clients.

A police investigation if a criminal offence may have been committed

A report must be made to the Police and a crime reference number obtained where:

- there has been a crime or a crime is suspected
- allegations about staff/volunteers who are no longer working for Lifecentre must also be reported to the Police.

Lifecentre internal process including considerations about disciplinary action

Internal investigations must be taken without delay, but are secondary to reports being made to Police, Adults or Children's Social Care and LADO.

Internal enquiries should use Lifecentre HR policies and HR advice as well as consultation with other relevant colleagues and address these areas.

- maintaining confidentiality for the subject of the allegation during the investigation period.
- the subject of the allegation has a right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. They should have a named contact at Lifecentre and be signposted to external support, e.g. union or counselling services.
- decisions about suspension or other alternatives such as allocating other duties during the investigation period. Suspension should not be the default option and alternatives to suspension will always be considered. Where suspension takes place, it is viewed as a neutral act which does not imply guilt. Suspension should be considered where Police are investigating allegations; the allegation is so serious that if it is substantiated, it would be grounds for dismissal; the person against whom the allegation is made may put pressure on others who are witnesses or may pose ongoing risk which cannot be managed satisfactorily without suspension. In any event, whilst inquiries are ongoing, the worker in question should preferably not be in contact with clients.
- Outcomes of the investigation may fall into these areas:
 - there is sufficient evidence to state that the allegation is substantiated and there has been harm to the service user.
 - there is sufficient evidence to disprove the allegation and say it is malicious. Malicious allegations made by another member of staff/volunteer may result in disciplinary procedure against the referrer. Where police are involved, this may lead to charges of 'wasting police time' or 'perverting the course of justice'.

- there is sufficient evidence to disprove the allegation but it was not made to deceive. False allegations are rarely made by clients or callers and it is more likely there has been a misunderstanding or misinterpretation of events. Where it transpires that there has been a false allegation, it is important to consider what may have driven this, including other welfare concerns.
- there is insufficient evidence to either prove or disprove the allegation which is therefore unsubstantiated.
- there is no evidence or proper basis which supports the allegation being made, e.g. due to a misinterpretation, so the allegation is unfounded.

The range of options open will depend on the circumstances of the case and take into account the result of any Police investigation or criminal trial, any safeguarding enquiries about the child or adult as well as the organisations duty to safeguard the charity, its staff and clients. Options include:

- reintegrating the member of staff into the job role
- changes to the job description or working patterns
- invoking the disciplinary process
- dismissal
- alerting other known employers of the individual concerned (which the LADO can do)
- referring to the DBS
- alerting the Charity Commission or the charity's commissioners, insurance company or professional regulating bodies of the subject of the allegation (see Appendix 6)
- if there are any consequences for staff who have made malicious allegations. There should be no consequence for staff who make allegations in good faith where those allegations are not substantiated or are unfounded.

Decisions must be implemented as soon as possible and in three working days of the decision of Lifecentre. The subject of the investigation must receive a letter within five working days of the conclusion of the investigation clarifying its outcome and any implications for their employment.

If Lifecentre becomes aware that any former employee who has been dismissed because of a safeguarding issue, is working for another agency, this will be reported to the Local Safeguarding Board.

Refer to the disclosure and barring service (DBS) (see Appendix 6)

- Lifecentre has a duty to refer to DBS any person engaged to work in regulated activity where the allegation has been substantiated or where there has been harm caused. DBS will consider whether the person should be barred from working with children or adults at risk.
- Referrals to DBS will be made where we withdraw permission for a person to work in regulated activity with children and/or vulnerable adults, including moving them to do work that is not regulated activity. We will also refer to DBS where we would have taken this action, but the person was re-deployed, dismissed, resigned, retired, or left. The DBS referral can take place at any time during the allegations process and at the earliest stage possible.
- Failure to report to DBS in these circumstances is an offence.

- The referral process is outlined on the DBS website and they can be contacted for advice if there is uncertainty as to what to do.

Other considerations

Lack of co-operation

In all cases, the process of recording the allegation, identifying any supporting evidence and making a judgement as to whether it is substantiated should continue as far as possible. Full opportunity will be given to the person to respond to the allegation.

Every effort will be made to conclude all cases where allegations are made, even where:

- the person concerned refuses to cooperate, resigns or otherwise stops providing their services
- it is difficult to reach a conclusion
- the person is deceased.

Managing communications

Clients and their families may need to be advised about the allegation and the decisions about how this occurs and what is shared will be agreed by the DSL.

If there is media interest, this will be carefully considered by the leadership and Trustees.

The child their parents/carers and the adult at risk should ideally be told about the allegation as soon as possible (if they do not know about it already). This will be dependent on the individual situation. They should be kept informed about the progress of the case and told of the outcomes where there is not a criminal prosecution. That includes the outcome of any disciplinary process.

The person against whom the allegation is made should be kept apprised by the nominated person at Lifecentre.

Compromise agreements, settlement agreements or non-disclosure agreements

These are agreements whereby a person agrees to resign with the agreement that the employer will not pursue disciplinary action, and where both parties agree a form of words to be used in any future reference.

These types of agreement must never be used in these cases nor can Lifecentre's duty to report to DBS, where the criteria is met, be overridden.

References

Where allegations are considered to be false, unsubstantiated or malicious, these should not be included in employer references.

Record keeping:

Thorough records must be kept:

- Details of allegations that are found to have been malicious should be removed from personnel records.
- For all other allegations, detailed and clear records of the allegation, how it was managed, actions taken and decisions reached, is kept on the confidential personnel file of the subject of the allegation. The record should be kept for a period of 7 years from the date of the allegation in line with ICO guidelines and best safeguarding practice.

Supervision, support & learning

- The DSL will ensure that after any allegations against staff, that staff who have been involved in the issues surrounding the allegation are supported, supervised and effectively de-briefed.
- There may need to be a learning review arising from the experience of managing the allegation and practice changes made accordingly, if there are features of the organisation that have contributed to the occurrence of the harmful behaviour. In some circumstances an individual case review may be required to learn lessons and improve practices, amend policies and procedures or lead to staff training.
- This policy and procedure, or other policies at Lifecentre may need to be reviewed in relation to the learning from the allegation management. These amends / updates should be made at the time of learning rather than waiting for the next scheduled policy and procedure review.

11. Safeguarding training

All staff should be equipped with the knowledge and skills to recognise the possible signs of abuse, neglect, exploitation and radicalisation and to know what to do if they have a concern. This should cover both the adults and the children safeguarding landscape.

Everyone should be familiar with this policy and procedure and be willing and able to apply it when required.

Designated Safeguarding Officers and the Designated Safeguarding Lead and Trustee's must be able to undertake their specific responsibilities supported by training.

Lifecentre offers learning opportunities about safeguarding as listed below and they may take place through face to face training, staff briefings, online, reading or other learning opportunities. Records will be kept of attendance.

Induction

All new staff, volunteers and Trustee's, at the time of their starting work at Lifecentre will receive this safeguarding policy and procedure. They are expected to read it and to agree to apply it if required.

Safeguarding learning and development / training

All staff and volunteers and Trustee's will receive within 6 months of their starting their role, safeguarding learning and development which will help them to identify abuse and neglect and report it using this policy and procedure and statutory guidance. This will

be for safeguarding both adults and children. This training will then take place annually as a refresher/update.

Safeguarding training for designated safeguarding officer

The Designated Safeguarding Officers and the Designated Safeguarding Lead will receive training within 6 months of their role commencing and then refresher/update briefings every three years. This training will focus on managing adult and child safeguarding within Lifecentre including making decisions about safeguarding, making referrals, understanding and contributing to the inter-agency process that follows, consent, confidentiality and information sharing, staff support and promoting a safeguarding culture.

Safeguarding training for designated safeguarding leads & trustee's

Those roles that will need to recruit to staff and volunteers will need to have undertaken 'safer recruitment' training. In addition, those senior staff and Trustee's who may be required to undertake inquiries and manage allegations against staff will be required to undertake training in this area.

Safeguarding governance briefings

Trustees will receive training to be able to fulfil their safeguarding governance responsibilities. This should take place for all Trustee's and be updated every two years.

Ongoing Learning and Reflective Practice

In addition to formal training, Lifecentre holds a monthly Safeguarding Forum to review incidents, identify learning points, and support continuous improvement in safeguarding practices. Key themes and lessons learned are shared with relevant staff and feed into future training, supervision, and policy updates.

Appendix 1

Safeguarding Roles & Responsibilities: Key Contacts at Lifecentre			
Designated Safeguarding Officer (DSO)			
Name:	DJ Holman	Tel:	07873 391192
Job Title	Clinical Lead	Email:	dj@lifecentre.uk.com
Name:	Jacob Whiteside	Tel:	07947 350534
Job Title:	Operations Manager	Email:	jacob@lifecentre.uk.com
Name:	[REDACTED]	Tel:	[REDACTED]
Job Title:	[REDACTED]	Email:	[REDACTED]
Name:	Nikki Van De Berre	Tel:	07526 360748
Job Title:	Senior Therapist	Email:	nikki@lifecentre.uk.com
Name:	Debs Thorne	Tel:	07793 215169
Job Title:	Senior Therapist	Email:	deborah@lifecentre.uk.com
Name:	Louise Gisbey	Tel:	07394 096515
Job Title:	Head of Business Development	Email:	louise@lifecentre.uk.com
Name:	Claire Gillett	Tel:	07512 548551
Job Title:	Office Supervisor	Email:	claire@lifecentre.uk.com
Designated Safeguarding Lead			
Name:	Kathryn Slatter	Tel:	07425 481520
Job Title:	CEO	Email:	kathryn@lifecentre.uk.com
Chair of Trustee's			
Name:	Andrea Clarke	Tel:	07968 500220
Title:	Board Chair	Email:	andrea.pandy@gmail.com

Lead Trustee for Safeguarding			
Name:	Mark Oliver	Tel:	07834 734660
Title:	Board Chair with safeguarding responsibilities	Email:	mark.oliver@gmail.com

Appendix 2

Key External Contacts and Resources		
Police, Ambulance, Fire Services		
Police	non-emergency	Tel 101
Emergency Services		Tel 999
Police Anti-terrorism Hotline		Tel 0800 789 321
Police Prevent Team		Tel 101
Local Authority		
Local Authority Adults Social Care (see link for adult safeguarding multi-agency procedures)		<p>Tel: 01243 642121 Emergency: 033 022 27007 Email: info@safeinsussex.org.uk</p> <p>Adult Safeguarding Multi-agency procedures: https://www.westsussex.gov.uk/social-care-and-health/social-care-and-health-information-for-professionals/adults/adult-safeguarding-guidance-for-professionals/</p>
Integrated Front Door		<p>Tel: 01403 229900 Email: WSChildrenservices@westsussex.gov.uk</p> <p>Pan Sussex Child Protection and Safeguarding Procedures https://sussexchildprotection.procedures.org.uk/</p>
Local Authority Social Care [MASH] – Out of Hours		Tel: 03302 226664
A-Z of councils and their social media links		https://www.local.gov.uk/our-support/guidance-and-resources/communications-support/digital-councils/social-media/go-further/a-z-councils-online
Local authority Adults Social Care (England)		<p>Action on Hourglass helpline Tel: 0808 808 8141</p> <p>Adult social care support Tel: 01243 642121 Email: socialcare@westsussex.gov.uk</p>

Local authority Children's Social Care (England)		Tel: 014 0322 9900 Tel: 033 0222 6644 (out of hours)
Local Authority Designated Officer	Re allegations against staff working with children	LADO: Lindsey Tunbridge Adams Tel: 0330 222 6450 Email: LADO@westsussex.gov.uk
Young Carers team	Re: support for young carers	Email: youngcarers@westsussex.gov.uk
Local Agencies		
Domestic Abuse	Safe in Sussex	Helpline Tel: 01903 896202 Tel: 0330 333 7416 Email: info@safeinsussex.org.uk
	National Domestic Violence Helpline	Tel: 0808 2000 247
Sexual Assault Referral Centres (SARC)	Saturn Centre	Tel: 01293 600469 Email: sc-tr.saturncentre@nhs.net
Radicalisation		
HM Govt	Report radicalisation concerns online	Report online: https://act.campaign.gov.uk/ Tel: 0800 789 321
Home Office	Radicalisation e-learning module	https://www.elearning.prevent.homeoffice.gov.uk
West Sussex		Police Email: prevent@sussex.pnn.police.uk Phone: To talk to the Prevent Co-ordinator or Prevent Officers call 101 and ask for the Prevent Team. West Sussex County Council Email: beverly.knight@westsussex.gov.uk Team Manager, Vulnerable Individuals, Community Safety and Wellbeing
Adult Safeguarding		

Ann Craft Trust	Resources and support for safeguarding adults	Tel 0115 951 5400 Website: http://www.anncrafttrust.org/safeguarding-adults-sport-activity/
NAPAC (National Association for People Abused in Childhood)	Helpline and online support	Tel 0808 801 0331 Email support@napac.org.uk
Mencap Direct	Helpline and support	Tel: 0808 808 1111 E-mail help@menicap.org.uk www.mencap.org.uk
MIND	Helpline and support	Tel 0300 123 3393 Text 86463 E-mail info@mind.org.uk www.mind.org.uk
Coastal Mind		Tel: 0300 303 5652 helppoint@westsussexmind.org
National Autistic Society	Helpline and support	Tel 0808 800 4104 Website www.autism.org.uk
Children's Safeguarding		
NSPCC Helpline	For anyone concerned about a child	Tel 0808 800 5000 Email help@nspcc.org.uk
Childline	For children to use	Tel 0800 1111
NSPCC Whistleblowing Helpline		Tel 0800 028 0285 Email help@nspcc.org.uk .
NSPCC FGM Helpline		Tel 0800 028 3550 Email fgm.help@nspcc.org.uk
Triangle	Support and advocacy re disabled children	Tel 01273 305 888 https://triangle.org.uk/
Family Lives	Used to be Parentline	Tel 0808 800 2222
Child Trafficking Advice Centre		0808 800 5000.
Child Exploitation and Online Protection Centre (CEOP)	Investigate inappropriate online behavior such as grooming online or sexual exploitation	0870 000 3344
Other National Services		

Victim Support		Tel 0808 168 9111 www.victimsupport.org.uk
National Domestic Violence Helpline		Tel 0808 2000 247
FGM FORWARD	Training and Support	Tel 020 8960 4000 Email forward@forwarduk.org.uk
Forced Marriage Helpline Karma Nirvana		Tel 0800 599 9247
Forced Marriage Unit		Tel 0207 008 0151 Out of office hours contact: 0207 008 1500 (ask for Global Response Centre).
UNSEEN	Specialist charity for advice and support about Modern Slavery	Telephone: 0303 040 2888 Helpline: 08000 121 700 Website: https://www.unseenuk.org/
British Institute of Learning Difficulties	Training and Resources	Tel 0121 415 6960 www.bild.org.uk
The UK Safer Internet Centre	Provides advice for professionals and responds to reports about sexual abuse images of children online	0344 381 4772 helpline@saferinternet.org.uk
Disclosure & Barring Scheme		https://www.gov.uk/government/organisations/disclosure-and-barring-service
Samaritans Tel: 116 123		Tel: 116 123

Appendix 3

Safeguarding form

To be completed as soon as possible following the safeguarding incident and within **24 hours**.

All Safeguarding concerns must be sent to the DSO, copying in the Clinical Lead for sign off at: dj@lifecentre.uk.com and your designated senior therapist.

Name of client/caller:	
Name of person who received the initial disclosure:	
Date and time safeguarding concern was reported	
Record of the conversation and who was present Please use the adult/child's own words and phrases Please use plain language, avoiding acronyms or initials and jargon Please differentiate between fact and professional opinion or observations Please state the date, time, place and who is present.	

Has the following been done:

Designated Safeguarding Officer been notified

Y ☐ N ☐

Client/caller asked their view of what they would like to happen

Y ☐ N ☐

Client/caller informed of duty to pass the information on

Y ☐ N ☐

IFD contacted

Y ☐ N ☐

Police contacted in an emergency

Y ☐ N ☐

Date DSO informed	
Name of DSO	
Actions taken already as a result of the safeguarding concern These could include: No further action Signposting for other sources of support Referral to Local Authority Adult or Children Social Care department by the DSO	

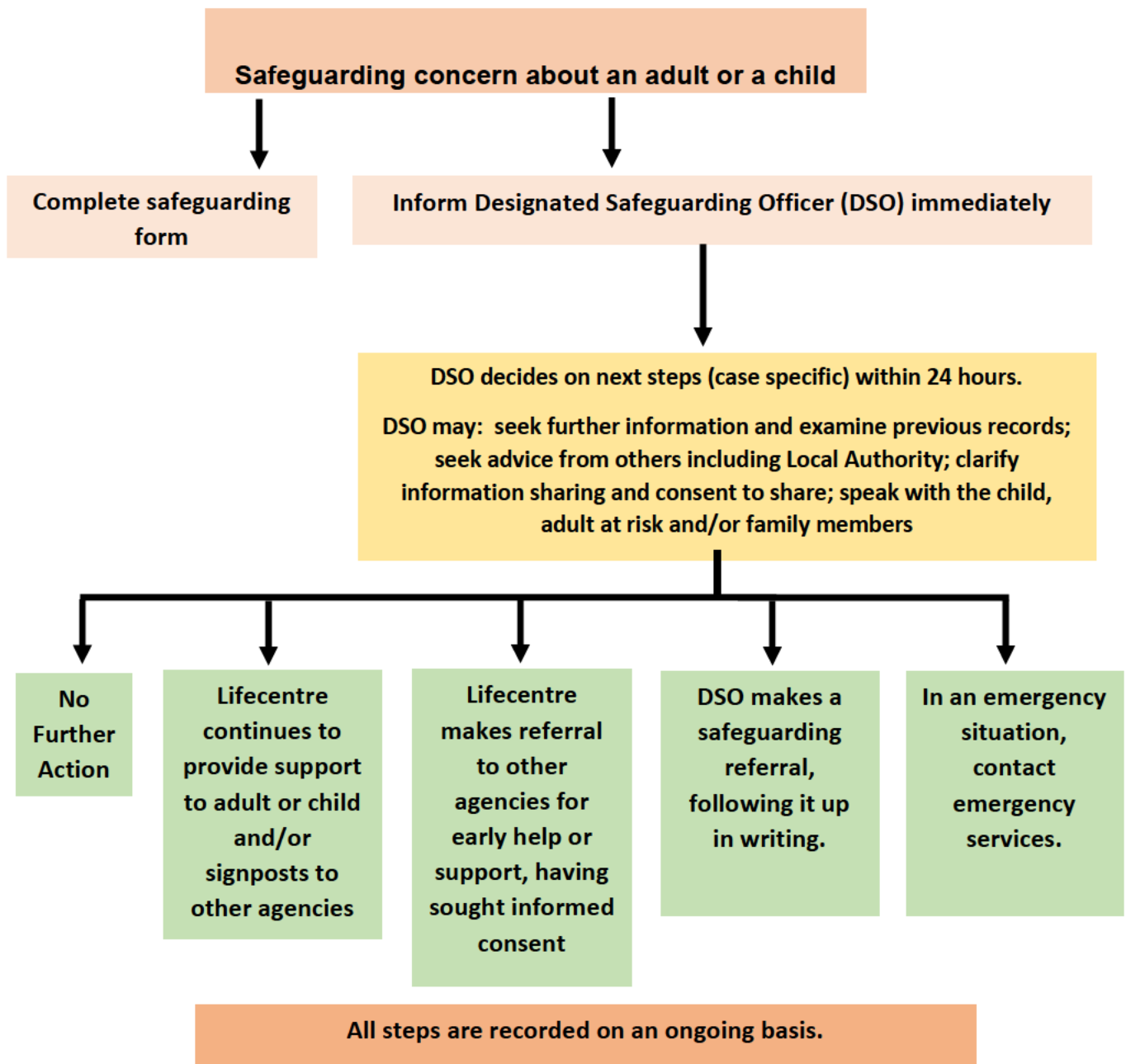
If there is any disagreement between the Lifecentre staff about the decision that is to be taken, then the matter must be referred to the Designated Safeguarding Lead (Kathryn Slatter) to make a decision.

Future actions agreed with DSO including reason.	1. 2. 3. 4.
Date of confirmation letter to IFD This must be within 24 hours of the initial referral This should be sent to WSChildrenservices@westsussex.gov.uk with ALERT FOR EDT in the subject line	
Date of acknowledgement from IFD	
Clinical Lead signature	
Date signed off	

This form should be saved into the Lifecentre SMT safeguarding reports folder via rachel@lifecentre.uk.com after Clinical Lead sign off.

Appendix 4

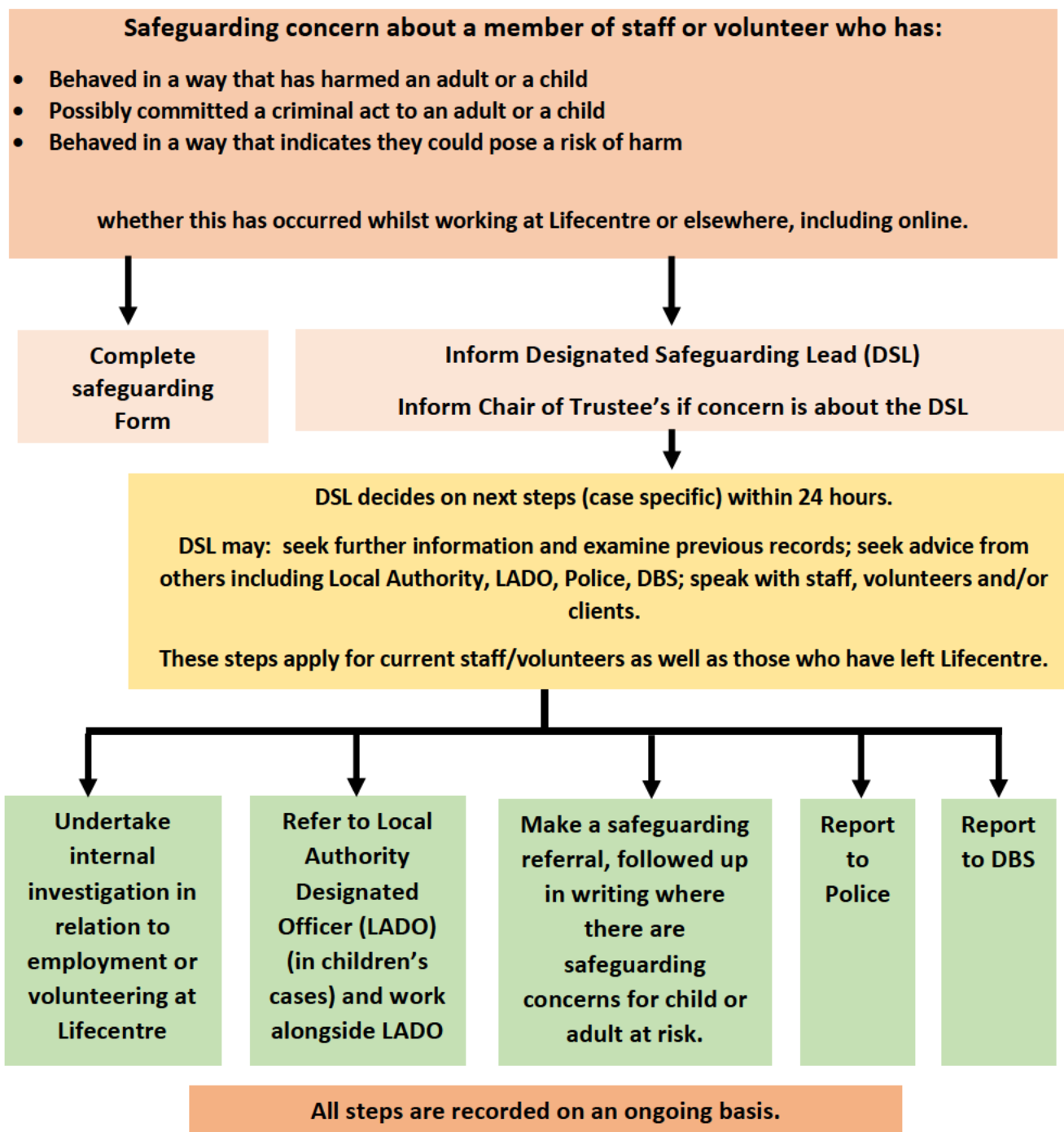
Flowchart for Managing Safeguarding Concerns about Adults and Children (see policy and procedure for detailed guidance).



Appendix 5

Flowchart for Managing Allegations Against Staff

(see policy and procedure for detailed guidance).



Reporting to Regulating Bodies and Commissioners

Lifecentre is regulated by a number of bodies and we also are commissioned and overseen by the Local Authority. This requires that we are periodically inspected and also places obligations upon us to report certain matters to our regulators. Below is a summary of these reporting requirements with their website links to the relevant pages as each of these organisations has their own guidelines about reporting to them.

The Disclosure and Barring Service (DBS)

The DBS provides information on criminal records and barring decisions. It helps employers make safer recruitment decisions and prevent unsuitable people from working with adults at risk and children.

If a safeguarding concern involves staff or volunteers who have caused harm or are a risk of causing harm to individuals, a referral to the DBS should be made. If staff or volunteers have been dismissed or removed from the charity, given that we work directly with children and adults at risk, we must make a referral.

See DBS website for further information (accessed 09/07/2020)

<https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

The Charity Commission

Reports must be made to the Charity Commission where there are 'serious incidents' relating to the people who come into contact with the charity (i.e. clients – both adults at risk and children, staff and volunteers and others).

Reports must be made in full and promptly, i.e. as soon as reasonably possible after the incident. The report must be made even if the matter has been reported to other agencies including police, local authority, commissioners or other regulators.

The responsibility for reporting rests with the Board of Trustees. In practice, this may be delegated to someone else within the charity, such as the CEO or DSL although Trustees remain responsible for ensuring the report is made in a timely way and authorise it. If Trustees decide not to report a matter, they may be asked to explain their reasoning later if the Charity Commission becomes involved.

Whilst this section solely deals with the reporting of safeguarding 'serious incidents', there are reporting requirements for other areas such as: financial crimes (fraud, theft, cyber-crime and money laundering); large donations from unknown or unverifiable sources; significant financial losses; links to terrorism or extremism and other significant incidents (insolvency, withdrawal of banking services, significant data breach/loss or incidents involving partners).

'Serious incidents' should be reported in relation to safeguarding where they have resulted in, or risked, significant harm to clients and other people who come into contact with Lifecentre through its work. It may include these areas:

- Incidents of abuse or mistreatment (alleged or actual) of clients (adults or children) which happened when they were under our care and someone connected to Lifecentre was responsible for the abuse or mistreatment.

- Incidents of abuse or mistreatment (alleged or actual) of people who come into contact with Lifecentre which have resulted in or risked harm to them.
- Failures to sufficiently manage safeguarding risks such that they harm people involved in the charity.
- Incidents which result in damage to the reputation of the charity or to public trust and confidence.
- Situations where policies or procedure have not been followed properly resulting in people being placed at significant risk of harm.
- Adverse findings about the charity made by another agency or regulator.
- Police investigation of the charity or actual or alleged crimes.
- Misconduct by someone in a senior position.
- The number and nature of staffing incidents indicate there are widespread or systematic issues connected to harassment, abuse and/or other misconduct in a charity.

Safeguarding incidents that have occurred outside of the charity, e.g. where a person involved with the charity was abused outside of the charity and the alleged perpetrator was not involved with the charity, do not normally have to be reported to the Charity Commission. The exception to this would be if the charity did not handle the incident appropriately and this resulted in harm to the person concerned.

Not every internal staffing incident has to be reported, only those incidents which are considered serious in the context of the charity and where the level of harm to the victims and/or the likely damage to the reputation of or public trust in the charity is particularly high. The report must be made even if no actual harm occurred, and regardless of whether a crime was committed or whether other agencies were involved.

Trustees are to decide whether an incident is significant and should be reported. The link below to the Charities Commission document contains examples to show what should be reported, although it is not a definitive list.

[Examples table: deciding what to report](#) (PDF, 382KB, 6 pages, accessed 09/07/2020)

The report should state what action has been taken or is planned. Detailed guidance as to how to make the report to the Charity Commission can be found via this link:

<https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity> (accessed 10/07/2020)

Following a report, the Charity Commission will seek to ensure that the Trustees are handling the incident appropriately and responsibly, complying with their legal duties and if necessary, putting in place improvements and controls to prevent further harm. The Commission may provide regulatory advice or guidance or use its statutory powers.

Commissioners

Lifecentre delivers commissioned services under contract. The terms of the contract may require us to make reports regarding safeguarding, including any types of specific incidents. These will be set out in the terms of the individual contracts and commissions.

Professional bodies

Where staff or volunteers are working for Lifecentre and are a member of a regulated profession, any concerns with regard to their employment, including where they have been subject of an allegation or concern, may need to be referred to their professional

body. The relevant professional body will need to deal with issues relating to fitness to practice or bringing that profession into disrepute.

Lifecentre is an organisational member of the BACP and follows all its ethical guidelines.

Appendix 7

Confirmation of having read, understood and agree to apply safeguarding policy and procedure by staff, volunteers and students

To be completed during induction and within two weeks of new policy and procedure being issued annually

Name:

Date of appointment:

Date policy and procedure discussed in supervision:

I have read and I understand the Safeguarding Adults and Children Policy and Procedure. I agree to adhere to the requirements of the Safeguarding Adults and Children Policy and Procedure during my work at Lifecentre.

YES/NO (delete as applicable)

I have had the opportunity to discuss the Safeguarding Adults and Children Policy and Procedure in supervision.

YES/NO (delete as applicable)

Name of worker:

Signature of worker:

Date:

Name of manager:

Signature of manager:

Date: