

# Safeguarding Adults and Children Policy

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# 1.0 Introduction

## 1.1 Purpose

Settle is committed to promoting the welfare of adults and children and young people to ensure that they feel safe and are protected by effective interventions if they are thought to be suffering, or at risk of harm.

The purpose of this policy is to provide a framework that informs procedures related to Settle's duty to protect adults and children and young people at risk, as defined by relevant legislation. The policy establishes a framework to support paid and unpaid staff in their practices and clarifies the organisation's expectations.

We will always ensure we work in compliance with safeguarding and data protection legislation. Our safeguarding policies and procedures should be reviewed at least every year.

In the event of a serious safeguarding incident or breach, this policy and related procedures will be reviewed.

## 1.2 Scope

This policy applies to all those working on behalf of Settle, whether paid or unpaid, that through their work with adults involved in Settle's Programmes and activities, as well as children and young people under the age of 18 that Settle may come into contact with through their work.

In the London Child Protection Guidelines this is outlined as all agencies and professionals should:

- Be alert to potential 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;
- Contribute to whatever actions are needed to safeguard and promote the child's welfare;
- Take part in regularly reviewing the outcomes for the child against specific plans;
- Work co-operatively with parents, unless this is inconsistent with ensuring the child's safety.

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.

### 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 an adult, children and young people
- 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 to the 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

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. The law provides a framework for organisations to share information and cooperate to protect adults at risk. This policy should be read in conjunction with other relevant Settle policies and procedures, including Data Protection. Settle's Data Protection policy outlines our duties in relation to the Data Protection Act 2018 (UK GDPR).

#### 1.4.1 Adults

- Safeguarding Adults comes under the Care Act 2014, which places a general duty on Local Authorities to promote the wellbeing of individuals when carrying out care and support functions. This provides a framework for good practice in safeguarding that makes the well-being of the adult at risk a priority of any intervention. It also emphasises the importance of person-centred safeguarding. The Care and Support

Statutory Guidance 2020 outlines how local authorities should meet the legal obligations placed on them by the Care Act 2014.

- The Mental Capacity Act provides a framework for making decisions on behalf of adults who can't make decisions for themselves.
- The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to.
- Settle has a duty, under the Safeguarding Vulnerable Groups Act 2006, to ensure they have in place safe recruitment practices to prevent people deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work.
- The London Multi-Agency Adult Safeguarding Policy and Procedures 2019 are built on strong multi-agency partnerships and outline the duties and responsibilities to help make sure that there is a consistent approach to safeguarding adults across London.
- Charity Commission Safeguarding Guidance 2019 which outlines what charities can do to protect people who come into contact with a charity through its work from abuse or mistreatment of any kind.

#### 1.4.2 Children and young people

- Settle has a duty, under the Children's Act 1989, to promote and safeguard the welfare of children and young people under the age of 18.
- Section 17 of the Children Act 1989 puts a duty on the local authority to provide services to children in need in their area, regardless of where they are found; section 47 of the same 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.
- The Equality Act 2010, puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs
- 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 Housing Act 1996 and Homelessness Reduction Act 2017 set out the Homelessness Duty to those who are or may be homeless.
- Working Together to Safeguarding Children 2018 aims to help professionals understand what they need to do, and what they can expect of one another, to

safeguard children. It focuses on core legal requirements, making it clear what individuals and organisations should do to keep children safe.

#### 1.4.3 Other relevant policies and procedures at Settle

- Lone Working Policy and Procedures
- Health and Safety Policy
- Data Protection Policy and Procedures
- Whistleblowing Policy
- Complaints Policy
- Equality, Diversity and Inclusion Policy

### 1.5 Definitions

#### 1.5.1 Adult at risk

For adult safeguarding purposes, section 42 of the Care Act identifies ‘an adult at risk.’

An adult at risk of abuse or neglect is defined 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

#### 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 includes:

- 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

*(Department of Health, 2014)*

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

- Empowerment  
*People being supported and encouraged to make their own decisions and informed consent*
- Prevention  
*It is better to take action before harm occurs*
- Proportionality  
*The least intrusive response appropriate to the risk presented*
- Protection  
*Support and representation for those in greatest need*
- Partnership  
*Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse*
- Accountability  
*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 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 can't. It also gives us the right to make any decision that we need to make and gives us the right to make our own 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 going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions'.

#### 1.5.4 Safeguarding children

Safeguarding and promoting the welfare of children is defined within Working Together to Safeguarding Children 2018 as:

- protecting children and young people from maltreatment
- preventing impairment of children and young people's mental and physical health or development
- ensuring that children and young people grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

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

There are different types and patterns of abuse and neglect and different circumstances in which they may take place.

There are ten types of abuse outlined in the Care Act 2014 that adult abuse may form part of.

The list of possible indicators below are not an exhaustive list and people may be subject to a number of abuse types at the same time.

#### 1.5.5.1 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

#### 1.5.5.2 Domestic abuse:

This can be defined as abuse between two people over 16 years of age and who are, or who have been, intimate partners or family members.

It encompasses the following behaviours:

- controlling
- coercive
- threatening
- Violent

Possible indicators of abuse, including:

- physical signs of violence - broken bones or bruising
- psychological - isolated from friends and family, low self esteem, blaming themselves for the abuse or humiliation in front of others, fear of outside intervention
- sexual
- financial - limited access to money and damage to home and property
- honour-based - such as forced marriage

#### 1.5.5.3 Psychological / emotional abuse:

This may involve:

- conveying that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- enforced social isolation - preventing them from seeing friends and family or accessing external services
- not giving them opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- serious bullying (including cyberbullying), causing them to feel frequently frightened or in danger, or the exploitation or corruption of an individual
- intimidation, coercion, harassment, use of threats, humiliation, swearing or verbal abuse
- threats of harm or abandonment
- Failure to respect privacy

Possible indicators of abuse, including:

- 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

#### 1.5.5.4 Sexual abuse:

This may include:

- rape, attempted rape or sexual assault
- inappropriate touch anywhere
- non-consensual masturbation of either or both persons
- any sexual activity that the person lacks the capacity to consent to
- inappropriate looking, sexual teasing or innuendo or sexual harassment
- sexual photography or forced use of pornography or witnessing of sexual acts
- indecent exposure

Possible indicators of abuse, including:

- Bleeding, pain, itching or sores around the genitals
- Pain when walking or sitting
- Bruising, especially on the thighs, buttocks, upper arms and neck
- Torn, bloody or stained clothing
- Sexually transmitted infections
- 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

#### 1.5.5.5 Financial or material abuse:

This may include:

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

Possible indicators of abuse, including:

- 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

#### 1.5.5.6 Modern slavery

This may include:

- human trafficking - including criminal exploitation
- forced labour
- domestic servitude
- sexual exploitation, such as escort work, prostitution and pornography
- debt bondage - being forced to work to pay off debts that realistically they'll never be able to

Possible indicators of abuse, including:

- 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,

#### 1.5.5.7 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

Possible indicators of abuse, including:

- Behavioural changes, including an individual becoming withdrawn, isolated, angry, frustrated, fearful and anxious
- A lack of support for an individual's needs
- An individual beginning to reject their own cultural background, personal beliefs, sexual preferences or lifestyle choices

#### 1.5.5.8 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.

#### 1.5.5.9 Neglect and acts of omission

This can occur when somebody who has responsibility for the care of an adult fails to provide the amount and type of care that person requires. It can include mistreatment, such as delivering care in a way a person dislikes, ignoring or isolating them and ignoring their specific care needs. Neglect may be a result of deliberate mistreatment, but it may also be an unintended consequence of somebody not having the ability to care for someone.

#### 1.5.5.10 Self Neglect

This may include:

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

There are many reasons for self-neglect, the individual may face difficulties with their

mental health, struggle with addiction or lack the mental capacity to care for themselves.

Possible indicators of abuse, including:

- Poor personal hygiene and an unkempt appearance
- Lack of essential food, clothing or shelter
- Poor living conditions, including living in unsanitary conditions, neglecting household maintenance or hoarding
- Malnutrition and or dehydration
- Unwillingness to take medication, treat illnesses or injuries or comply with health or care services

#### 1.5.5.11 Other forms of abuse

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

Radicalisation and extremism

Recognising Extremism – early indicators may include:

- Showing sympathy for extremist causes
- Glorifying violence
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations such as ‘Muslims Against Crusades’ or other non-prescribed extremist groups such as the English Defence League.
- Out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can access online so involvement with particular groups may not be apparent).

Online harm

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

Some examples of online abuse can include:

- trolling
- stealing someone else’s identity

- cyber-stalking
- cyberbullying

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.

#### Non-recent abuse

Sometimes called historic abuse, 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.

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.

#### 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.

#### 1.5.6 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.

The following is not an exhaustive list and children and young people may be subject to more than one form of abuse at the same time.



### 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.

### 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.

### 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.

#### 1.5.6.4 Neglect

Neglect may not be persistent and may occur over a short period of time and have adverse effects. It can include the failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent 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 care-givers); or ensure access to appropriate medical care or treatment.

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

#### 1.5.3.5 Other forms of abuse

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

##### Child Sexual Exploitation (CSE)

Involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

It can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups.

What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops.

It involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying

and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

### Harmful Sexual Behaviour (HSB)

Is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful and abusive (Hackett, 2014). It may also be referred to as sexually harmful behaviour or sexualised behaviour.

It encompasses a range of behaviours which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people that display it as well as the people it's directed towards.

Technology assisted HSB can use the internet or mobile phones for example. It may include sexting or the viewing of pornography (including extreme pornography or indecent images of children).

### Criminal Exploitation and Gangs

This is when children and young people are manipulated and coerced into committing crimes.

Children and young people may be the victims of violence or pressured into doing things like stealing or carrying drugs or weapons. They might be abused, exploited and put into dangerous situations.

The word gang can be distinguished between peer group, street gang and organised criminal gangs.

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'.

Children as young as 12 years old have been exploited into carrying drugs for gangs. 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
- The home of a drug user, or other vulnerable person, that is taken over by a criminal gang - this may be referred to as cuckooing

## Female Genital Mutilation

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM.

Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

## Radicalisation and Extremism

a) Recognising Extremism – early indicators may include:

- Showing sympathy for extremist causes
- Glorifying violence
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations such as 'Muslims Against Crusades' or other non-prescribed extremist groups such as the English Defence League.
- Out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can access online so involvement with particular groups may not be apparent).

b) Why might a young person be drawn towards extremist ideology?

It appears a decision by a young person to become involved in violent extremism:

May:

- begin with a search for answers to questions about identity, faith and belonging
- be driven by the desire for 'adventure' and excitement

- be driven by a desire to enhance the self-esteem of the individual and promote their 'street cred'
- involve identification with a charismatic individual and attraction to a group which can offer identity, social network and support
- be fuelled by a sense of grievance that can be triggered by personal experiences of racism or discrimination

### Non-Recent Abuse

Sometimes called historic abuse, 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.

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.

### The Impact of Domestic Abuse

Included in the four categories of child abuse and neglect above, are a number of factors relating to the behaviour of the parents and carers which have significant impact on children such as domestic abuse. Research analysing Serious Case Reviews (now known as Child Safeguarding Practice Reviews) has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic abuse in their peer relationships.

The Home Office definition of Domestic violence and abuse was updated in May 2018 as: "Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

Psychological;  
Physical;  
Sexual;  
Financial;  
Emotional."

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

## 2.0 Safeguarding at Settle

### 2.1 Responsibilities

#### 2.1.1 Adult services responsibilities in relation to children

Where a professional working with adults has concerns about the parent's capacity to care for the child and considers that the child is likely to be harmed or is being harmed, they should immediately refer the child to the police or local authority children's social care, in accordance with their agency's child protection procedures.

#### 2.1.2 The Board of Trustees

Safeguarding is a key governance priority for all charities. The Board of trustees are responsible for protecting everyone that comes into contact with the organisation from harm (Charity Commission 2019). They are responsible for ensuring that:

- A lead trustee for safeguarding is appointed
- Settle has up to date and fit for purpose safeguarding policies and procedures to respond effectively to safeguarding concerns
- Respond to any concerns that arise regarding Settle's approach to safeguarding

#### 2.1.3 The Chief Executive Officer

Has the following responsibilities:

- Accountability for Settle's compliance with safeguarding adults legislation and best practice guidance
- Ensure a Designated Safeguarding Lead has been appointed and is trained and supported in their role

- If appropriate, to suspend a member of staff or volunteer who is accused of abuse pending investigation. The Chief Executive Officer will inform the Board of Trustees immediately.

#### 2.1.4 The Designated Safeguarding Lead

Settle's Designated Safeguarding Lead is Aimee Hardaker, Head of Delivery. 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 frequent 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 for any member of staff or volunteer accused of abuse
- 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](mailto: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 Binta Bah, 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
- Support with developing safeguarding training and development at Settle, taking a proactive approach in highlighting any staff members that may need additional support
- Conduct 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
- Take 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
- Support and monitor liaison with external statutory agencies in relation to concerns of abuse, including Local Authorities and Police
- Provide 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
- Support the DSL to monitor the additional training needs for the whole delivery team and support with organising relevant training
- Support 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](mailto:keziah.hughes@wearesettle.org), 07727 637783

Becky Collins, [becky.collins@wearesettle.org](mailto:becky.collins@wearesettle.org), 07482513627

Binta Bah, [binta.bah@wearesettle.org](mailto:binta.bah@wearesettle.org), 07723374997

#### 2.1.6 All Staff and Volunteers

All staff who come into contact with adults 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



- Attend safeguarding training as required (refresher training for all members of staff every two years)
- Familiarise themselves with and follow Settle's adult safeguarding policy and associated procedures and
- Alert the Designated Safeguarding Lead (DSL) and their manager if they have safeguarding concerns about an adult involved in Settle's programmes

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.

Contact details:

Lead Designated Safeguarding Officer & Deputy Designated Safeguarding Lead, Keziah Hughes, Senior Programme Manager

[keziah.hughes@wearesettle.org](mailto:keziah.hughes@wearesettle.org)

07727 637783

Designated Safeguarding Lead, Becky Collins, Programme Manager

[becky.collins@wearesettle.org](mailto:becky.collins@wearesettle.org)

07482513627

Designated Safeguarding Lead, Binta Bah, Programme Manager

[binta.bah@wearesettle.org](mailto:binta.bah@wearesettle.org)

07723374997

## 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 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, 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;

- The public services 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”<sup>1</sup>

## 2.3 Procedure

### 2.3.1 Procedure for all staff

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

- In an emergency take the action necessary to help an adult in immediate risk, for example, call 999
- Where you have a safeguarding concern, follow the Settle Safeguarding Procedure
- 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. These could be no further action, advice, signposting, referral with/without concern or escalations). All concerns with immediate risk to life or involving children should be highlighted to the DSL immediately (within 2 hours)
- 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

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<sup>1</sup> 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/>

- 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

Please refer to the following procedures for guidance.

[Safeguarding Procedure Document](#) (Senior/Settle Coach)

[Safeguarding Procedure Document](#) (Senior/Programme Manager)

### 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 discloses information to you

- It takes a lot of courage for someone to disclose that they are being 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
- It is important to reassure them that you are listening and taking this seriously
- It is important not to ask leading questions or to speculate
- If an adult discloses something that puts their safety or well-being at risk it is important to be clear that you will need to follow Settle's safeguarding procedures and share the information with the DSL and your manager. The point at which you do this is a matter for professional judgement. If you jump in immediately they may think that you do not want to listen, if you leave it till the very end of the conversation, they may feel that you have misled them into revealing more than they would have otherwise
- Explain that Settle takes a person-centred approach to safeguarding. Ask them what action they would like to be taken. However it is important not to make any promises about what will or won't happen
- After the session has ended you must consult with the relevant DSO and potentially the DSL depending on the concern and record the conversation within the same working day (best practice is within 2 hours)

If a child discloses abuse these three key interpersonal skills outlined by NSPCC<sup>2</sup> help a child to feel like they are being listened to and taken seriously:

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<sup>2</sup> <https://learning.nspcc.org.uk/child-abuse-and-neglect/recognising-and-responding-to-abuse>

- Show you care, help them open up: Give your full attention to the child or young person and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today' help.
- Take your time, slow down: Respect pauses and don't interrupt the child – let them go at their own pace. Recognise and respond to their body language. And remember that it may take several conversations for them to share what's happened to them.
- Show you understand, reflect back: Make it clear you're interested in what the child is telling you. Reflect back what they've said to check your understanding – and use their language to show it's their experience.

If a child tells you they are experiencing abuse, it's important to reassure them that they've done the right thing in telling you. Make sure they know that abuse is never their fault.

Never talk to the alleged perpetrator about the child's disclosure. This could make things a lot worse for the child.

#### 2.3.4 Consent

You should always seek consent to share information about an adult and children and young people should be given the opportunity to decide whether they agree to their personal information being shared. If a child doesn't have capacity to make their own decisions ask their parent or carer (unless doing so would put the child at risk of harm).

Tips for getting consent:

- be open and honest
- make sure the person you're asking for consent understands what information will be shared and why
- explain who will see the information and what it will be used for
- make sure the person you're asking for consent understands the consequences of their information not being shared
- get the consent in writing, in case there are any disputes in the future. If it's only given verbally, make a written record of this
- make sure the person knows they can withdraw consent at any time.

#### 2.3.5 Sharing information about children or young people

Timely information sharing is key to safeguarding and promoting the welfare of children.

People who work with children, whether in a paid or voluntary role, may need to share information about the children and families they are involved with for a number of reasons. These include:

- you are making a referral to arrange additional support for someone in the family
- someone from another agency has asked for information about a child or family
- someone in the family has asked to be referred for further help
- a statutory duty or court order requires information to be shared
- you are concerned that a child or a member of their family may be at risk of significant harm
- you think 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 a child's personal information. Keep a record of the reasons why you are sharing or requesting information about a child or their family.

You should also make sure you are not putting a child's safety and welfare at risk by sharing information about them.

Some professionals have a legal duty to share information relating to safeguarding concerns.

Always seek consent to share information about a child and their family. However if consent isn't given, you can still share information with relevant professionals under certain circumstances, for example if you are protecting a child from significant harm. The Data Protection Act 2018 and General Data Protection Regulation (GDPR) do not affect this principle.

### 2.3.6 Sharing information about an adult 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.

This includes protecting children from significant harm and promoting the welfare of children.

The Data Protection Act 2018 and General Data Protection Regulation (GDPR) do not affect this principle.

In some circumstances Settle may need to share information without the adult's consent, the DSL will provide direction in these situations, reasons may include those where:

- It is not safe to contact the adult to gain their consent - i.e. it might put them or the person making contact at further risk
- You believe they or someone else is at risk, including children
- You believe the adult is being coerced or is under duress
- It is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed
- The adult does not have the mental capacity to consent to information being shared about them
- The person causing harm has care and support needs
- The person causing harm is a paid carer or has care responsibilities to others

When information is shared without consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still 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.

Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons for that decision making.

### 2.3.7 Multi-agency working

The lead responsibility for safeguarding adults sits with the Local Authority. However Settle has a role to play and must cooperate with statutory agencies including where appropriate:

- Providing more information about the concern raised
- Providing a safe space for the adult to meet with other professionals e.g. police/social workers/advocate
- Attend safeguarding multi-agency meetings
- Coordinate internal investigations (e.g. complaints, disciplinary) with investigations by the police or other agencies
- Share information about the outcomes of internal investigations
- In relation to partnership working, it is 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

### 2.4 Safe recruitment of staff

Settle undertakes to ensure that its staff and volunteers are fit to work with their participants. It also reserves the right to refuse to employ staff whom it has a reasonable belief may pose a risk to participants.

Settle has systems in place to prevent unsuitable people from working with its participants and to promote safe practice. These systems apply to all new staff and require the following checks to be made on appointment:

- A minimum of two references, satisfactory to the organisation, one of which should be from a previous employer
- Documentary evidence checks of identity, nationality, residency and “right to work” status
- Standard or enhanced Disclosure and Barring Service Certificate - dependent on the nature of the job role and whether this involves regular contact with participants
- An adult’s barred list check
- Documentary evidence of qualifications (if essential for the role)
- Satisfactory completion of the probationary period (including suitability for working with young people)

In the case of a staff member starting work before an enhanced DBS check is in place, all previous employment references are thoroughly checked and written records kept. Staff for whom an enhanced DBS has not yet been received will not be permitted to work face to face unsupervised with participants until the enhanced DBS check has been received.

Staff members standard or enhanced Disclosure and Barring Service Certificates are then renewed at least every 3 years.

In addition to the above all members of staff that are working 1:1 with participants on a Settle Programme take part in a role play activity with a young person from a Settle Programme.

Please see the [Recruitment Process and Guidelines](#) document for more information.<sup>4</sup>

## 2.5 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 has in place monthly external clinical supervision for the DSL. 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.

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

- The DSL holds a regular safeguarding clinic - this is a space for staff and their manager to meet with the DSL 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
- Where budget allows, group clinical supervision with an external clinical supervisor for frontline staff that work 1:1 with young people every 8 weeks as a minimum
- Where budget allows, external clinical supervision for managers that are supporting frontline staff that work 1:1 with young people every 8 weeks as a minimum

## 2.6 Support for staff

Settle is developing its approach to Trauma Informed Care. 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 in section 2.4 as well as the following

- 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 well being 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 well being 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 well being measures to support staff and provide opportunities to manage and prioritise their own wellbeing

It is important that Settle staff feel able to seek support from their line manager and/or the DSL where required.

## 2.7 Allegations against Settle staff

Allegations of abuse, or concerns raised against members of Settle staff or volunteers or trustees will always be treated seriously.



The allegation must always be referred to the Designated Safeguarding Lead who will follow the safeguarding procedure in the same way as for other safeguarding allegations. The Designated Safeguarding Lead will take the appropriate steps to ensure the safety of the adult making the allegation, and any others who may be at risk.

If the allegation or concern is against the Designated Safeguarding Lead, it should be reported to Rich Grahame the CEO.

Where there is a complaint against a member of staff there may also be criminal (police) investigations and/or an investigation by the Local Authority.

## 2.8 Reporting cases to the Disclosure and Barring Service

Where appropriate, Settle will make a referral to the Disclosure and Barring Service (DBS), providing relevant information where there are grounds for believing, following an investigation, that an individual is unsuitable to work with children or adults, or may have committed misconduct. The responsibility for reporting cases to the Disclosure and Barring Service lies with the CEO and DSL. DBS will then consider if they need to be added to a barred list(s).

There is 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. A failure to report in these circumstances is an offence.

## 2.9 Allegations against others outside of Settle

In relation to safeguarding children if Settle becomes aware of any allegations against a professional (for example foster carers) regarding children (under the age of 18) the organisation must inform the LADO within the relevant local authority.

## 2.10 Whistleblowing

Settle has a Whistleblowing procedure which is outlined in the Code of Conduct and Disciplinary Policy. This procedure enables staff to share, in confidence, concerns they may have about instances of suspected malpractice in the organisation. Malpractice can include concerns related to Safeguarding of adults or children and young people. Settle takes the safeguarding of adults, children and young people extremely seriously and will ensure that any allegations of malpractice are fully investigated.

### 3.0 Equality and Diversity and Safeguarding

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.

All children and young people have the right to be safeguarded from harm and exploitation.

Settle has an Equality, Diversity and Inclusion Policy and this Safeguarding Adults and Children Policy should be read in conjunction with this.

### 4.0 Information Sharing and Data Protection

All staff will understand that safeguarding adults and children and young people warrants a high level of confidentiality.

Settle has a Data Protection and Cyber Security Policy and this Safeguarding Adults and Children Policy should be read in conjunction with this.

### 5.0 Appendices

#### 5.1 Settle Safeguarding Procedure

- [Safeguarding Procedure Document](#) (Senior/Settle Coach)
- [Safeguarding Procedure Document](#) (Senior/Programme Manager)

#### 5.3 InForm Safeguarding Alert Form

New Safeguarding Alert

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**Information**

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

**Details**

Safeguarding concern

Salesforce Sans 12 [Color] B I U [Link] [List] [List] [List] [List]

[List] [List] [List] [Link] [Image] [Text]

## 5.4 Key Contacts and References

Settle Designated Safeguarding Lead

Aimee Hardaker, Head of Delivery

[aimee.hardaker@wearesettle.org](mailto:aimee.hardaker@wearesettle.org)

07491914445

Police

In emergency call 999

Non emergency 101

Local Authorities

Each Local Authority has their own Adult 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 Centre (CEPO)

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.