

Safeguarding Adults and Children Policy

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1.0 Introduction

1.1 Purpose

Settle is committed to the welfare of adults and children, and to ensuring that they are safe and protected by effective interventions if they are thought to be suffering, or at risk of, harm. We have a duty of care to everyone we support and those who work for or on behalf of Settle. We strive to create a working environment where risk is minimised, and everyone can work together confidently and respectfully, maintaining high standards of practice.

The purpose of this policy is to provide a framework that informs procedures related to Settle's duty to protect adults and children, to support paid and unpaid staff in their practices and to clarify the organisation's expectations.

We will always ensure we work in compliance with safeguarding and data protection legislation. Our safeguarding policies and procedures are reviewed at least every year or sooner, in the event of a serious safeguarding incident or breach.

All of Settle's participants have the right to be safeguarded from harm and exploitation whatever their age, disability, ethnicity, gender, religion or belief and sexual orientation, pregnancy and maternity, gender reassignment and marital status or civil partnerships or any other difference. We recognise the importance of considering the additional vulnerabilities that might come into keeping someone safe if the person has one or more protected characteristics as outlined by the Equality Act 2010. We are committed to furthering our practice in this space. Settle has an Equality, Diversity and Inclusion Policy and this Safeguarding Adults and Children Policy should be read in conjunction with this.

1.2 Scope

This policy applies to all those working on behalf of Settle, whether paid or unpaid. It covers actions both during and outside of working hours.

Abuse may take place both outside and inside of Settle's programmes. Everyone who is part of the Settle community is responsible for safeguarding, promoting and protecting the welfare of adults and children.

It is expected that this policy and procedure will be applied by everyone working on behalf of Settle and everyone should:

- Be alert to potential indicators of abuse or neglect and risks which abusers or potential abusers, may pose;
- Share and help to analyse information so that an assessment can be made of a person's needs and circumstances, contributing to actions to safeguard and promote the

person's welfare and take part in reviewing the outcomes for them against specific plans;

- Work co-operatively with multi-agency colleagues and (unless this is inconsistent with ensuring the person's safety), with their parents/carers.

1.3 Principles

Our safeguarding policy and procedure is based on the following principles:

- An ethos that promotes a positive, supportive and secure environment where everyone can feel valued and develop and fulfil their potential and where their welfare is paramount
- Liaison and cooperation with statutory services, including Local Authorities and Police, to safeguard adults and children
- All allegations and suspicions of abuse taken seriously, and responded to swiftly and appropriately wherever and whenever it takes place.

There are five main elements that underpin this policy:

1. Practise the safe recruitment of staff and volunteers
2. Provide safeguarding training & awareness raising for staff, trustees and volunteers
3. Follow Settle's policy and procedures for identifying and reporting safeguarding concerns
4. Effectively supporting Settle participants where there is a safeguarding concern
5. Establishing a safe environment for participants to engage in Settle's programmes

1.4 Legal Framework

The law provides a framework for organisations to share information and cooperate to protect adults and children. Key legislation that underpins this policy is listed here.

- The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to.
- The Charity Commission's Safeguarding Guidance 2021 outlines what charities must do to protect everyone with whom they come into contact from harm.
- The Mental Capacity Act 2005 provides a framework for making decisions on behalf of anyone aged over 16 years who cannot make decisions for themselves.

- The Equality Act 2010 puts a responsibility on charities to have due regard to the need to eliminate discrimination and promote equality of opportunity.
- The Safeguarding Vulnerable Groups Act 2006 is designed to protect children and vulnerable adults from harm by preventing people who are deemed unsuitable to work with gaining access to them through their work.
- The Data Protection Act 2018, UK General Data Protection Regulations and The Data (Use and Access) Act 2025 are the UK's main legislation governing how personal data is used, stored, and protected.
- The Housing Act 1996 and Homelessness Reduction Act 2017 set out the Homelessness Duty to those who are or may be homeless.

As Settle may come into contact with both adults and children across their work the legal frameworks and guidance outlined in 1.4.1 and 1.4.2 apply.

1.4.1 Adults

- The Care Act 2014 outlines the legal framework for safeguarding adults at risk of abuse or neglect. It places a general duty on local authorities to promote the wellbeing of individuals when carrying out care and support functions, prevent abuse and neglect and respond to incidents. It also emphasises the importance of person-centred safeguarding.
- The Care and Support Statutory Guidance 2025 outlines how local authorities should meet the legal obligations placed on them by the Care Act 2014.
- The London Multi-Agency Adult Safeguarding Policy and Procedures 2019 outlines a consistent approach as to how professionals and organisations must work together to protect adults at risk of abuse or neglect.

1.4.2 Children and young people

- The United Nations Convention on the Rights of the Child (UNCRC) is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children.
- The Children Act 1989 puts the child's welfare as the paramount consideration in all decisions affecting them and sets out principles and duties to safeguard and promote the welfare of children.
 - Section 17 of the Act places a duty on the local authority to provide services to 'children in need' in their area.
 - Section 47 of the Act requires local authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm.

- The Children Act 2004 requires agencies to work cooperatively to protect the welfare of children.
- Working Together to Safeguard Children 2023 is statutory guidance which helps professionals understand what they need to do and what they can expect of one another, to safeguard children.
- Information sharing: advice for practitioners providing safeguarding services 2024 is guidance to help professionals working with children and their parents/carers understand how and when to share personal information to protect children from harm.
- The London Safeguarding Children Procedures 2024 set out how agencies across London should work together to protect children from abuse, neglect, exploitation, and harm.

1.4.3 Other relevant policies and procedures at Settle

- Lone Working Policy and Procedures
- Health and Safety Policy
- Data Protection and Cyber Security Policy and Procedures
- Whistleblowing Policy
- Complaints Policy
- Equality, Diversity and Inclusion Policy
- Code of Conduct
- Safer Recruitment Policy

1.5 Definitions

1.5.1 Adult at risk

Section 42 of the Care Act identifies 'an adult at risk' as someone aged 18 years and over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) AND;
- is experiencing, or at risk of, abuse or neglect AND;
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect

An adult may need care and support and be unable to protect themselves from harm for a variety of reasons such as physical or learning disability, mental health difficulties,

addiction, age or infirmity. This definition of 'adult at risk' may apply to a limited population. Settle recognises that we may encounter people with vulnerabilities and complex needs who may not have reached the threshold to be described as an 'adult at risk' - we will still seek to support them.

1.5.2 Adult Safeguarding

The Care Act statutory guidance defines adult safeguarding as:

'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

The definition of wellbeing from the Care Act 2024 is:

- Personal dignity including treating individuals with respect
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day life
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society

The six principles of safeguarding embedded in the Care Act are:

- Empowerment: *People being supported and encouraged to make their own decisions and give informed consent*
- Prevention: *It is better to take action before harm occurs*
- Proportionality: *The least intrusive response appropriate to the risk presented*
- Protection: *Support and representation for those in greatest need*

- Partnership: *Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse*
- Accountability: *Transparency in safeguarding practice*

The concept of person-centred safeguarding means engaging the person in conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety. Organisations must work to support adults to achieve the outcomes they want for themselves. The adult's views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

1.5.3 Mental Capacity and Decision Making

UK law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proven that they cannot. It also gives us the right to make decisions, even if others consider them to be unwise.

The law says that to make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things such as learning disability, mental health needs, acquired brain injury and physical ill health.

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change.

If an adult is being abused and they are scared of the consequences of speaking out or are fearful of the person who is abusing them, this may be recognised in law as coercion and the person may not have mental capacity because they cannot make 'free and informed decisions'.

1.5.4 Abuse (adults)

Abuse is a violation of an individual's human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Abuse may be happening in a person's life currently, or it may be 'non-recent' or historic abuse. Non-recent abuse is when an adult was abused in the past when they were aged under 18 years.

Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance. There are ten types of abuse outlined in the Care and Support Statutory Guidance, however, abuse and neglect can take many other forms, and it is important that we are alert to any concerns about individuals' wellbeing and safety. The information below lists the ten types of harm, with signs and indicators of how they may be recognised. It is also worth keeping in mind that the list is not exhaustive either and there may be no or few signs for some people.

Due to the nature of our work at Settle, some of the abuse reported by the adults we support might be non-recent abuse. Non-recent abuse is sometimes called historic abuse, and is when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it's their fault. But this is never the case.

An adult might have known they were abused for a very long time or only recently learnt or understood what happened to them. London Safeguarding Children (updated in September 2024) mentions that far more children are being sexually abused than are coming to the attention of professionals. Surveys indicate that sexual abuse is as common as other forms of childhood abuse, such as emotional abuse or neglect, but it is much less likely to be identified by professionals. It is important to keep this in mind in our frontline practice at Settle, especially in relation to non-recent abuse.

The impact of child abuse can last a lifetime. It is never too late to report abuse but there is also no obligation to report it.

1.5.4.1 Physical abuse.

This may involve:

- assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- rough handling
- scalding and burning
- physical punishments
- suffocating
- drowning
- poisoning
- misuse of medication
- forced feeding or withholding food

Indicators may include:

- broken bones, bruises, marks on the body, bite, burn or scald marks
- frequent injuries with unexplained/inconsistent account of what happened
- signs of malnutrition
- missed medical appointments or medical conditions left untreated

1.5.4.2 Domestic abuse:

This can be defined as abuse between two people over 16 years of age and who are, or who have been personally connected (for example current or former partners, family members) and where one person's behaviour towards the other is abusive. Children who witness domestic abuse are victims in their own right.

It encompasses the following behaviours:

- physical or sexually harmful behaviour
- controlling or coercive behaviour
- violent or threatening behaviour
- forms of economic abuse
- psychological or emotional abuse

Possible indicators of abuse include:

- physical signs of violence - broken bones or bruising
- psychological - isolated from friends and family, low self-esteem, degrading or humiliating treatment, fear
- forced to take part in sexual activities
- financial - limited access to money and damage to home and property
- so called 'honour-based' violence, forced marriage

1.5.4.3 Psychological / emotional abuse:

This may involve:

- conveying that they are worthless
- enforced social isolation – prevented from seeing friends/family or accessing external services
- disallowing opportunities to express themselves
- withdrawing services
- bullying (including cyberbullying)
- causing them to feel frightened
- intimidation, coercion, harassment, use of threats, humiliation, swearing or verbal abuse
- threats of harm or abandonment
- failure to respect privacy

Possible indicators of abuse include:

- low self-esteem, withdrawal or change in emotional state
- changes in appetite, weight loss or gain

- Insomnia
- tearfulness and other signs of distress, including anger in some cases
- fearfulness or silence when a particular person is around
- self-harm

1.5.4.4 Sexual abuse:

This may include:

- forcing or enticing a person to take part in sexual activities
- any non-consensual sexual contact
- any non-consensual sexual activity that does not involve physical contact, including online activity, indecent exposure, witnessing sexual acts, watching, harassment, grooming
- any sexual activity that the person lacks the capacity to consent to

Possible indicators of abuse include:

- Injuries to thighs, buttocks, genital area, upper arms
- Infections
- Pain when walking or sitting
- Torn, bloody or stained clothing
- Sleeping difficulties, self-harm, withdrawal, poor concentration, apprehension about relationships or reluctance to be left alone with a certain person
- Explicit use of sexual language or changes in attitude and behaviour towards sexual activity

1.5.4.5 Financial or material abuse:

This may include:

- theft of money or possessions
- fraud, scamming (online or in person), false representation, using another person's bank account, cards or documents.
- preventing a person from accessing their own money, benefits or assets
- undue pressure or threat in connection with loans, wills, property, inheritance or financial transactions
- someone moving into a person's home without agreement or unauthorised use of their possessions
- rogue trading - e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Possible indicators of abuse include:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Rent arrears and eviction notices
- Unnecessary property repairs
- People showing an unusual interest in the individual's finances and assets

1.5.4.6 Modern slavery

This may include:

- human trafficking - including criminal exploitation
- forced labour
- domestic servitude
- sexual exploitation
- debt bondage - being forced to work to pay off debts that realistically they never can

Possible indicators of abuse include:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Unknown people using the person's home

1.5.4.7 Discriminatory Abuse

This can occur when an individual or group is treated unequally because they possess one of the protected characteristics outlined by the Equality Act 2010.

This may include:

- Derogatory comments, jokes or slurs
- Denying access to services
- Hate crime
- Ignoring someone's views, unfair treatment, removal of services

Possible indicators of abuse, including:

- Behavioural changes, including an individual becoming withdrawn, isolated, angry, frustrated, fearful and anxious
- An individual beginning to reject their own cultural background, personal beliefs, sexual preferences or lifestyle choices

1.5.4.8 Organisational or institutional abuse

This is where an organisation prioritises their own needs over those of their service users and people they support. It can include neglect and poor care practice.

It may include:

- poor professional practices and systems
- abuse and neglect of service users
- poor oversight by safeguarding leads
- lack of policy, procedure, management, resources.
- low numbers of staff or poorly trained staff
- disrespectful attitudes to service users

- excluding external scrutiny
- preventing access to family/friends

1.5.4.9 Neglect and acts of omission

This may include:

- failure to provide basic needs (e.g. food, medicine)
- failure to protect from harm or danger
- excluding from home or abandonment

Possible indicators include:

- unkempt appearance, poor hygiene
- malnutrition and dehydration
- infections, illness – untreated

1.5.4.10 Self Neglect

There are many reasons for self-neglect, including mental health needs, addiction or lack of mental capacity.

This may include:

- lack of self-care to an extent that it can threaten personal health and safety
- inability to avoid self-harm
- hoarding, neglecting care of home and surroundings
- failure to seek help or access services to meet health and social care needs
- not managing own personal affairs

Possible indicators of abuse include:

- Poor personal hygiene and an unkempt appearance
- Lack of essential food, clothing or shelter
- Unsanitary living conditions, neglecting household maintenance or hoarding
- Malnutrition and or dehydration
- Not taking medication, treating illnesses or injuries or complying with health services

1.5.4.11 Other forms of abuse

There are other areas of concern that also need to be considered in safeguarding adults.

Radicalisation and extremism

This involves a process through which a person comes to support extremist ideologies which can result in a person becoming drawn into terrorism and it is a form of harm.

Indicators may include:

- Sense of belonging to a cause
- Fixated on or sympathetic to an ideology, belief or cause; advocating messages related to the cause
- Possessing literature, clothing, symbols or objects related to the radicalised cause
- Membership of banned organisations or extremist organisations
- Changes in behaviour and relationships

Online harm

Online abuse is any type of abuse that happens on the internet, for example through social media, gaming, mobile phones. Online abuse covers a wide range of technologies and forms of harm.

Some examples of online abuse can include:

- grooming
- trolling
- identity theft
- cyber-stalking
- cyberbullying
- sexual exploitation
- radicalisation
- criminal exploitation

It can be obvious when someone is being abusive online but the boundary between expressing a point of view and being abusive isn't always clear.

A good way to look at it is to apply the same standards of behaviour online as you would in person. If someone says something that would be unacceptable face-to-face, it doesn't make it acceptable just because it is online.

Female Genital Mutilation (FGM)

Whilst FGM is usually carried out on young girls between infancy and 15 years old, most commonly before puberty starts, it can also happen to adult women.

1.5.5 Safeguarding children

The law defines a 'child' is anyone who has not yet reached their 18th birthday, regardless of whether they have left home or are working. 'Children' therefore also means 'children and young people'.

Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children 2023 as:

- Providing help and support to meet the needs of children as soon as problems emerge.
- Protecting children from maltreatment, whether that is within or outside the home, including online.

- Preventing the impairment of children’s mental and physical health or development.
- Making sure that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

1.5.6 Abuse (children and young people)

Abuse is a form of maltreatment. Somebody may abuse or neglect a child or young person by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. 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. Where a child was abused at least one year before the allegation was made, this is referred to as non-recent abuse.

Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance.

Working Together 2023 sets out four types of abuse . Abuse and neglect can take many other forms, and children may be subject to more than one form of abuse at the same time. It is important that we are alert to any concerns about individuals’ wellbeing and safety. The information below lists the four types of harm, with signs and indicators of how they may be recognised. It is also worth keeping in mind that the list is not exhaustive and there may be no or few signs for some people.

1.5.6.1 Physical abuse

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

Possible signs include:

- bruising, cuts, burns and/or marks on the body, clumps of hair loss, fractures
- frequent and unexplained injuries
- flinching, fear
- covering up injuries

1.5.6.2 Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on their emotional development.

It may involve:

- conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- age or developmentally inappropriate expectations being imposed on children
- 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
- seeing or hearing the ill-treatment of another, e.g. witnessing domestic abuse
- serious bullying (including cyberbullying), causing children to feel frightened or in danger;
- the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Signs of abuse may include:

- change in behaviour
- withdrawn or isolating self
- uncooperative and aggressive behaviour
- signs of distress: tearfulness, anger
- difficulties in learning or peer relationships
- insomnia
- weight loss or gain
- self-harm

1.5.6.3 Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching

sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Signs of abuse may include:

- Injuries to thighs, buttocks or genital area
- sexually transmitted infections
- changes in sexual behaviour or attitude, age-inappropriate sexual behaviour
- being frightened of some people/ places
- being secretive
- unexplained changes in mood
- having money or things they can't explain

1.5.6.4 Neglect

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect may not always be persistent and may occur over a short period of time and have adverse effects.

1.5.6.5 Other forms of abuse

There are a number of other emerging areas of concern that need to be considered in safeguarding children.

Child Sexual Exploitation (CSE)

The Department for Education definition taken from *Child sexual exploitation: definition and guide for practitioners* (2017) says child sexual exploitation is a form of child sexual abuse.

It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

- in exchange for something the victim needs or wants, and/or
- for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual.

Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.”

CSE can take many forms ranging from what appears to be ‘consensual’ relationship to organised crime by gangs and groups. It involves coercion, intimidation or enticement, including sexual bullying including cyberbullying and grooming.

Harmful Sexual Behaviour (HSB)

Children’s sexual behaviours may range between being normal, inappropriate, problematic, and harmful sexual behaviours (Hackett, 2010).

Barnardo’s Harmful Sexual Behaviour guide, 2021 defines harmful sexual behaviour as sexual behaviours displayed by children or young people that are developmentally inappropriate, may be abusive, and can cause physical or emotional harm to themselves or others. Other children or adults may be harmed and technology may be used in HSB. These behaviours can include:

- Use of sexualised language or gestures
- Sexual harassment
- Sexual touching without consent
- Sexual assault or rape

The child’s age, development, life experiences, and context in which the behaviour occurred must be understood.

Criminal Exploitation and Gangs

Criminal exploitation involves children, young people or vulnerable adults being coerced, manipulated or deceived into committing crimes for the benefit of others. This includes activities such as:

- County lines drug trafficking
- Forced theft, begging, or shoplifting
- Cannabis cultivation or financial fraud
- Transporting drugs, money, or weapon

Children and young people may be the victims of violence or other forms of abuse and be put into dangerous situations. Criminal exploitation may not always involve physical contact and can also occur through the use of technology. The word gang can be distinguished between peer group, street gang and organised criminal gangs.

Victims are often targeted due to vulnerabilities such as poverty, lack of support, or housing instability. Exploiters may use violence, threats, debt bondage, or grooming tactics to maintain control.

County lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or 'deal lines'. This can involve children being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. This can include Airbnb and short term private rental properties, budget hotels or the home of a drug user, or other vulnerable person that is taken over by a criminal gang (referred to as 'cuckooing').

Female Genital Mutilation

Female Genital Mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done. FGM is also known as female circumcision or cutting. It is illegal in the UK and it is a form of child abuse.

Victims of FGM are likely to come from a community that is known to practice FGM.

Radicalisation and Extremism

This involves a process through which a person comes to support extremist ideologies which can result in a person becoming drawn into terrorism and it is a form of harm.

A child or young person may be drawn onto extremist ideology due to a sense of not belonging, isolation or other vulnerability and as a result they may be attracted to a group that offers identity, social network and support. They may be fuelled by a sense of grievance that can be triggered by personal experiences of racism or discrimination. They may be searching for identity, faith and belonging with others, or they may find the connection they make with others over a cause to be exciting. It may fulfil their need for self-esteem and give them a sense of 'street cred'.

Domestic Abuse

The legal definition of domestic abuse is set out in the Domestic Abuse Act 2021, which says it involves persons aged over 16 years who are personally connected to each other, and the behaviour involves physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse. It can involve a single incident or a pattern of behaviour.

Children are affected by seeing, hearing and living with domestic abuse as well as being caught up in any incidents directly and the law says that child abuse must always be considered where there are concerns about domestic abuse.

2.0 Safeguarding at Settle

2.1 Responsibilities

2.1.1 Think Family

Where a professional working with adults has concerns about a child (for example, concerns about a parent's capacity to care for the child such that the child is likely to be harmed or is being harmed, or concerns that an adult who has previously harmed a child currently has access to other children), they must use these procedures to report the matter as a possible safeguarding concern.

Equally, where a professional is working with a child and there are concerns that there are adults at risk (for example, concerns that an adult is subject to abuse, neglect or exploitation), they must use these procedures to report the matter as a possible safeguarding concern.

2.1.2 The Board of Trustees

Safeguarding is a key governance priority for all charities. The Board of Trustees are responsible for ensuring that everyone who comes into contact with the organisation is protected from harm and that the organisation is legally compliant and delivering its services safely (Charity Commission 2021). They are responsible for ensuring that:

- A lead trustee for safeguarding is appointed who assists the Board to ensure that safeguarding is well-managed, and compliant with legislation and statutory guidance.
- There is an up to date and fit for purpose safeguarding policy and procedures which is understood and applied by everyone to respond effectively to safeguarding concerns
- Other policies are in place, covering staff code of conduct, whistleblowing and recruitment.
- Safeguarding concerns are managed effectively with people, systems and processes in place, with safeguarding work being adequately resourced.
- They respond to any concerns that arise regarding Settle's approach to safeguarding
- They receive and review regular feedback on safeguarding activity and oversee a risk register in which safeguarding is included.
- There is compliance with the Charity Commission serious incident notification requirements, and other bodies such as regulators and insurance companies.

2.1.3 The Chief Executive Officer

The Chief Executive Officer is responsible for:

- Overall accountability for Settle's compliance with safeguarding legislation and best practice guidance and promoting a safeguarding and listening culture
- Ensuring a Designated Safeguarding Lead has been appointed and is trained and supported in their role
- Resourcing and ensuring that effective safeguarding arrangements are in place (for example training, supervision, systems, staff, policies, secure recording and retrieval systems, safer recruitment)
- Overseeing investigations and decisions where there are allegations against staff or volunteers
- Informing the Board of Trustees of any serious safeguarding risks in the organisation, any serious incidents (as per Charity Commission guidance) or allegations against any staff member or volunteer
- Briefing the Board of Trustees regularly about ongoing safeguarding activity across the charity

2.1.4 The Designated Safeguarding Lead

Settle's Designated Safeguarding Lead is Aimee Hardaker, Chief Operating Officer. She has the following responsibilities:

- Establish the organisational approach to safeguarding adults and children at Settle - taking into account current best practice to promote the well-being of adults and children and person-centred safeguarding
- Review and update Settle's safeguarding adults and children policy and procedures in line with new legislation and best practice, as a minimum on an annual basis
- Ensure an effective safeguarding training and development strategy is in place for all staff, trustees and volunteers
- Conduct reviews of safeguarding data and disseminate the findings and learnings across the organisation
- Oversight and responsibility for managing all safeguarding concerns reported by staff, managers and volunteers at Settle
- Oversee liaison with external statutory agencies in relation to concerns of abuse, including local authorities and police

- Receive reports and manage investigations where there are allegations against a member of staff or volunteer
- Provide ongoing support to staff dealing with challenging safeguarding concerns, and where appropriate signpost staff to EAP or other external support available

Contact details of our Designated Safeguarding Lead, Aimee Hardaker

aimee.hardaker@wearesettle.org

07491914445

2.1.5 Designated Safeguarding Officers

Settle has three Designated Safeguarding Officers. Settle's Senior Programme Manager, Keziah Hughes is the Lead Designated Safeguarding Officer and is Deputy Designated Safeguarding Lead when the Designated Safeguarding Lead is unavailable. Becky Collins, Programme Manager and Nick Akam, Community and Programme Manager are Designated Safeguarding Officers.

The Designated Safeguarding Officers are responsible for:

- Promoting a safe safeguarding culture at Settle and establishing and maintaining best practice within their teams
- Risk assessing referrals as they are received, raising areas of concern to the Lead Designated Safeguarding Officer when appropriate
- Supporting with developing safeguarding training and development at Settle, taking a proactive approach in highlighting any staff members that may need additional support
- Conducting frequent reviews of safeguarding data and practice within the teams and services that they manage, highlighting any excellent and poor practice to the LDSO and DSL
- Taking responsibility for managing all safeguarding concerns reported by staff and volunteers that they line-manage at Settle, ensuring that the LDSO and DSL are kept informed
- Supporting and monitoring liaison with external statutory agencies in relation to concerns of abuse, including Local Authorities and Police
- Providing ongoing support to staff dealing with challenging safeguarding concerns, and where appropriate signpost staff to EAP or other external support available

In addition to the above the Lead Designated Safeguarding Officer is responsible for:

- Deputising for the DSL when they are unavailable
- Supporting the DSL to monitor the additional training needs for the whole delivery team and support with organising relevant training
- Supporting the DSL to monitor data related to safeguarding and support with reporting as and when needed

Contact details of our Designated Safeguarding Officers

Keziah Hughes, keziah.hughes@wearesettle.org, 07727 637783

Becky Collins, becky.collins@wearesettle.org, 07482513627

Nick Akam, nick.akam@wearesettle.org, 07476 190226

2.1.6 All Staff and Volunteers

All staff who come into contact with adults and children in their everyday work have a duty to safeguard and promote their welfare. Staff will be trained to understand their responsibilities. Failure to comply with these responsibilities will be seen as a serious matter which may lead to disciplinary action.

Staff are expected to:

- Safeguard and promote the welfare of adults and children.
- Familiarise themselves with and follow Settle's safeguarding policy and associated procedures
- Alert the Designated Safeguarding Lead (DSL) and their manager if they have safeguarding concerns about an adult or a child
- Attend safeguarding training as required (refresher training for all members of staff every two years)

Staff should consider their safeguarding responsibilities alongside Settle's Lone Working and Code of Conduct policy that outline how staff can keep themselves safe in a variety of situations.

2.2 Transitional safeguarding

2.2.1 The Practice Problem

Settle works with young people aged 18-25 and safeguarding young people from extra-familial risks or harm is complicated as binary notions of childhood and adulthood continue

to prevail in society and within our care systems. It is important when Settle staff are supporting Settle participants that they consider the following:

- Adolescents have distinct safeguarding needs compared to younger children. Risks, harms and routes to protection are often not only intra-familial but also contextual and extra-familial, underpinned by complex social and developmental factors;
- The transition to adulthood involves a whole host of changes within young people's lives, making this a particularly challenging and vulnerable time;
- Children's services and systems of safeguarding and support usually end at 18. However, experiences of harm and trauma during childhood, youth and early adulthood may continue to affect people across their life course, with unmet needs requiring complex interventions later in life;
- Safeguarding systems for children and adults are based on different conceptual, legal and procedural frameworks. The divergence between these systems creates 'gaps' through which adolescents and young adults may fall. Neither system has been designed with attention to adolescents' developmental needs or behaviours, nor do they reflect the evidence that transitioning into adulthood is a process that extends well into the twenties.

2.2.2 Definition of transitional safeguarding

The term Transitional Safeguarding describes the need for, "an approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice and which prepares young people for their adult lives."¹

2.3 Procedure about managing safeguarding concerns

2.3.1 Procedure for all staff

It is not our responsibility to decide whether an adult or a child has been abused or to undertake enquiries into abuse, but we are responsible for responding to concerns and ensuring that they have been appropriately acted upon in a timely way 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.

¹ Holmes, D. and Smale, E. (2018) 'Mind the Gap: Transitional Safeguarding – Adolescence to Adulthood.' Dartington: Research in Practice. <https://www.researchinpractice.org.uk/all/publications/2018/august/transitional-safeguardingadolescence-to-adulthood-strategic-briefing-2018/>

Key points for all staff to remember for taking action are:

- In an emergency take the action necessary to help a person at immediate risk, for example, call 999. Alert the DSL as soon as possible.
- Where you have a safeguarding concern, follow the Settle Safeguarding Procedure. Speak to the DSL about your concern as soon as possible and on the same day that you identify the concern. The DSL may require additional information which should be sought. If the DSL is unavailable, follow the procedure for these circumstances which outlines who to contact in their absence.
- Follow internal case recording procedures for documenting a safeguarding concern on Settle's CRM system InForm, including actions agreed, outcome of those actions and ongoing updates.
- Be mindful that records may be seen by others, for example, courts or the individuals themselves via subject access requests.
- Decisions on the management of safeguarding concerns will be made by the DSO, Lead DSO or the DSL, including about information sharing and seeking consent.
- Decisions could be no further action, advice, signposting, referral made to another agency. All concerns with immediate risk to life or involving children should be highlighted to the DSL immediately (within 1 hour).
- Referrals made to the Police or Local Authority Adult or Children's Social Care must use the referral process set out by them. If the referral is made by telephone, this must be followed up in writing immediately and within 24 hours. Adult or Children's Social Care and Police should acknowledge your written referral (Children's Social Care are required to do so within one working day of receiving it). If there has been no response within 3 working days of the referral, the staff member or DSO must make contact again to clarify.
- If a referral is not accepted or there are delays, the DSL should be advised by the local authority and given reasons for these decisions. If the DSL remains concerned, (for example about lack of action, poor actions by the local authority or delays), they should pursue further discussions with the local authority and consider escalating their concerns through the Safeguarding Partnership escalation procedure.
- It is the responsibility of the line manager and the management of the Delivery team to ensure that staff are supported who have been involved in identifying concerns.
- The DSO, Lead DSO or the DSL who is responsible for the safeguarding concern is responsible for ensuring that local safeguarding procedures with the relevant partner are followed. At any time, they can seek advice from internal colleagues, Local Authority, Police or any local or national specialists.

- In all cases, records must be kept of all conversations, observations and reasons for decisions.

Please refer to appendices for a copy of the procedure to follow.

2.3.2 Suspecting someone is at risk of harm

In some situations it is not always clear that an adult, child or young person is experiencing abuse. If you have any concerns, for example changes in behaviour or particular indicators of abuse, follow the Settle safeguarding procedure.

2.3.3 If someone at risk tells you about a safeguarding matter

It takes a lot of courage for someone to disclose that they are being or have been abused. They may feel ashamed, their abuser may have threatened what will happen if they tell, they may have lost all trust in adults, or they may believe, or have been told, that the abuse is their own fault or they may fear that they will not be believed.

If a person tells you about abuse, neglect or exploitation, it may need to be reported to another agency and there may be criminal or safeguarding inquiries that commence. The role of staff at Settle is to support people to speak out and then forward the concerns onto trained professionals – it is not our role to investigate.

- Make time and provide a comfortable 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 and that you are listening and taking this seriously. Show this by giving them your full attention and keeping your body language open. Make sure they know that abuse is never their fault.
- Remain 'neutral' and do not show strong reactions such as shock, distress, anger.
- Actively listen – give the person your time and allow the person to speak freely and recall significant events. Do not interrupt or pressure the person to speak or question them about the details of the incident. Recognise and respond to the person's body language and remember that it may take more than one conversation for them to share what's happened to them.
- Do not ask leading questions (these are questions that have the answer built into them, such as 'was it on Monday?'). 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.
- Show you understand what has been said, reflect it back and summarise to check your understanding. Use their own words to show it's their experience.
- 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 including that you need to follow Settle's safeguarding procedures and share the information with the DSL and your manager. Use your professional judgement about when and how you say this, balancing a listening approach with being transparent about what you will do if they tell you about safeguarding allegations.
- Settle takes a person-centred approach to safeguarding. Ask the person what action they would like to be taken, but do not make any promises about what will or won't happen.
- Do not challenge the alleged abuser or begin to collect other evidence.
- Do not disturb any evidence.
- Afterwards, consult immediately with the DSO and potentially the DSL depending on the concern and record the conversation within the same working day (best practice is within 2 hours).

2.3.4 Information Sharing

Any safeguarding concerns should be shared on a need-to-know basis with colleagues at Settle in accordance with this safeguarding policy.

When sharing information about service users with external agencies, the law on confidentiality and information sharing must be applied. The general principle is that people's personal information will not be shared with other agencies without their prior consent. However, there are important exceptions when there is a duty to share information that is in the public interest. Confidentiality should not be promised as we may not be able to keep matters relating to the protection of children and adults confidential.

No single practitioner can have a full picture of a child's or adult's needs and circumstances so effective information sharing is essential for early identification of need to keep any child or adult involved safe. Information may need to be shared for a number of reasons, for example, making a referral to arrange additional support for someone in the family

- someone from another agency has asked for information about a child, family or adult
- someone in the family has asked to be referred for further help
- a statutory duty or court order requires information to be shared
- concern that a child, adult or a member of their family may be at risk of significant harm
- a serious crime may have been committed or is about to be committed which involves someone in the family

You must always have a clear and legitimate purpose for sharing personal information. Keep a record of the reasons why you are sharing or requesting information about a child, adult or their family. Make sure you are not putting a child or adults safety and welfare at risk by sharing information about them.

Timely information sharing is key to safeguarding.

2.3.5 Sharing Information with consent:

Consent should not be sought where doing so will place a child or adult at further risk.

Where it is safe to request consent, be open and honest with the person (and/or their parents/carers) about why, what, and with whom information may be shared and seek their agreement, unless it is unsafe or inappropriate to do so. Get the consent in writing, in case there are any disputes in the future. If it is given verbally, make a written record of this.

Consent should be given in an informed way. Make sure the person you're asking for consent understands the consequences of their information not being shared.

If the person does not give consent, the reasons for this should be explored and advice and guidance offered to reassure the person. If the person continues to not consent to information being shared, their wishes should be respected, unless there are grounds to override their consent. Advice, signposting, support and guidance should be offered and further opportunities to promote their safeguarding including to share information in future should be offered.

When information is shared, what is shared must be necessary, proportionate, relevant, adequate, accurate, and shared in a timely and secure way. Information shared must be only with those individuals who need to have it. Records of all information sharing decisions and the reasons for the decisions must be kept. If there is any uncertainty about how to proceed about any aspect of information sharing or consent, advice should be sought.

2.3.6 Sharing information without consent

If consent is refused or if you're unable to seek consent, you can still share information with relevant professionals if this is in the public interest. In circumstances where Settle may need to share information without the adult or child's consent, the DSL will provide direction. Circumstances where consent may be overridden include: there are emergency or life-threatening situations.

- the risk is unreasonably high
- seeking consent could place the individual or others at risk
- the person is being coerced or is under duress
- other people are, or may be, at risk, including a child or other adults at risk
- the person causing harm has care and support needs
- a person aged 16 years and over does not have the mental capacity to consent to information being shared about them
- a serious crime has been committed or to prevent serious crime
- staff, volunteers or an organisation are implicated

If a child does not have capacity to make their own decisions it may be possible to ask their parent or carer (unless doing so would put the child at risk of harm). If information is to be shared regardless of consent, the child or adult should be informed (when it is safe to do so) that it will be shared, with whom and why (unless this will place them at further risk) and any further actions should fully include them.

If there is any doubt about whether to share information, Settle will seek advice e.g. by contacting the local authority and explaining the situation without giving personal details about the person at risk or the person causing harm.

Records of all information sharing decisions and the reasons for the decisions must be kept. If there is any uncertainty about how to proceed about any aspect of information sharing or consent, advice should be sought.

2.3.7 Multi-agency working

The lead responsibility for safeguarding adults and children sits with the local authority. However statutory guidance outlines the importance of multi-agency working to identify and respond to the needs of adults, children and families. Therefore, Settle has a role to play and must cooperate with statutory agencies including where appropriate by:

- Providing information about the concerns, outcomes of enquiries to partners
- Offering a safe space for the person to meet with other professionals e.g. police/social workers/advocate.
- Attending and contributing to safeguarding multi-agency meetings.
- Completing internal investigations (e.g. complaints, disciplinary) alongside other agencies e.g. police or local authorities
- The DSO, Lead DSO or the DSL is responsible for ensuring that local safeguarding procedures with the relevant partner are followed.

2.4 Staff Training and Development

A safeguarding training and development plan is in place which ensures that all trustees, staff and volunteers have the appropriate level of training and awareness of safeguarding at Settle. This takes into account training needs at the various stages of each individual's work with Settle, including onboarding, a change in role or responsibilities, changes to internal processes and procedures and regular refresher training (as a minimum every 2 years).

Settle is aware that in terms of safeguarding there is also an important training need in relation to equality diversity and inclusion. Often protected characteristics can create additional vulnerabilities for people accessing support services. We are committed to

improving our practice in this area and where appropriate and necessary we run trainings such as unconscious bias training and cultural competency training. This also forms an important theme within 1:1 and group supervision.

2.5 Support for staff

Settle offers a range of supervision and support for staff in relation to safeguarding and as part of our trauma informed approach. Settle recognises that the impact of managing safeguarding concerns can have an impact on the wellbeing of its staff, particularly in cases where a participant might disclose an experience/s of significant abuse. Staff have access to the reflective spaces detailed below and it is important that Settle staff feel able to seek support from their line manager and/or the DSL where required.

Settle has in place monthly external clinical supervision for the DSL and DDSL. This is a reflective space to assess and learn from the response to specific safeguarding concerns, as well as seek external expertise and advice on the organisation's ongoing approach to safeguarding. Themes for these supervisions are shared with the DSL where appropriate to support the development of Settle's safeguarding practices.

For staff working directly with Settle participants, there are development mechanisms in place for responding to and learning from safeguarding concerns.

- The DDSL holds a regular safeguarding clinic - this is a space for staff and their manager to meet with the DDSL and discuss potential concerns, reflect on progress relating to ongoing open safeguarding concerns or agree additional actions required / escalation of a concern with statutory partners.
- Fortnightly programme team group supervision is a reflective space for frontline staff to share within the group, anonymous case scenarios and to reflect, learn and develop their practice together.
- According to need, group clinical supervision with an external clinical supervisor is arranged for frontline staff that work 1:1 with young people every 8 weeks as a minimum.
- According to need, external clinical supervision for managers that are supporting frontline staff that work 1:1 with young people every 8 weeks as a minimum.
- Weekly case supervision and a monthly 1:1 for frontline staff with their line manager. There is space within this to address the staff members own wellbeing as well as review and monitor any open and ongoing safeguarding concerns and ensure actions are completed.
- The DSL has weekly supervision and a monthly 1:1 with programme managers, which provides the space to address the line managers' own wellbeing as well as continually monitor and respond to any open and ongoing safeguarding concerns.

- A package of staff wellbeing measures are in place, including the Employee Assistance Programme (EAP), access to the Headspace App and other wellbeing measures to support staff and provide opportunities to manage and prioritise their own wellbeing.

2.6 Allegations against Settle staff

This procedure is relevant where there are allegations of abuse, or concerns raised about members of Settle staff, volunteers or trustees. Anyone should raise their concerns, including low level concerns about the behaviour of colleagues. Settle will fully support anyone who, in good faith, reports that a colleague may pose risk to a child or adult at risk, and will take the matter seriously.

The allegation must always be referred to the Designated Safeguarding Lead who will follow this safeguarding procedure taking steps to support the person making the allegation, others who may be at risk and managing the allegation effectively. If the allegation or concern is against the Designated Safeguarding Lead, it should be reported to the CEO. If the allegation is against the CEO or a trustee, it should be reported to the Chair of Trustees, and if the allegation is against the Chair of Trustees, it should be reported to another trustee.

Allegations against staff and volunteers can include where they may have:

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

This may have occurred whilst working at Settle or elsewhere, including online. Concerns about a staff member or volunteer may come about through an allegation being made about them, a complaint, breach of code of conduct or engaging in poor working practices, information in a Disclosure and Barring List (DBS) check, online behaviour, historical concerns coming to light or concerns raised by another organisation or employer.

Allegations and concerns will be taken seriously and will not be ignored or downplayed. They will be properly addressed in line with this procedure and outcomes recorded. Reports must be made immediately or as soon as possible after the concern comes to light and within the day.

If you have a concern about a member of staff or volunteer, speak to the DSL about your concern on the same day that it is identified. It is not necessary to be completely certain but you must notify the DSL of concerns that may impact on the wellbeing of people. You

should not tell the subject of the allegation that you intend to or that you have spoken to the DSL.

Record all relevant details and provide this to the DSL. The DSL will ensure that all subsequent actions and decisions are recorded.

In responding to a concern and undertaking an investigation, the DSL should consider:

- € If any action is required to safeguard adults and children, staff/volunteers, services, records or equipment from the subject of the allegation
- € What other information or advice is required, what information to share with the subject of the allegation or with other agencies and staff/volunteers
- € Arrangements to support the subject of the allegation; decisions about suspension or altering their duties
- € Whether the criteria are met for a serious incident report being made to the Charity Commission

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. They are:

- € A police investigation if a criminal offence may have been committed.
- € Enquiries by social care about child or adult at risk safeguarding.
- € Settle internal process including considerations about disciplinary action.
- € Referral to the Disclosure & Barring Service and the Local Authority Designated Officer A report must be made to the police as soon as possible if a criminal offence may have been committed.

Settle's DSL and CEO will refer to the Disclosure and Barring Service (DBS) where there are grounds for believing that an individual is unsuitable to work with children or adults. Settle has a duty to refer to DBS if a person is in regulated activity where an allegation has been substantiated, even if they leave an organisation. Failure to report in these circumstances is an offence.

In the first instance, the DSL should contact the LA where the work has taken place and take their advice. They are likely to ask Settle to contact the LA where the individual in question lives.

Where the allegation relates to safeguarding children, the Local Authority Designated Officer (LADO) must be contacted within one working day. The role of the LADO is to support agencies when there are allegations against staff in relation to safeguarding children. If the threshold for the LADO is met, then they may be involved until the conclusion of the inquiry and will ensure that relevant reports and lines of inquiry are

undertaken. If the concern requires a multi-agency approach the LADO will remain involved. If not, they may require Settle to manage the investigation alongside our external HR provider.

Where there are allegations against staff in relation to safeguarding adults, Adults Social Care must be contacted and a PiPOT referral (Person in a Position of Trust) made.

Internal enquiries must be started without delay and are likely to involve Settle's external HR provider. Enquiries should be concluded, even if the person concerned refuses to cooperate, resigns or otherwise stops providing their services or the person is deceased.

Conclusions may fall into these areas:

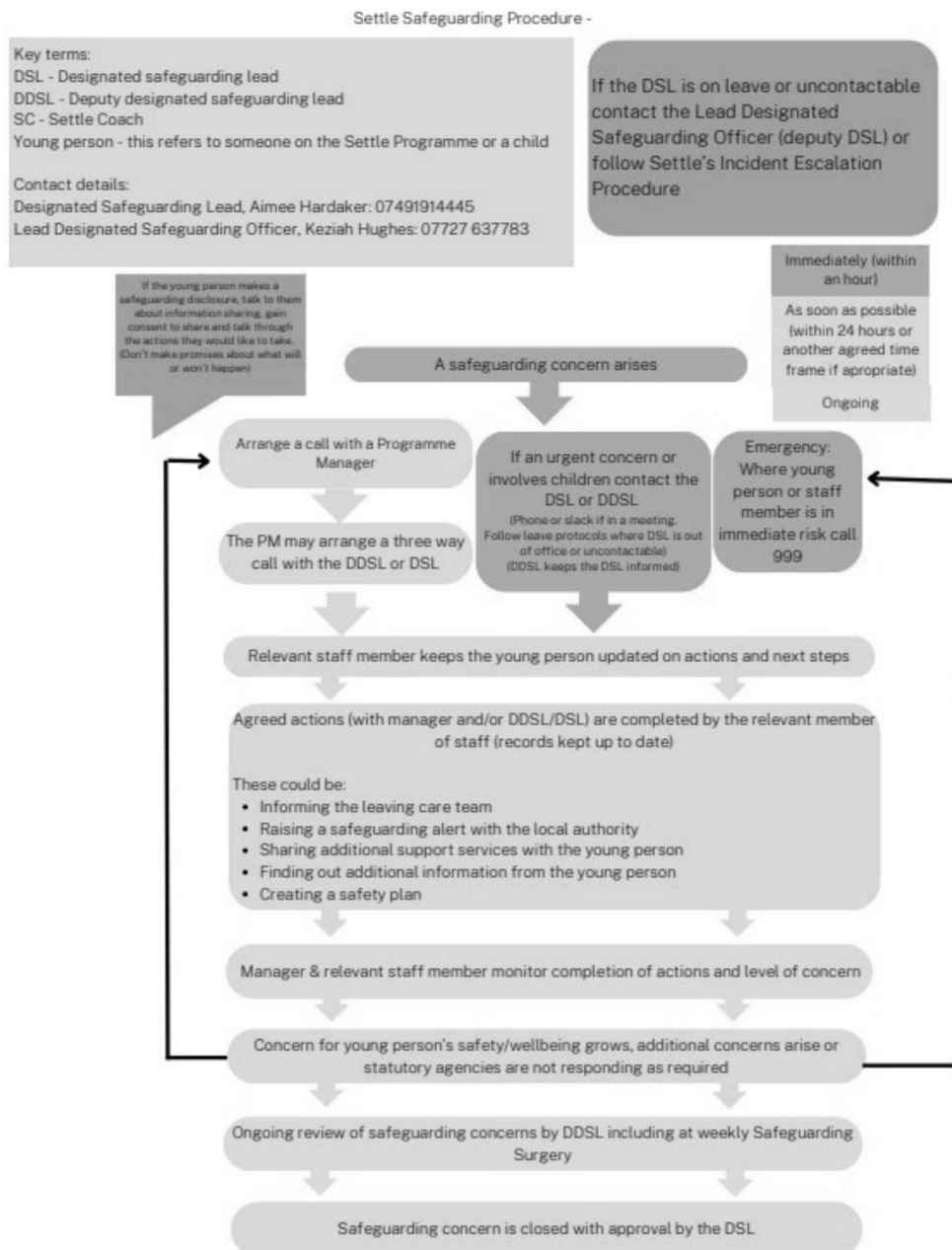
- € Substantiated: there is sufficient evidence to say the allegation is true
- € Malicious: evidence disproves the allegation which was made maliciously
- € False: evidence disproves the allegation, but it was not made to deceive
- € Unsubstantiated: insufficient evidence or no proper basis to either prove / support the allegation or disprove it

Compromise, settlement or non-disclosure agreements must never be used in these cases.

Details of malicious allegations should be removed from personnel records. For all other allegations, records are kept on the personnel file of the person until the accused has reached normal pension age or for 10 years from the date of the allegation if that is longer.

3.0 Appendices

3.1 Settle Safeguarding Procedure



3.2 InForm Safeguarding Alert Form






New Safeguarding Alert







Information

* Programme	<input type="text" value="Search Programmes..."/>	* Date of alert	<input type="text"/>
* Type	<input type="text" value="--None--"/>	Status	<input type="text" value="In development"/>

Details

Safeguarding concern

Salesforce Sans 12 **B** *I* U     

More information

MARAC case

3.3 Key Contacts and References

Settle Designated Safeguarding Lead
Aimee Hardaker, Head of Delivery
aimee.hardaker@wearesettle.org
07491914445

Police

- In emergency call 999
- Non emergency 101

Local Authorities

Each Local Authority has their own Adult and Child Safeguarding Board or Multi-Agency Safeguarding Hub with information on the local procedures for reporting concerns

Community and voluntary sector contacts

Ann Craft Trust

Tel: 0115 951 5400

A national association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.

Childline

Freepost 1111, London N1 0BR

Tel: 0800 1111

Child Exploitation and Online Protection Command (CEOP Command)

Tel: 0870 000 3344

Investigates online behaviour such as grooming

MIND infoline

Tel: 0845 766 0163

Information regarding mental health related issues. Help in finding out options and local services. Mon – Fri 9.15 – 5.15.

NSPCC

Child Protection Helpline: 0808 800 5000

Parentline

A national Helpline for parents under pressure: 0808 800 2222

Refuge

Tel: 0808 2000 247

National helpline for women and children experiencing domestic abuse.

RESPOND

Tel: 020 7383 0700

Provides therapeutic intervention for people with learning disabilities who have been abused.

SANELINE

Tel: 0845 767 8000

National helpline for anyone coping with mental illness

Solace

Tel: 0808 802 5565

Solace Women's Aid offers free advice and support to women and children in London to build safe and strong lives.

Victim Support

Tel: 0808 168 9111

Provide support to individuals who have been a victim or have witnessed a crime.

UNSEEN advice and support about modern day slavery

Tel: 0303 040 2888

Helpline: 0800 121 700

Provide safehouses and support in the community for survivors of trafficking and modern slavery.

National Association for People Abused in Childhood

Tel: 0808 801 331

Provide support and signposting to individuals who have experienced abused in childhood.