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1 Policy Statement

- 1.1 St Mungo's has ethical and a legal duties to act to prevent abuse; and in the best interest of all clients.
- 1.2 St Mungo's has some clients who are under the age of 18 and is committed to preventing, identifying, investigating, and responding to cases of abuse or suspected abuse of all clients in our services recognises.
- 1.3 St Mungo's is committed to a recovery and personalisation ethos which, in the context of safeguarding, involves an outcome focussed approach that is multidisciplinary, client centred and responsive to change, to manage short and long term safety concerns.
- 1.4 St Mungo's will contribute to effective inter agency working and effective multidisciplinary assessments and joint working partnerships, including with the Police, local authorities, the Care Quality Commission and the NHS.
- 1.5 St Mungo's Child Safeguarding procedure is informed by relevant legislation that St Mungo's is required to comply with in the context of safeguarding. St Mungo's is not bound by The Protection of Freedoms Act 2012, since it applies to public authorities, but acts within its principles.
- 1.6 St Mungo's must follow the six principles of safeguarding that underpin all safeguarding work, as set out in the Care Act 2014. These are:

Empowerment - presumption of person led decisions and informed consent.

Prevention - strategies are developed to prevent abuse and harm from occurring.

Proportionality - a proportionate and least intrusive response is made, balanced with the level of risk presented.

Protection - support and representation for those in greatest need.

Partnerships - local solutions through services working together within their communities.

Accountability - accountability and transparency in delivering safeguarding.

2 Scope

This procedure is to be followed by all staff, volunteers, locums, agency workers, trustees and students on placement and details the process required when there is alleged or suspected abuse of a child who is:

- A client of a St Mungo's service;
- related or in contact with a client in a St Mungo's service. See B24 Working with Pregnant Clients and Clients with Children; or
- in contact with a member of St Mungo's staff, volunteer, locum, agency worker, trustee or student on placement as part of the work of that individual.

This procedure does not apply to St Mungo's clients who are accessing our services whilst they are in prison; however St Mungo's Criminal Justice services should adhere to prison processes for safeguarding.

St Mungo's services have a responsibility for the welfare of children in a range of services, including:

- Services for children and young people e.g. accommodation based services for clients, aged 16 to 25
- Services for families (e.g. women and children fleeing domestic abuse)
- Services which provide support to adult clients in the family home
- Adult clients who have contact with children, e.g. family members
- Adult clients who have contact with children in the community/public spaces
- Unborn children of pregnant clients.

3 Diversity implications

The welfare of a child is paramount and all children have the right to protection from abuse. Research indicates that children who may be perceived as 'different', e.g. children with disabilities or children with differing sexual orientations are more vulnerable to abuse. Therefore all staff must promote equality of opportunity and anti discriminatory practice as part of child protection.

4 Definitions

4.1 Child Safeguarding

Child safeguarding is more than 'child protection'; it also includes prevention. Child safeguarding is a legal framework, defined under the Children Acts 1989 and 2004 as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Enabling children to have optimum life chances and to enter adulthood successfully.

4.2 A Child

A child is any person aged under 18 years and includes an unborn child when the lifestyle of a pregnant woman is thought to be detrimental to the health of the unborn child. With regard to clients who have learning difficulties or disabilities, it should be noted that the Mental Capacity Act 2005 Code of Practice, defines a child as anyone under the age of 16; see B49 Assessing Mental Capacity and the Mental Capacity Act.

4.3 'Child in need'

A child in need may be:

- A child who is disabled.
- A child who is unlikely to achieve or maintain a reasonable standard of health or development.
- A child whose health or development is likely to be significantly impaired.

4.4 Significant Harm

The Children Act 1989 and 2004, introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Consideration of the severity of ill treatment may include:

- The degree and extent of physical harm;

- The duration and frequency of abuse and neglect;
- The extent of premeditation; and
- The presence or degree of threat, coercion, sadism, bizarre or unusual elements.

The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm.

Working Together to Safeguard Children 2015, defines significant harm as “Any physical, sexual, or emotional abuse, neglect, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of life”. Harm is defined as the “ill treatment or impairment of health and development”.

4.5 Abuse

Abuse can be “a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others e.g., via the internet. They may be abused by an adult or adults, or another child or children.” (Working Together to Safeguard Children 2015).

4.6 Designated Officer (Formally known as LADO - Local Authority Designated Officer)

The role of the Designated Officer is to:

- Provide advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers and volunteers, recommending a referral as appropriate.
- Recommend actions and next steps
- Chair/attend the strategy/joint evaluation meetings in cases where the allegation requires investigation by police and/or social care
- Manage and overseeing individual cases from all partner agencies
- Ensure the child’s voice is heard and that they are safeguarded
- Ensure there is a consistent, fair and thorough process for all adults working with children and young people against whom an allegation is made
- Monitor the progress of cases to ensure they are dealt with as quickly as possible
- Maintain a confidential database in relation to allegations
- Share learning from cases and serious case reviews.

4.7 See B46 S8 for a full Glossary of terms and acronyms relating to Child Safeguarding.

5 Mental capacity and consent

5.1 The Mental Capacity Act 2005 applies to people aged 16 or above. The presumption is that those aged over 16 have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in safeguarding. All interventions need to take into account the ability of the client to make informed choices about the way they want to live and the risks they want to take. All decisions taken in the safeguarding process must comply with the five principles outlined in the Mental Capacity Act 2005:

- **Principle 1: A presumption of capacity**

Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise.

- **Principle 2: Individuals being supported to make their own decisions**
Adults must be given all practicable help before they are deemed as not being able to make their own decisions. If lack of capacity is established, it is still important to involve the individual as far as possible in making decisions.
- **Principle 3: Unwise decisions**
People have the right to make what others might regard as an unwise or eccentric decision. You must not treat someone as lacking capacity for that reason.
- **Principle 4: Best interests**
If a person has been assessed as lacking capacity then any action taken, or any decision made, for or on behalf of that person must be made in their best interests.
- **Principle 5: Less restrictive option**
Someone making a decision or acting on behalf of a person who lacks capacity must consider a decision or act that would interfere the least with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be proportional to the particular circumstances of the case.

- 5.2 The purpose of a mental capacity assessment in the context of safeguarding is to find out if the relevant child has the mental capacity (at the time an enquiry would be made) to make informed decisions:
- about an enquiry and subsequent actions; and/or
 - about their own safety.
- 5.3 Mental capacity is time and decision specific. This means that people may be able to make some decisions but not others at a particular time. Their ability to make a decision may also fluctuate over time, or with the consumption of drugs or alcohol. Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress.
- 5.4 **Step one** of the capacity assessment considers whether the person has an impairment in the functioning of their mind or brain (permanent or temporary) and whether this is as a result of an illness, or external factors such as alcohol or drug use.
- 5.5 **Step two** of the capacity assessment states that a person is seen to be unable to make a decision if they are unable to do any of the following:
- Understand the information relevant to the decision.
 - Retain that information long enough for them to make the decision.
 - Evaluate that information as part of the process of making the decision.
 - Communicate their decision (whether by talking, using sign language or any other means).
- 5.6 Every effort should be made to find ways of communicating with someone before deciding they lack capacity to make a decision based solely on their inability to communicate.
- 5.7 The assessment must be made on the balance of probabilities – is it more likely than not, that the person lacks capacity? You should make a record of why you have come to

your conclusion where a person is deemed to either have or lack capacity for the particular decision.

- 5.8 The mental capacity of the client, and their ability to give their informed consent to any enquiry being made or action being taken relating to safeguarding, is a significant factor, but not the only factor, in deciding what action to take.
- 5.9 Safeguarding concerns can be raised for clients who have capacity. Where a client has the capacity to give informed consent, their wishes will be respected as far as possible.
- 5.10 The Mental Capacity Act 2005 mostly applies to 'young people' aged 16-17 who may lack the capacity to make decisions (outlined above), with three exceptions:
- Only those aged 18 and over can make a Lasting Power of Attorney (LPA). See B46 S8 Glossary of terms and acronyms.
 - Only people aged 18 and over can make an advance decision to refuse medical treatment.
 - The Court of Protection may only make a statutory will for a person aged 18 and over.
- 5.11 The Mental Capacity Act 2005 does not generally apply to those under the age of 16. However, there are two exceptions:
- The Court of Protection can make decisions about a child's property or finances (or appoint a deputy to make these decisions) if the child lacks capacity to make such decisions and is likely to still lack capacity to make financial decisions when they reach the age of 18.
 - Offences of ill treatment or wilful neglect of a person who lacks capacity can also apply to victims younger than 16. (Section 44, Mental Capacity Act 2005).
- 5.12 It is essential in safeguarding to consider whether clients over 16 are capable of giving informed consent. If they are, their consent should be sought. This may be in relation to whether they give consent to:
- an activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded.
 - Common Law states that there are limits to behaviours that someone can give consent to.
 - Investigation into the safeguarding issue and subsequent actions (e.g. a protection plan) going ahead in response to a concern that has been raised.
- 5.13 If the child is under 16 and can understand the significance and consequences of making a referral to a local authority's Children's Social Care, they should be asked their view. However, it should be explained to the child that whilst their view will be taken into account, staff will take whatever action is required to ensure the child's safety and the safety of other children, as they have a professional responsibility to do so.
- 5.14 Children aged 16-17 are deemed to have capacity with regard to information sharing and their permission should be obtained. However, where there is doubt that the person lacks the ability and capacity to give informed consent, a mental capacity assessment should be carried out; see B49 Assessing Mental Capacity and the Mental Capacity Act.

6 Responsibilities for implementation

6.1 All staff, volunteers, locums, trustees and students on placement

- Report any knowledge or suspicions of safeguarding or radicalisation **within four hours** to your line Manager, on-call Manager (out of hours) or Service Head if neither are available and/or are implicated.
- Where a colleague or volunteer is suspected, report as above, and additionally to the service's HR partner **and** local authority Safeguarding Children Team or Multi-Agency Safeguarding Hub (MASH) team which commissions the service **within 24 hours**.
- Local external reporting processes may apply depending on contractual agreements. This should be checked and followed at a local level.
- Contribute to whatever actions are needed to safeguard and promote the child's welfare.
- Be alert to indicators of abuse or neglect.
- Be alert to the risks which individual abusers, or potential abusers, may pose to children.
- Share and help to analyse information so that an assessment can be made of the child's needs and circumstances.
- Work co-operatively with parents, when this is consistent with ensuring the child's safety.
- Communicate with and participate fully in all meetings as necessary, with the client, staff, St Mungo's safeguarding leads and external agencies e.g. local authority, Care Quality Commission, Police.
- Ensure safeguarding children is discussed regularly in staff meetings.
- Ensure safeguarding children and child protection issues are discussed as part of key work sessions (where relevant to the client). See B46 S13 Safeguarding Leaflet for Clients.
- Undergo checks by the Disclosure and Barring Service.
- Work with clients to prevent or minimise circumstances which can lead to abuse, including isolation, unhealthy relationships, access to financial services.
- Be aware of individual and organisational liability under the Criminal Justice and Courts Act 2015 regarding wilful neglect or ill treatment of clients in mental health services, registered care services and other services which provide a high level of support to clients.
- Empower clients to have open conversations about safeguarding, equalities and radicalisation, while challenging unacceptable views/attitudes/behaviours.
- Ensure the client's Opal safeguarding log is updated as/when needed. All Services should record client safeguarding concerns on Opal whether they use Opal as a recording system or not. See B46 S15 Opal Safeguarding Log Guidance.
- Offer clients multiple opportunities to provide feedback: email, phone, face to face and written surveys, quality audit feedback, participation in external reviews, house/resident meetings, staff appraisal feedback, client satisfaction survey, the complaints process. See A02 Complaints, Suggestions and Comments.

6.2 All managers must

- Ensure this procedure is implemented and reporting structures are adhered to.

- Ensure all staff have an appropriate level of knowledge of safeguarding, by completing training in current best practice and legislation, especially where and how it differs from practice around safeguarding adults.
- Ensure relevant leaflets and information is put on display and restocked and updated whenever necessary, including complaints leaflets and posters, contact details for the local police team and local authority safeguarding children team. See B46 S2 Useful Contacts Related to Safeguarding Children.
- Ensure all clients are given safeguarding information. See B46 S13 Safeguarding Leaflet for Clients.
- Highlight and discuss the organisational and local safeguarding procedures with all new members of staff as part of the induction. See Induction Policy.
- Ensure child safeguarding and child protection issues are standing items on team meeting agendas and discussed during staff supervision and case callover sessions.
- Be familiar with the local Safeguarding Children Board's assessment protocol (based on the guidance in Working Together 2015), fulfilling information and other requests from the Board, and the process for challenging lack of action or disagreement with the local authority (often called the escalation or dissent procedure).
- Be familiar with local appeals processes and St Mungo's escalation process. See B08 S11 Guidance Document, Advocating for Clients.
- Ensure all reporting and recording of safeguarding concerns is accurate, timely and client centred and recorded appropriately.
- Ensure regular checks are carried out of the Service's Opal safeguarding log to manage/monitor the progress of concerns. All Services should record safeguarding concerns on Opal whether they use Opal as a recording system or not.
- Ensure all interview panels for staff who will be working with children, include at least one manager who has completed appropriate training.
- Ensure awareness of the service's local contact for Prevent – who may work for the Local Authority or the Police, and know how to refer concerns about radicalisation to the appropriate Prevent Channel. See B46 S12 Preventing Radicalisation and Extremism.

6.3 Staff in services with adult clients

- Ask if a client is in contact with a child, begins contact with a child or gets back in contact with a child and ensure this is incorporated into support overview, action plan and Safety and Wellbeing Plan, and inform the Service Manager.
- If a client is pregnant (or has a relationship with somebody who is pregnant), attention should be paid to issues such as substance use or engagement in other risky behaviours and how this may impact on the health of the unborn child.
- Record safeguarding concerns as part of the support overview and ensure they are raised with the Service Manager.
- Where a client's child is an open case to Children's Social Care, the keyworker should ensure they have contact details for the child's social worker.
- Refer to B20 Visitors for guidance on child visitors to St Mungo's adult services.

6.4 Staff in services for young person's services

Be aware the service may be targeted by abusers, as a source of vulnerable children. Be familiar with the Local Safeguarding Children Board's procedures which contain:

- The process for the early help assessment
- The type and level of early help services to be provided
- Thresholds for when a case should be referred to local authority children's social care for assessment and for statutory services
- Details of the Designated Officer is in the local area and methods for contacting in case of an alert.

Be familiar with local partnerships/multi-disciplinary teams (sometimes called Multi-Agency Safeguarding Hub – MASH).

6.5 **IT team**

- Produce and implement staff and client IT policies so that staff and clients can use IT safely, securely and legally, with regard to safeguarding and Prevent duties.

6.6 **Volunteer Services team**

- Produce volunteer handbook which includes guidance on safeguarding and professional boundaries.
- Produce written guidance for staff who manage volunteers on local induction and volunteer supervision.
- Deliver volunteer management training to staff.
- Deliver safeguarding training appropriate to volunteers in client facing roles.

6.7 **Quality and Continuous Improvement team**

- Produce safeguarding policies and procedures for staff which are legally compliant, reflect best practice in the sector and update them as often as required and once a year as a minimum.
- Ensure staff are informed of new guidance or changes to existing policies and procedures through organisational methods e.g. Weekly Bulletin, staff intranet, Managers Digest.
- Facilitate face to face Safeguarding and Professional Boundaries training.
- Manage both the quality and safeguarding inbox in order to respond to and support with queries relating to safeguarding.
- Review safeguarding incident reports and provide advice and guidance, as required.
- Manage the complaints inbox and raise any concerns that relate to safeguarding to relevant Managers and the Safeguarding Lead or Deputy Lead where necessary.

6.8 **Safeguarding Lead and Deputy Lead**

- Review safeguarding incident reports and provide advice and guidance, as required.
- Support staff to make referrals to appropriate agencies with regard to concerns about safeguarding, including radicalisation, as required.
- Support staff to work constructively with partners, including local authorities, police, NHS and other providers.
- Ensure internal safeguarding and professional boundaries (both face to face and e-learning) is comprehensive and compliant with our safeguarding and Prevent duties.

6.9 **St Mungo's Organisational Leads**

- **Board Lead:** Robert Napier, Chair.
- **Safeguarding Lead:** Dominic Williamson, Executive Director of Strategy and Policy.

- **Safeguarding Deputy Lead and Information Governance Lead:** Claire Tuffin, Deputy Director of Strategy and Policy.

7 Types of abuse

7.1 Physical Abuse

An intentional act or infliction of physical force or violence that causes or could result in bodily harm, typically in the form of physical discomfort, impairment, injury or pain. Physical abuse may relate to any malpractice involving an individual's physical wellbeing. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Types of physical abuse can include:

- hitting or slapping with hands or objects
- punching, kicking, hair pulling, biting, pushing, shaking, rough handling
- scalding and burning
- physical punishments
- inappropriate or unlawful use of restraint
- unauthorised restraint or restricting movement (e.g. tying someone to a chair)
- involuntary isolation or confinement
- making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- misuse of medication (e.g. over sedation)
- forcible feeding, withholding food or poisoning

7.2 Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, possibly involving violence, whether or not the child is aware of what is happening. There are two types of child sexual abuse – contact and non-contact.

Contact abuse is where an abuser makes physical contact with a child and is not just penetrative. This can include:

- rape, attempted rape or sexual assault
- sexual touching of any part of a child's body, whether they're clothed or not using any body part or object to penetrate a child
- making a child undress or touch someone else.

Non-contact abuse is where a child is abused without being touched by the abuser. This can be in person or online and includes:

- indecent exposure or flashing
- inappropriate looking, sexual teasing/innuendo or sexual harassment
- exposing a child to sexual acts or showing pornography
- forcing a child to masturbate
- forcing a child to view or share child abuse or sexual images or videos
- sexual photography of the child
- forcing a child to take part in sexual activities or conversations online or through a mobile.

- encouraging a child to behave in sexually inappropriate ways
- grooming a child in preparation for abuse.

Child Sexual Exploitation (CSE) involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

7.3 Domestic abuse

Domestic abuse includes any incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, (including sexual violence), to those aged 16 or over, in the majority of cases by a partner or ex-partner, but also by a family member or carer. Domestic abuse can happen to anyone, regardless of gender identity or sexuality. Domestic abuse can include, but is not limited to, the following:

- Coercive control (a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence)
- Psychological and/or emotional abuse
- Physical or sexual abuse
- Financial or economic abuse
- Harassment and stalking
- Online or digital abuse.

Domestic abuse can seriously harm children and young people and witnessing domestic abuse is child abuse. Children in the same household as an adult survivor of domestic abuse is considered to be at high likelihood of serious harm which meets the threshold for a referral to Children's Social Care. This referral should be completed by the referring agency at the same time as the Multi-Agency Risk Assessment Conference (MARAC) referral. See B23S6 Quick Guide Responding to Domestic Abuse.

Domestic abuse also includes so called 'honour' based violence (HBV), female genital mutilation (FGM) and forced marriage. If a child safeguarding concern is raised about HBV, FGM or forced marriage, Police should be contacted as urgent action may need to be taken and they (in co-ordination with other relevant specialised organisations) have the necessary expertise to help manage the risk.

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

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

For information about domestic abuse, who can help, click [here](#). For guidance on MARAC, see B23 Domestic Abuse.

7.4 Emotional or psychological abuse

This can be any form of mental cruelty or the persistent emotional maltreatment of a child that has a harmful effect on their emotional health, development or wellbeing.

Emotional or psychological abuse can include:

- preventing a child accessing educational opportunities, social development or seeing friends
- intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- conveying feeling of worthlessness, inadequacy or that a child is unloved
- threats of harm or abandonment
- placing inappropriate expectations on children or placing blame on a child
- lack of emotional interactions with a child, also known as emotional neglect
- a child witnessing or hearing the abuse or ill treatment of others (including domestic abuse and drug taking)
- persistently ignoring a child, deliberately silencing them or being completely absent.

7.5 Financial or material abuse

This is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. Types of financial or material abuse may include:

- Theft or withholding of money, benefits or possessions
- The unsanctioned use of a person's money or property
- disposal or sale of possessions by another party
- false representation, using another person's bank account, cards or documents
- The entry of a person into contracts or transactions (e.g. loans, gifts) that are not understood or are to their disadvantage, and/or have been as a result of coercion of some kind.

Staff must take steps to ensure clients' property and finances are secure. See B06 Handling Clients' Money and Valuables.

7.6 Neglect or acts of omission

Neglect is the persistent failure to meet a child's basic needs and is 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 use. Neglect can be hard to spot. Broadly speaking, there are four types of neglect.

- **Physical neglect** – a child's basic needs, such as food, clothing or shelter, are not met or a child is not properly supervised or kept safe.
- **Educational neglect** - a parent prevents their child being given an education.
- **Emotional neglect** - a child does not get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating or isolating them.
- **Medical neglect** – a child not given proper health care. This includes dental care and refusing or ignoring medical recommendations.

7.7 Self-neglect

This includes neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. See B51 Working with Clients who Hoard.

Self-neglect should not lead to judgemental approaches to another person's standards of cleanliness or tidiness. All people will have differing values and comfort levels. Self-

neglect concerns a person whose ability to manage their surroundings, their personal care, finances and/or basic daily living skills is so compromised that this is directly threatening their health and safety or the health and safety of others around them.

Positively addressing self-neglect requires balancing the rights of the individual with a duty of care, and improvement will often be gradual. Addressing related issues such as isolation, fluctuating capacity, low self esteem, and exploring longer term goals and developing interests and activities is required.

Types of self-neglect may include:

- lack of self care to an extent that it threatens personal health and safety
- neglecting to care for one's personal hygiene, health or surroundings
- inability to avoid self harm. See B45 Working with Clients who Self Injure.
- failure to seek help or access services to meet health and social care needs
- inability or unwillingness to manage one's personal affairs.

If the client's accommodation or environment is being severely neglected by the provider, this may constitute organisational abuse or neglect.

7.8 Modern Slavery

Types of modern slavery can include:

- Human trafficking
- Forced labour
- Domestic servitude
- Child Criminal Exploitation (CCE) e.g. being forced to work in a cannabis farm or pick pocketing. CCE also includes 'County Lines'.
- Child Sexual Exploitation (CSE), such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to.

'County Lines' is the police term for urban gangs supplying drugs to suburban areas, market and coastal towns, using dedicated mobile phone lines or 'deal lines' to supply drugs and/or enable others to supply. Heroin, cocaine and crack cocaine are the most common drugs being supplied and ordered. Exploitation is a key element of the county lines offending model and it is an emerging theme, affecting children and young people and 'vulnerable' people. See B46 S11 Child Criminal Exploitation and County Lines.

If you have concerns that a child or young person is involved in county lines or any other type of child criminal exploitation, contact your local police by dialling **101**. If you think a child is in immediate danger you should call **999**.

If you suspect slavery is happening and there is no immediate threat to life, report the issue as safeguarding. The Modern Slavery helpline can also be used to report if you suspect slavery is happening - **0800 0121 700** or complete an online form [here](#).

Human trafficking involves recruitment, harbouring or transporting people into a situation of exploitation through the use of violence, deception or coercion and forced to work against their will. The Police are the lead agency in managing responses to adults who are the victims of human trafficking and modern slavery. The National Referral

Mechanism (NRM) is a framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services.

Ensure clients are aware of the dangers of forced labour and their rights around UK employment, benefits and immigration law and warn clients that if an opportunity sounds 'too good to be true', it probably is, especially offers of employment linked to accommodation. Inform clients never to hand over their passport or other identity documents to anyone other than those from official authorities, if this is required under suspicious circumstances.

Traffickers and slave masters see services that support vulnerable individuals as prime locations to target people for exploitation. Resources available [here](#).

To read St Mungo's annual modern slavery statement, click [here](#).

7.9 **Radicalisation**

Children may be susceptible to exploitation into violent extremism by radicalisers who attempt to attract people to their cause using persuasion or charisma. The aim is to inspire new recruits and embed their extreme views.

See B46 S12 Preventing Radicalisation and Extremism. Call the Anti-Terrorist hotline on **0800 789 321** if you require further guidance.

7.10 **Forced marriage**

Hundreds of people in the UK (particularly girls and young women), are forced into marriage each year. A 'forced' marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds.

Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas or a British national being taken abroad. It is a crime in the UK.

In 2004, the Government's definition of domestic abuse was extended to include acts perpetrated by extended family members as well as intimate partners. Consequently, acts such as forced marriage and so called 'honour crimes' (which can include abduction and homicide).

The Foreign Office's Forced Marriage Unit can advise on tools available to tackle forced marriage, including legal remedies, overseas assistance and how to approach victims. Call: **020 7008 0151** (Mon-Fri: 09.00-17.00). Email: fmufco.gov.uk or for outreach work: fmou outreach@fco.gov.uk. Web: www.gov.uk/forced-marriage.

For all out of hours emergencies, call **020 7008 1500** and ask to speak to the Global Response Centre.

7.11 **Female Genital Mutilation (FGM)**

FGM includes any mutilation of a female's genitals, including the partial or total removal of the external genitalia. The World Health Organisation has classified FGM into four different types clitoridectomy, excision, infibulation and 'other' and terms include:

'Cutter'

A 'cutter' is somebody who carries out FGM. They might use things like knives, scalpels, scissors, glass or razor blades to carry out the procedure.

'Cutting season'

This refers to the summer months – often July, August and September – when many girls are on break from school. This is often the period when girls have time to undergo FGM. Girls might be flown abroad during this time, so it is important to be aware of this risk.

FGM can happen at different times in a girl or woman's life, including when a baby is newborn, during childhood or as a teenager, just before marriage or during pregnancy. FGM is dangerous and a criminal offence in the UK as:

- there are no medical reasons to carry out FGM
- it is often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades
- children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained
- it is used to control female sexuality and can cause long lasting damage to physical and emotional health.

St Mungo's has a legal duty to safeguard girls at risk of FGM. If you believe a girl is at risk, you can request that the girl's local authority make a Female Genital Mutilation Protection Order (FGMPO) which is a type of injunction. A report must also be made to the Police. Further information can be found [here](#).

7.12 Abuse via the internet

Children and young people might experience different types of online abuse, such as:

- cyberbullying
- emotional abuse
- sexting; Child Sexual Exploitation
- grooming.

Abuse can occur via all types of information and communication technology and may include all forms of child physical, sexual and emotional abuse. It can include bullying via mobile telephones or online with verbal and visual messages.

7.13 Organised and complex abuse

Abuse involving one or more abusers and a number of related or non related abused children. The adults concerned may be acting alone, with others or using an institutional framework or position of authority, e.g. teacher, coach, faith group leader or celebrity position.

It can occur as part of a network of abuse across a family or community and within institutions e.g. boarding schools, in day care, youth services, sports clubs, faith groups and voluntary groups

When receiving information or a referral, which may indicate complex and organised abuse, immediately refer the matter to the police and a Manager in children's social care services.

If you suspect that any Managers currently employed by a social care agency or a member of the Police are implicated, the matter should be referred to a Senior Manager at the relevant local authority, Chair of the Safeguarding Children Board and a Senior Officer within the Police.

8 Recognising abuse

- 8.1 Children can suffer abuse by a parent, a sibling, a relative, a carer, an acquaintance or a stranger. Abusers may be adults or other children. The abuse may be the result of a direct act, or a failure on the part of the carer to act or to provide proper care, or both.
- 8.2 Children may be abused or neglected through the infliction of harm or failure to act to prevent harm. Abuse can take place in a family or an institutional or community setting.
- 8.3 The categories of abuse overlap and a child may suffer more than one form of abuse.
- 8.4 It is often difficult to recognise abuse and exploitation. Staff should be alert to:
 - changes in a child's disposition or demeanour
 - overhearing indications of abuse or exploitation from clients
 - being informed directly or indirectly by other clients, visitors, member of the public, carer or other professionals.
- 8.5 If indicators of abuse appear incrementally over time (and there is no disclosure of abuse by the client or others), it can be less clear that the client is being abused or at risk of abuse. In these cases, discuss the signs with your line manager and team, contact safeguarding@mungos.org for advice, or contact the safeguarding leads or professionals at partner organisations who work with the client. Sharing relevant information promptly is a crucial part of harm reduction and managing safety concerns.
- 8.6 It is important to be aware of reactions and/or the impact that abuse may have on individuals who are experiencing or at risk of experiencing abuse or neglect. Self harm is not a safeguarding issue on its own, but it may be a reaction to being abused. If this is the case, report the cause (i.e. the abuse) as safeguarding and include details of the self harm under impact on the client. See B45 Working with Clients who Self Injure.
- 8.7 See B46 S1 Categories and Indicators of Child Abuse for a detailed list of indicators.

9 Responding to a disclosure of abuse

- 9.1 Listen.
- 9.2 Assure the person disclosing the abuse that they will be taken seriously.
- 9.3 Do not be judgmental, express disgust or jump to conclusions.
- 9.4 Explain that:
 - You have a duty to report to your line manager (or their manager if they are implicated in the abuse)
 - Concerns raised will have to be shared with them and external agencies (including the police).
 - You will take steps to protect them from further abuse.
- 9.5 Ask open questions e.g. tell me what happened?

- 9.6 Ensure the victim is safe/not in immediate danger and consider whether there is a risk to the safety of other clients.
- 9.7 Contact the emergency services (e.g. Police, ambulance), if there is a threat to life, serious injury, or if a crime has been committed which is considered an indictable offence; see B18 Working with the Police.
- 9.8 Secure the scene, if appropriate, to ensure that no forensic evidence is lost. **Do not** contaminate evidence and witnesses by:
- discussing the allegation of abuse with the alleged perpetrator or anyone other than the relevant Manager.
 - moving or destroying articles that could be used in evidence.
- 9.9 Refer to B48 Preventing and Responding to Sexual Assault, where relevant.
- 9.10 The Manager or Senior Manager must contact the Designated Office **within 24 hours** of disclosure, if the allegation refers to a staff member or volunteer. HR must also be informed.
- 9.11 If the Service Manager is absent or implicated in the abuse, staff should inform the on call Manager or Service Head.
- 9.12 If your concerns relate to domestic abuse, see B23S6 Quick Guide to Responding to Domestic Abuse.

10 If you are concerned that abuse may be occurring

- 10.1 Staff members should discuss this with the Service Manager and agree actions, which may include:
- Speak with the client to establish whether there is reason to suspect abuse.
 - Take action to protect other clients.
 - Seek advice from your line Manager, the Service Head, Quality and Continuous Improvement team or St Mungo's Safeguarding Lead or Deputy Lead if necessary.
 - Raise your concerns with your local authority.
 - Complete the Safeguarding Log on Opal. See B46 S15 Opal Safeguarding Log Guidance Document.
 - Complete an Incident Report Form, B07S1.
 - Review and update the client's Safety and Wellbeing Plan.
 - If it is suspected that a client is being abused by another client in the same service, both clients' Safety and Wellbeing Plans should be reviewed and updated.
 - The Manager should contact the Designated Officer for advice and guidance if the perpetrator may be a staff member or volunteer. HR must also be informed.
 - Do not discuss concerns or suspicions with any person suspected to be causing the abuse as you could increase the risk to clients and could prejudice any later investigation.

11 Medical treatment and examination

- 11.1 In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means (for example, accidentally or intentional self harm). Medical or specialist advice should be sought.
- 11.2 If medical treatment is needed, an immediate referral should be made to the person's GP, Accident and Emergency (A&E) or a relevant specialist health team. If forensic evidence needs to be collected, the Police should always be contacted and they will normally arrange for a Police surgeon (forensic medical examiner) to be involved.
- 11.3 The consent to the child being examined and treated may be given by the following people:
- The child, if they are of sufficient age and understanding (for Gillick competency/Fraser guidelines, click [here](#)).
 - Clients aged 16 or 17 have a legal right to provide consent to surgical, medical or dental treatment and unless grounds exist for doubting their mental health, no further consent is required.
 - The local authority when the child is accommodated under s20 of the Children Act 1989, and the parent/s have abandoned the child or are physically or mentally unable to give such authority.
 - The local authority when the child is the subject of a care order (though the parent should be informed).
 - When a child is looked after under s20 and a parent has given general consent authorising medical treatment for the child, legal advice must be taken about whether this provides consent for paediatric assessment for child protection purposes (the parent still has full parental responsibility for the child).
- 11.4 Should it be necessary as part of the investigation to arrange for a medical examination to be conducted, the following points should be considered:
- the rights of the child
 - the need to preserve forensic evidence
 - the involvement of any family members or carers
 - the need to accompany and support the child and provide reassurance and the identification of someone appropriate to do so.

12 Allegations of abuse against a member of staff or volunteer towards a client

- 12.1 All St Mungo's staff and volunteers must abide by the organisation's Code of Conduct. Abuse of a client is gross misconduct, and is illegal under the Criminal Justice and Courts Act 2015.
- 12.2 St Mungo's Whistleblowing procedure (A04) underlines the responsibility of staff to report staff actions which are abusive of clients, or which are unethical, and explains the process of reporting issues of concern to the Care Quality Commission or local authority. Staff can report concerns using: whistleblowing@mungos.org
- 12.3 Incident management following an allegation of abuse against a staff member or volunteer:

- Inform the Safeguarding Lead and Safeguarding Deputy Lead.
 - Inform the relevant HR Partner for the service.
 - Contact the Police immediately if there are any suggestions that the allegation of abuse is an indictable offence.
 - The Manager or Senior Manager should contact the Designated Officer within 24 hours of the allegation in line with Working Together to Safeguard Children 2015.
 - The Manager tasked with investigating the allegation should be approved by the Safeguarding Lead and Deputy Lead to ensure an objective investigation.
 - The Manager tasked with investigating the allegation should contact the Designated Officer.
 - Complete an incident report **within 24 hours** of becoming aware of the concern. Ensure that details of the incident are not shared with anyone other than the Service Manager, Deputy Manager and/or Service Head, unless it relates to one of them in which case it must be first notified to their line manager.
 - If the client concerned has spoken to other clients, before or as well as speaking to staff regarding the allegations, staff will need to inform the clients concerned that the allegation has been taken seriously and an investigation is taking place. However, this must be done with sensitivity and with due regard to confidentiality. This will help to minimise rumours and maintain the stability and positive environment of the service.
 - Service management should also keep relevant staff members informed but, again with due regard to the sensitivity and confidentiality of the situation.
 - The Service Manager (or their line manager, if they are suspected) should decide if there is an ongoing risk of further abuse or of pressure being brought to bear on the person making the allegation. If it is felt that this is possible, the staff member should be either suspended or reassigned to other duties while an enquiry takes place.
 - Operational decisions affecting a client who has made an allegation, e.g. exclusions, warnings, evictions, should be discussed with the Safeguarding Lead or Deputy Lead.
 - All recommendations following an investigation must be reviewed by the Safeguarding Lead or Deputy Safeguarding Lead.
 - Support should be offered to both the client and the staff member (from the Employee Assistance Programme, and the union, if appropriate) during the investigation.
 - Seek advice promptly from the relevant HR Partner and the Safeguarding Lead or Deputy Lead, if you have any questions on any of the above actions.
- 12.4 Where an allegation has been made about a volunteer, contact the Head of Volunteer Services as well as the Safeguarding Lead or Deputy Safeguarding Lead for advice.
- 12.5 If an allegation is substantiated and person dismissed or St Mungo's ceases to use the person's services, or the person resigns, the Designated Officer will discuss with HR whether referral to Disclosure and Barring Service (DBS) is required for consideration of inclusion on barred list. It is a legal requirement to refer to DBS where we think an individual has engaged in conduct that has harmed or is likely to harm a child or poses a risk of harm to a child.

13 Managing abuse allegations where the victim and abuser are in the same service

- 13.1 In cases where a client is allegedly being abused by another client, the safety of the victim is paramount.
- 13.2 Where the alleged abuser and victim are clients in the same service, the same processes are followed but the Service Manager will need to consider whether the Service can manage the situation with both parties on site.
- 13.3 If this is not feasible, it may be necessary to arrange the transfer of one client while the situation is being investigated.
- 13.4 Decide if the alleged perpetrator needs to be represented during investigations (e.g. by a relative, social worker or solicitor) to avoid a potential conflict of interest.
- 13.5 Decide if the matter is likely to come to the attention of the Police. If so, be aware of PACE (Police and Criminal Evidence Act 1984) regulations relating to the provision of an appropriate adult to accompany the child being investigated. See B18 Working with the Police.

14 Parental consultation

- 14.1 For children's services, the referral should be made to Children's Social Care and it is the responsibility of the referring service to inform those with parental responsibility for the child, unless this would increase risk.
- 14.2 A child protection referral from a professional cannot be treated as anonymous, so the parent may ultimately become aware of the identity of the referrer.
- 14.3 Where a child is already experiencing or at risk of experiencing significant harm, then a child protection referral must be made to children's social care irrespective of obtaining consent from those with parental responsibility for the child.
- 14.4 In adult services, where practicable, concerns should be discussed with the parent (or anyone else who has parental responsibility for the child) and agreement sought for a referral to the local authority's children's social care team unless seeking agreement is likely to place the child at risk of significant harm through delay or the parent's actions or reactions.

15 Recording and raising a safeguarding concern

- 15.1 Accurate records should be made at the time of the disclosure or discovery, giving details of the incident and/or the grounds for suspecting abuse.
- 15.2 You must inform the relevant Manager **within 4 hours** of the concern being raised. Additionally, a copy of the report of suspected abuse should also be sent (if the record is being made by a staff member who is not a manager). If the suspected abuse concerns the Service Manager or Deputy Manager, send a copy of the report to their Manager.
- 15.3 Follow all **mandatory reporting processes by the Service's Commissioner (e.g. local authority)**. This includes being aware of the local authority's '**Golden Number**' – a public number which anyone with a query related to child protection can contact.
- 15.4 Complete an incident report within **24 hours**. See B07 Incident Reporting.

15.5 Recording and raising a concern can be undertaken by all staff, with guidance from their line manager, or if the line manager is implicated, with guidance from the Service Head or Safeguarding Lead or Deputy Lead.

15.4 When recording and raising a concern, you must include:

- Full names (including aliases and spelling variations), date of birth and gender
- Address and (where relevant) school/college address
- Identity of those with parental responsibility
- Where available, the child's NHS number and education UPN number
- Ethnicity, first language and religion of children and parents
- Any special needs of children or parents
- Any significant/important recent or historical events/incidents in child or family's life
- Cause for concern including details of any allegations, their sources, timing and location
- The child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of the alleged perpetrator, if known
- Known involvement of other agencies/professionals (e.g. GP)
- Information regarding parental knowledge of, and agreement to, the referral
- The child's views and wishes, if known
- If you were present, record exactly what you saw.

15.5 The Manager or Senior Manager will alert the Designated Officer if the alleged perpetrator is a staff member or volunteer.

15.6 Where the child is already known to local Social Services, the allocated social worker (or social care duty worker if not available) or other professional will be notified as well to expedite the process.

15.7 Factors which must be included in reporting to the Safeguarding Children Team are:

- The vulnerability of the child
- The nature and extent of the abuse and likely consequences
- The period during which the abuse has been happening
- The impact on the victim and the impact on others
- The likelihood of repeated or increasingly serious acts and any escalation in abuse that appears to be happening
- Any actions taken and/or plan to keep client safe
- What our client would like to happen next (if appropriate)
- What we would like the Safeguarding team to do.

See B46 S9 Safeguarding Referral Content Guide.

15.8 Anonymous information or information from people who do not want to be identified should also be recorded.

15.9 Information should be stored so that it is not accessible by anyone implicated in the safeguarding allegation.

15.10 All safeguarding concerns should be logged on the client's Opal safeguarding log **within 48 hours** of a concern being raised with the local authority Children's Social Care. See B46 S15 Opal Safeguarding Log Guidance.

16 What happens once an enquiry is made?

16.1 The local authority should lead on an assessment and complete it within the locally agreed time.

16.2 This assessment should establish:

- The nature of the concern
- How and why it has arisen
- What the child's needs appear to be
- Whether the concern involves abuse or neglect
- Whether there is any need for any urgent action to protect the child or any other children in the community.

The immediate response to referrals may be:

- No further action at this stage
- Signposting to other agencies and services
- An assessment of needs with a stated timescale and plan including regular reviews
- Emergency action to protect a child
- Strategy meeting/discussion.

16.3 The local authority must arrange a strategy meeting/discussion within three working days of the referral, if there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. The purpose is to share information between professionals who work with the child and decide on responsibility for tasks related to the child's welfare.

16.4 The Designated Officer - Statutory Role will be involved if the allegation is about a staff member or volunteer. Their role is to:

- Be involved in management and oversight of cases
- Provide advice and guidance to employers
- Liaise with police and other agencies
- Monitor progress of cases
- Remain involved even if it is not Child Protection and until disciplinary investigations are complete. Reviews of cases should be fortnightly or monthly depending on complexity.

16.5 The local authority Children's Social Care Manager has a legal duty to authorise an enquiry under Section 47 of the Children Act 1989 (s47 enquiry) following a strategy discussion/meeting, where it has been established that a child is suffering, or is likely to suffer, significant harm.

16.6 A Section 47 enquiry may run concurrently with police investigations. When a joint enquiry takes place, the police have the lead for the criminal investigation and LA children's social care have the lead for the s47 enquiries and the child's welfare. St Mungo's must cooperate with any request from a safeguarding board e.g. supply

information although Safeguarding Boards must also be mindful of the burden of such requests on organisations.

16.7 The possible outcomes of a section 47 enquiry for the child are as follows:

- Concerns not substantiated. The LA children's social care manager must authorise the decision that no further action is necessary.
- Concerns of significant harm are substantiated - the child is judged to be suffering, or likely to suffer, significant harm. There must be a child protection conference within 15 working days of the strategy discussion/s at which section 47 enquiries were initiated, Suitable multi agency arrangements must be put in place to safeguard the child until such time as the Initial Child Protection Conference has taken place.
- If there is any disagreement between professionals regarding the outcome, staff should use the local authority's procedure for resolving them and the concerns, discussion and any agreements made should be recorded in each organisation's files.

16.8 If concerns are substantiated, the local authority may authorise an initial child protection conference or a review conference (more common when the child is looked after, under the Children Act 1989, s20). St Mungo's staff should participate fully, according to local protocols.

17 Supporting a child and others who makes repeated allegations

17.1 Where a child makes repeated allegations, each new allegation should be investigated as if it is the first one.

17.2 Each allegation must be responded to in line with this procedure.

17.3 Each incident must be recorded in line with section 15.

17.4 A Safety and Wellbeing Plan must be completed in full and measures taken to protect staff and others and a case conference convened, where appropriate.

17.5 Supporting clients who discuss safeguarding concerns about other people

Clients who raise concerns related to safeguarding should be supported by being encouraged to discuss their concerns with staff. Staff should explain the client's options and the implications of each course of action. Staff must not promise to keep information confidential.

17.6 Responding to family members, friends and neighbours who make repeated allegations

Allegations of abuse made by family members, friends and neighbours should be investigated without prejudice. However, where repeated allegations are made with no foundation to the allegations and further investigation is not in the best interests of the child, see A02 Complaints, Suggestions and Comments for details on persistent complainants.

18 Closing a child safeguarding concern

- 18.1 A concern is closed when relevant action has been taken to address the abuse, even if the abuse is ongoing. It will typically be closed after the process of reporting, external referral, case conferences and creating an action plan has taken place.
- 18.2 After the concern is closed, ongoing support arising from the concern should be recorded under the relevant action headings on the client's Safety and Wellbeing Plan (e.g. health, external services).
- 18.3 A new concern should then be raised if circumstances change or a new incident occurs, even if it is a continuation of the previous abuse. The new concern should refer to the previous case.
- 18.4 If the allegation is unfounded then the issue should be recorded in the client's record.
- 18.5 Where the allegation is unfounded and the client who made the allegation did not like the worker or was unhappy with something the worker did, they may need support around expressing their needs and/or dissatisfaction in more appropriate ways. If the allegation was made about their keyworker, it may be more appropriate for the Manager to address this part of the action plan and consider a change of keyworker.
- 18.6 Closing a case prompts the Manager to consider each case and reflect on practice. It is not intended to signify that a solution has been reached or that the abuse has ended.
- 18.7 The Service Manager or Deputy Manager is responsible for ensuring all relevant safeguarding concern records have been closed as part of their fortnightly check of the service's Opal safeguarding log.

19 What to do if a safeguarding concern is closed with no further action

- 19.1 At times, a safeguarding concern may be closed with no further action. If this happens, and it is felt that further action is needed, take the following steps:
- Ask for a full written explanation as to why the safeguarding concern has been closed with no further action being taken.
 - Review the information in the concern for completeness and clarity. Was there something important which was omitted and were concerns about the client's safety and/or impact on the child's wellbeing explicitly stated?
 - Did the local authority Safeguarding Children Team have a full and proper understanding of the safety concerns involved?
 - Pass any further relevant information to the local authority Safeguarding Children Team such as information missing from the original enquiry or additional information which is now available
 - Review the local authority Safeguarding Children Team's practice and decision against relevant procedures for that local authority (often called threshold and/or criteria documents). They are usually published online. If not, staff should request a copy. Are they working in accordance with these procedures or is there is a gap between what their procedures require and what they have done?
- 19.2 If the above steps are taken and there is no change, contact the local authority's lead for Safeguarding Children, or if there is no one in that position, another Manager within the

organisation. If the disagreement remains unresolved, a complaint can be made to the relevant local authority complaints officer.

19.3 For further details on escalating enquiries closed with no further action, see B08S11 Guidance Document, Advocating for Clients.

19.4 Where the child is over 16 and is assessed to lack capacity a 'best interest' decision should be made – see B49 Assessing Mental Capacity and the Mental Capacity Act. It is important to note that a safeguarding alert can be raised if someone has capacity or if someone does not have capacity and should not be used as a reason not to act where the criteria for safeguarding is met.

19.5 If the concern is rejected on the grounds that a client has the capacity to make unwise decisions, consider the following questions:

- Might the person have been coerced or subject to duress?
- Are there concerns about anyone else's safety?
- Has the person had a mental capacity assessment regarding the particular safeguarding issue?
- Has the person recently been diagnosed, e.g. with a mental health need that may affect their decision making or pose an additional risk to safety?
- Have the person's circumstances deteriorated or their needs increased?
- Does the person have fluctuating or complex needs?
- Is there a sudden change in the person's behaviour indicating an escalating problem?
- Has the client's Safety and Wellbeing Plan been updated regarding the particular safeguarding issue?
- Might the alleged perpetrator be or experiencing harm, or might they too have care and support needs?

20 Sharing information

20.1 Safeguarding concerns can be raised by a number of sources including:

- St Mungo's staff
- Agency/Locum staff
- The victim
- A member of the public
- External agency

20.2 If you have any questions related to the sharing of information related to safeguarding, contact the Information Security team at inforsec@mungos.org or the Quality and Continuous Improvement team on quality@mungos.org.

20.3 All information sharing internally should be under taken by Managers or staff members specifically tasked to do so by Managers.

20.4 Sharing information with staff of St Mungo's

- Information given to an individual member of staff belongs to St Mungo's and not to the individual staff member.
- Information will be shared internally on a need to know basis.
- Information will only be shared in the best interests of the client.

- Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the child.
- Staff reporting concerns at work are entitled to protection under the Public Interest Disclosure Act 1998. See A04 Whistleblowing.
- The Quality and Continuous Improvement team will notify the Safeguarding Lead and Deputy Lead of more serious safeguarding cases.

20.5 Sharing information with the alleged victim

- The client will be updated as to the progress of the enquiry and the next steps. This should be done as soon as is reasonably possible so that the victim is reassured that action is being taken.
- Where there is no legal requirement to obtain written consent before sharing information, it still is good practice to, where possible, seek consent before sharing. Unless, in doing so, would increase the risk to the individual or others.

20.6 Sharing information with the alleged perpetrator

- It is rare that information is shared with an alleged perpetrator.
- Where the alleged perpetrator is a client, and an enquiry is underway, guidance **must** be sought from the Information Security team as to what information can/cannot be disclosed or communicated.
- Where the alleged perpetrator is a staff member, locum, agency worker, volunteer or student on placement, guidance **must** be sought from an HR partner and the Information Security team as to what information can/cannot be disclosed or communicated.

20.7 Sharing information with other clients

- Information will not be shared with other clients not involved in the safeguarding concern, unless it is required as part of the safeguarding enquiries plan to keep the individual(s) safe. This should always be agreed with the local authority Safeguarding Children Team and St Mungo's Information Security team.

20.8 Children who are clients involved in safeguarding cases should be advised both by St Mungo's staff and other professionals (e.g. social services) not to discuss this with friends, other clients or on social media. However, they may choose to disclose information, so staff and management should be aware of safety concerns related to this, as well as addressing the consequences of disclosure with the client, before it takes place and afterwards, if necessary.

21. Formal communication with a person raising a concern external to St Mungo's

21.1. Following the report of a safeguarding concern from a member of the public or external agency, staff are to write to the person raising the concern, to inform them of what action will be taken. Provide general information only about how the matter will be investigated, within the limits of confidentiality.

- 21.2 Once the investigation has concluded, write again to the person who raised the concern to advise them of the outcome, again providing general information only, within the limits of confidentiality.
- 21.3 Seek guidance from a Manager, Information Security, organisational Safeguarding Lead or Deputy Lead, if needed.

22 Training and learning

- 22.1 All managers, staff, locums, volunteers, agency workers and students on placement working in services, must complete e-learning training on safeguarding and professional boundaries, provided by St Mungo's as part of their induction.
- 22.2 Mandatory face to face Safeguarding and Professional Boundaries training is provided by the Quality and Continuous Improvement team and should be renewed every three years.
- 22.3 Commissioners may require more frequent renewal of the training they provide and this must be complied with.
- 22.4 Staff working in children or family services must also access safeguarding or other relevant training offered by local authorities or other specialist providers, as required the type of service in which they work, e.g. child sexual exploitation, bullying, young people's sexual health and relationships
- 22.5 Managers should attend appropriate training related to the recruitment of staff who will be working with children, e.g. Safer Recruiting Training e-learning provided by NSPCC, as well as appropriate training in the management of safeguarding issues.
- 22.6 All attendance at safeguarding training must be recorded.
- 22.7 Persistent failure to complete safeguarding training and relevant updates will be treated as a capability and disciplinary issue.

23 Monitoring

- 23.1 All incident reports that are marked as safeguarding should be marked as 'medium' or 'high'. See B07 Incident Reporting.
- 23.2 All incident reports that are marked as safeguarding will be reviewed by the Quality and Continuous Improvement team. One of the organisational Safeguarding Leads may also be required to review certain incident reports that are marked as safeguarding.
- 23.3 All safeguarding concerns raised with the local authority should be logged on Opal. Service Managers and Deputy Managers are responsible or may delegate responsibility to monitor the safeguarding log every two weeks. See B46 S15 Opal Safeguarding Log Guidance.
- 23.4 The Safeguarding Lead for the Board will receive a monthly summary of the most serious safeguarding cases from the Safeguarding Leads.
- 23.5 A Safeguarding Committee will meet annually to review key lessons learned with regard to safeguarding.
- 23.6 An annual safeguarding review will be provided to the Service Committee and the Organisational Learning Group.

24 Associated documents

- B46 S1 Categories and Indicators of Child Abuse
- B46 S2 Useful Contacts Related to Safeguarding Children
- B46 S3 Good Practice Guidance and Professional Boundaries
- B46 S4 Safeguarding Children Contact List for Services
- B46 S5 Quick Guide to Safeguarding Children
- B46 S6 Safeguarding Children in Outreach Work
- B46 S7 Safeguarding Responsibility Chart
- B46 S8 Glossary of Terms and Acronyms
- B46 S9 Content Guide for Raising Child Safeguarding
- B46 S10 Child Safeguarding Flowchart
- B46 S11 Child Criminal Exploitation and County Lines
- B46 S12 Preventing Radicalisation and Extremism
- B46 S13 Safeguarding Leaflet for Clients
- B46 S14 Streetlink Quick Guide to Safeguarding
- B46 S15 Opal Safeguarding Log-Guidance

25 Relevant procedures and documents

- St Mungo's Code of Conduct (applies to staff and volunteers)
- A02 Complaints, Suggestions and Comments
- A04 Whistleblowing
- B06 Handling clients' money and valuables
- B08 Keyworking, Action Planning and Client Safety
- B15 Responding to Bullying and Harassment of Clients
- B17 Responding to Challenging Behaviour (Accommodation Services)
- B17A Responding to Challenging Behaviour (Non Accommodation Services)
- B18 Working with the Police
- B20 Visitors
- B21 Deprivation of Liberty Safeguards
- B23 Domestic Abuse
- B24 Working with Pregnant Clients and Clients with Children
- B26 Leaving Accommodation, Abandonment and Storage of Belongings
- B45 Working with Clients who Self Injure
- B46 Safeguarding Children
- B48 Preventing and Responding to Sexual Assault
- B49 Assessing Mental Capacity and the Mental Capacity Act
- B51 Working with Clients who Hoard
- J06 Information Sharing Procedure
- Induction checklists for St Mungo's staff
- Support and Supervision pro forma
- Disciplinary policy and procedure
- Capability procedure
- Learning and Development in St Mungo's policy
- Volunteer Policy
- Volunteer Handbook
- Staff Resource Pack for Volunteer Management

- IT Systems Acceptable Use policy
- Client IT Acceptable Use policy and Service Level Agreement

The following documents were consulted for the review of this policy and procedure:

1. The Children Acts 1989 and 2004
2. The Children and Families Act 2014
3. Working Together to Safeguard Children 2015
4. The Care Act 2014
5. Health and Social Care Act 2012
6. Public Disclosures Act 1998
7. The Equality Act 2010
8. London Child Protection Procedures and Practice Guidance, 2019
9. Mental Capacity Act 2005
10. General Data Protection Regulation, 2018
11. Public Disclosures Act 1998
12. The Protection of Freedoms Act 2012
13. Criminal Justice and Courts Act 2015
14. The Anti-social Behaviour, Crime and Policing Act 2014
15. London Child Protection Procedures 2015
16. Serious Crime Act 2015
17. Female Genital Mutilation Act 2003
18. Counter Terrorism and Security Act 2015
19. Child Criminal Exploitation – Catch22
20. Criminal Exploitation of children and vulnerable adults: County Lines guidance – The Home Office, 2018
21. Child Abuse – NSPCC
22. Social Care Institute of Excellence – Child Safeguarding
23. Social Care Institute of Excellence – Safeguarding for Charities
24. Hestia Housing Safeguarding Triangle
25. Safeguarding Guidance for Charities – gov.uk
26. National Council for Voluntary Organisations - Safeguarding
27. Safeguarding Children, Young People and Adults at risk in the NHS – Accountability and Assurance Framework

This policy and procedure was developed in consultation with:

- Staff and Managers from a range of client facing services: *Real Lettings, Short stay services, Advice Services, Mixed Hostels, Housing First, NSNO and Reconnection Services.*
- Central Services Support teams: *Information Security, Communications, Complex Needs team, Learning and Development, Diversity Networks, Women's Strategy, Business Excellence, Quality and Continuous Improvement team and Streetlink.*
- The Organisational Safeguarding Group
- Client Involvement and Outside In
- Children and Young People Matrix Lead